Part 1: Contributions to MSQH

My journey with the Malaysian Society for Quality in Health has been deeply connected to my professional commitment to advance quality, safety, governance, and measurable standards in healthcare, particularly within the private healthcare sector and the Island of Borneo.

Over the past seven years, I have had the privilege of contributing to MSQH as part of member hospitals through two major leadership roles. For six years, I served as the Medical Director of Borneo Medical Centre Miri, where I was directly involved in strengthening hospital quality systems, clinical governance, patient safety culture, and accreditation readiness. Over the past one year, in my role as Regional Chief Executive Officer of KPJ East Malaysia, I have continued this commitment by overseeing and contributing to quality healthcare improvement across four hospitals under my regional care, namely KPJ Kuching Specialist Hospital, KPJ Sabah Specialist Hospital, KPJ Miri Specialist Hospital, and KPJ Sibu Specialist Hospital.

My contribution to MSQH is anchored in a clear belief: accreditation should not be viewed merely as a compliance exercise, but as a national quality movement that protects patients, strengthens institutions, and builds public trust in healthcare delivery. Throughout my leadership journey, I have consistently championed MSQH accreditation as a practical and credible framework for private hospitals to measure, improve, and sustain quality healthcare standards.

One of the key milestones in my contribution was the successful advancement of MSQH accreditation in Sarawak's private healthcare landscape. Following Normah Medical Specialist Centre, the hospitals under my leadership became the second and third private hospitals in Sarawak to attain MSQH accreditation, both achieving four-year accreditation status on their first accreditation cycle. This was a meaningful achievement not only for the individual hospitals, but also for the broader private healthcare ecosystem in Sarawak. It demonstrated that private hospitals in Borneo could meet nationally recognised quality standards and sustain accreditation outcomes comparable to established centres in Peninsular Malaysia.

This experience strengthened my conviction that MSQH must continue to be normalised as the quality benchmark for healthcare institutions across Malaysia. In the Borneo context, where geography, workforce distribution, access, and specialist availability present unique challenges, accreditation provides a structured pathway to ensure that patients receive safe, consistent, and accountable care regardless of location. My work has therefore focused on pushing the boundaries of what is possible in East Malaysia by making quality healthcare measurable, transparent, and embedded into daily hospital operations.

Beyond institutional accreditation, I have also contributed to building awareness and engagement with MSQH among private hospitals in Borneo. Recognising the importance of industry-wide exposure and dialogue, I initiated efforts to bring MSQH closer to private healthcare leaders by inviting Dato' Dr Abdul Rahim as a speaker to share insights with the private healthcare industry. This initiative helped create greater awareness of the value of MSQH, encouraged professional discussion on accreditation standards, and reinforced the importance of quality as a shared responsibility across healthcare providers.

My contribution to MSQH is therefore not limited to participation as a member hospital representative. It reflects a sustained leadership commitment to embed accreditation into hospital culture, promote quality healthcare in the private sector, and expand MSQH's relevance in East Malaysia. Through my experience in both hospital-level and regional leadership roles, I have been able to support the growth of MSQH's visibility, credibility, and practical impact across Borneo.

Should I be entrusted with the opportunity to serve as President of MSQH, I hope to continue this mission at a national level by strengthening accreditation participation, supporting hospitals in their quality journey, and positioning MSQH as the leading voice for healthcare quality, patient safety, and measurable excellence in Malaysia.

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Manifesto if Elected as President of MSQH

Making Quality Healthcare Sustainable, Accessible and Measurable for Every Community

My personal vision for healthcare was shaped very early in life. At the age of 15, I witnessed my father suffer from early liver cirrhosis, presenting with upper gastrointestinal bleeding and mild ascites. Due to long queues and waiting time within the public healthcare system, his access to timely definitive treatment was limited. His condition progressed to Child-Pugh Grade C liver disease, and by the time I was 16, he deteriorated rapidly with worsening symptoms including reduced consciousness, severe pruritus, persistent ascites, recurrent upper gastrointestinal bleeding and profound physical decline. He passed away within two months.

Later, my mother was diagnosed with Hepatitis C and subsequently recovered after interferon treatment. These two personal experiences became the foundation of my calling into healthcare. They taught me that quality healthcare must not remain a privilege for those who can access it quickly, but must become a sustainable and accessible standard for every human being, regardless of geography, social status or economic background.

This belief has guided my career and leadership journey. My vision has always been to champion quality, definitive healthcare that is measurable, sustainable and accessible to the wider community. One of the clearest examples of this was the establishment of the first cardiac catheterisation laboratory in Miri in 2022 at Borneo Medical Centre Miri, together with Dr Khiew Ning Zan. At that time, Miri was approximately 800 kilometres away from the next available cath lab in Kuching, requiring up to 18 hours of road travel for patients who needed urgent cardiac intervention.

The establishment of this cath lab was not only an infrastructure project. It was a quality and access intervention. By building local capability, increasing health tourism catchment to sustain the service, reducing the cost of care by almost half, and introducing CSR support for government patients, we were able to create a practical model where private healthcare capacity could support public need. This later enabled one of the first public-private partnership pathways to provide emergency life-saving cardiac intervention services for approximately 20 patients within four months.

This is the same philosophy I hope to bring to MSQH: quality healthcare must be practical, inclusive, sustainable and capable of transforming access for real communities.

1. Expanding MSQH's Presence Beyond the Central Region

If elected as President of MSQH, my first priority would be to support facility expansion beyond the central region, beginning with East Malaysia. Sabah and Sarawak face unique healthcare realities, including wide geography, specialist distribution challenges, referral delays, infrastructure gaps and significant travel burden for patients.

MSQH has an opportunity to strengthen its presence in Borneo by developing a more decentralised support ecosystem. This would allow hospitals and healthcare facilities in East Malaysia to receive closer guidance, training, engagement and accreditation support. A

stronger MSQH presence in Borneo would also encourage more facilities to begin their quality journey, especially those that may currently view accreditation as distant, costly or difficult to access.

This is not merely an expansion of geography. It is an expansion of equity. If quality healthcare is to be national, then accreditation support must also be accessible nationally.

2. Championing Centre of Excellence Accreditation

My second priority is to develop and champion Centre of Excellence accreditation. Healthcare quality should not only be measured at whole-hospital level, but also at the level of focused clinical services that deliver high-impact outcomes.

Centre of Excellence accreditation would provide recognition to mature and structured service lines such as cancer care, oncology daycare, neuro-stroke rehabilitation, geriatric care, orthopaedics, cardiac services, dialysis, diagnostic services and other high-value clinical programmes. This aligns with my CONGO-based service model, where clinical services are organised around Cancer, Oncology, Neuro-stroke, Geriatric and Orthopaedic care.

More importantly, Centre of Excellence accreditation would promote a stronger multi-disciplinary approach to patient care. Many complex clinical conditions require coordinated input from different specialties, including physicians, surgeons, radiologists, anaesthetists, rehabilitation teams, nurses, pharmacists, dietitians and allied health professionals. By recognising and accrediting centres that practise structured multi-disciplinary care, MSQH can encourage hospitals to move away from fragmented decision-making and towards collective clinical governance.

This approach can also help reduce defensive medicine. When clinical decisions are made within a structured, documented and multi-disciplinary framework, the burden of decision-making does not rest solely on one individual clinician. Instead, patients benefit from shared expertise, balanced risk assessment, peer discussion and evidence-based consensus. This supports better clinical confidence, reduces unnecessary investigations or interventions driven primarily by fear of litigation, and strengthens accountability through team-based care.

Ultimately, Centre of Excellence accreditation should improve patient outcomes by ensuring that patients receive coordinated, timely and definitive care from the right team, at the right stage of their illness. It would allow MSQH to recognise service-line excellence, improve patient confidence, support health tourism recognition, and encourage hospitals to develop sustainable centres that can deliver measurable outcomes.

For Malaysia’s health tourism industry, this would also be strategically important. International patients do not only look for hospital names; they look for trusted centres of expertise. MSQH can play a key role by creating credible national recognition for these centres, thereby supporting Malaysia’s competitiveness and allowing successful service models to be duplicated across the country.

3. Developing Primary Care Clinical Pathway Accreditation

My third priority is to develop a primary care clinical pathway accreditation programme. At present, many hospitals continue to receive a high number of self-referred or walk-in patients.

In many private hospital settings, up to 70% of patients may be self-referred, compared with mature healthcare systems and advanced quality centres where a significant proportion of patients come through structured referral networks.

This creates inefficiency. Patients may undergo delayed diagnosis, repeated investigations, fragmented care and unnecessary cost before reaching definitive treatment. A stronger accredited primary care pathway can change this.

MSQH can lead the development of primary care clinical pathway accreditation to encourage more general practitioners, family medicine clinics and ambulatory care providers to adopt structured early diagnostic and referral standards. This would improve the quality of pre-hospital care, strengthen referral discipline, reduce wastage in pre-diagnostic management, and allow tertiary hospitals to focus more effectively on treatment-based care.

This is especially relevant with the future direction of Malaysia's health insurance and private universal coverage initiatives. With private primary care significantly outnumbering public primary care capacity, Malaysia has an opportunity to leverage the private primary care ecosystem as a major partner in early diagnosis, referral efficiency and continuity of care.

Through this programme, MSQH can support a more integrated healthcare system where primary care and tertiary care are connected by accredited clinical pathways, measurable standards and shared responsibility for patient outcomes.

4. Building a More Self-Sustaining Quality Advocacy Ecosystem

My fourth priority is to develop a more self-sustaining quality advocacy ecosystem through decentralisation, branch development and stronger regional support structures.

Quality improvement cannot depend only on central leadership. It must be owned by every region, every hospital, every clinical department and every healthcare worker. MSQH can strengthen this by creating more regional engagement platforms, training networks, leadership forums and communities of practice.

In East Malaysia, this would allow local healthcare leaders, clinicians, nurses, allied health teams, quality managers and administrators to become active participants in the accreditation movement. Over time, this would create a stronger pool of local surveyors, trainers, mentors and advocates who understand the realities of their region.

The goal is to make MSQH not only an accreditation body, but a national movement for quality healthcare.

5. Making Accreditation More Accessible Through Economies of Scale

My fifth priority is to make quality accreditation more accessible through the principle of economies of scale.

For many smaller hospitals, ambulatory centres, primary care providers and specialised facilities, accreditation may be perceived as resource-intensive. MSQH can address this by developing scalable models of engagement, shared learning platforms, cluster-based training, regional workshops, digital preparation tools and group-based readiness programmes.

By increasing participation, MSQH can reduce the perceived barrier to entry and create a broader national culture of quality. The more facilities participate, the stronger the ecosystem becomes. Accreditation should be rigorous, but it should not be unreachable. It should be structured, measurable and supportive enough to help facilities grow into the standard.

Long-Term Vision: Positioning MSQH as Malaysia's Healthcare Quality Benchmark for ASEAN

My long-term vision, beyond the two-year presidential term, is to build the foundation for MSQH to become the definitive healthcare quality benchmark for Malaysia and, within five years, to position MSQH more strongly within the ASEAN region.

MSQH already has the national credibility and foundation to lead this movement. The next phase is to strengthen its strategic positioning, expand its accreditation relevance, develop new service-line and pathway-based standards, enhance regional accessibility, and benchmark itself progressively with respected international accreditation bodies such as JCI and ACHS.

Malaysia has the clinical talent, healthcare infrastructure, private-public ecosystem and health tourism potential to become a regional leader in quality healthcare. MSQH should be at the centre of that journey.

If elected as President, I will work to make MSQH more responsive, more accessible, more decentralised and more future-ready. My commitment is to ensure that accreditation is not merely a certificate on the wall, but a living framework that improves patient safety, strengthens clinical governance, supports healthcare sustainability and makes quality care more accessible to every community.

Quality healthcare should not be confined by geography. It should not be limited by institutional size. It should not only be available to those who can afford to wait or travel. Quality healthcare must be measurable, sustainable and accessible to every humanity.

That is the vision I bring to MSQH.

From ,

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