



EDUCATOR | ENGAGEMENT | ENABLER | EVALUATOR | EMPOWERMENT

STANDARD AND ASSESSMENT TOOL FOR MEDICAL CLINIC

2ND EDITION
MARCH 2024

MEDICAL CLINIC STANDARDS

For the purpose of this set of standards, "Medical Clinic" refers to all 'free standing' outpatient clinic facilities and services which are managed by medical practitioners in both public and private sectors including those providing and delivering specialist outpatient services. The term 'services' include consultations and examinations, diagnostics/ investigations, treatments and referrals. The term also refers to the Private Healthcare Facilities and Services Act 1998 and its Regulations 2006.

The Medical Clinic Standards were developed in collaboration with, and between the relevant professional organisations in both public and private sectors including the Ministry of Health (Medical Development Division and Family Health Development Division) and related Primary Care Organisations.

This set of standards were developed guided by the ISQua Accreditation Federation Council principles and philosophy on standards development.

The purpose of these standards is to ensure quality and safe patient care in primary care as well as outpatient specialist care.

The set of standards cover the following areas: -

Standard 1 : Access to Care

Standard 2 : Clinical Governance - Practices

Standard 3 : Human Resource

Standard 4 : Safety

Standard 5 : Ethical Practice

Standard 6 : Quality Improvement Activities

SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 1.0:	ACCESS TO CARE					
STANDARD 1	<i>Comprehensive, whole patient care is only possible when a range of General Practice services is both available and accessible. All patients are able to obtain timely care and advice appropriate to their needs.</i>					
CRITERION NO	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
1.1	PRIORITY OF CARE – URGENT / NON-URGENT The organization has a process for accepting patients for treatment. Urgent cases take priority over non-urgent cases/patients with appointments. a) Front desk staff/triage staff can identify urgent and non-urgent patients.					
	EVIDENCE OF COMPLIANCE				1. Written SOP describing patients symptoms and signs of urgent cases	
					2. List of urgent cases attended / referred to hospital	
					3. Register / medical record numbers of urgent cases	
					4. List of emergency contact numbers e.g., ambulance services/hospitals	
					5. List of equipment available for urgent cases	
					6. Evidence of staff training to identify and handle urgent cases.	
	Facility Comments:					
1.2	PRACTICE POLICY The practice has a flexible system that enables the practitioner to accommodate patients with urgent, non-urgent, complex, planned chronic care and preventive health needs. a) Practice policy or other documentation is available.					

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	EVIDENCE OF COMPLIANCE	1. Written SOP for the management of urgent, non-urgent, chronic cases.				
		2. List of urgent cases to be attended immediately				
		3. House call / Pre-hospital care SOP (where applicable)				
Facility Comments:						
1.3	APPOINTMENT There is an appointment system (onsite/online) available in the practice. a) A patient register is practised and made available.					
	EVIDENCE OF COMPLIANCE	1. Patient register/appointment book/application for follow-up patients.				
		2. Evidence from a sample of patients' medical records/application				
Facility Comments:						
1.4	PRACTICE HOURS AND TYPE OF SERVICES Adequate information as to the practice hours and information on services is available. Comprehensive and clear information of the service enables patients to choose the service that best meets the patient's needs. a) Adequate information on services provided and practice hours is available					
	EVIDENCE OF COMPLIANCE	1. Information on service hours is evident through signage/brochures / patient information sheets.				
		2. Information on services provided is evident through signage / brochures / patient information sheets.				
Facility Comments:						

SURVEY ITEM & SELF-ASSESSMENT				
TOPIC 2.0:		CLINICAL GOVERNANCE - PRACTICE		
STANDARD 2		<i>The facility shall be organized and managed to provide appropriate care and treatment to the patient.</i>		
CRITERION NO	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
2.1	PHYSICAL STRUCTURE			
	The practice conforms to all structures and physical requirements appropriate to the level of services under the relevant statutory regulations. a) There is valid registration of the practice with the relevant authority.			
	EVIDENCE OF COMPLIANCE 1. Valid registration certificate under the PHFSA 1998 and Regulations 2006 (where applicable)			
	2. Post registration letter issued after inspection by MOH inspectors (where applicable)			
Facility Comments:				
2.2	EQUIPMENT			
	All equipment for the provision of the level of services shall be adequate, appropriate and well-maintained. There is evidence of compliance where appropriate to: a) Scheduled maintenance. b) Calibration. c) Certification. d) Expiry of the equipment / consumables.			
	EVIDENCE OF COMPLIANCE 1. Evidence of equipment being maintained e.g.			
	a) valid and current maintenance contract / vendor services b) list of equipment available with date of purchase and maintenance, calibration and certification schedules			
Facility Comments:				

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2.3	LEGAL REQUIREMENTS			
	The clinical practice conforms to relevant statutory regulations. Current guidelines are available and accessible to all staff.			
	There is evidence of compliance to the following but not limited to:			
	i) Prescription records.			
	ii) Adequate notification / documentation of: <ul style="list-style-type: none"> a. Infectious diseases. b. Death notification. 			
	iii) Appropriate management of child abuse / domestic violence (where applicable).			
iv) Appropriate management of assault / rape (where applicable).				
EVIDENCE OF COMPLIANCE	1. Availability of prescription records			
	2. a) List of notification of infectious diseases			
	b) Proper documentation of death / BID (where applicable)			
	3. Written SOP on management of child abuse / domestic violence and list of notification (where applicable)			
	4. Written SOP on management of assault / rape (where applicable)			
Facility Comments:				
2.4	INFORMATION			
	Patient health records contain sufficient information to identify the patient and to document reasons for visit, assessment, management, progress and outcome.			
	a) The Registered Medical Practitioner maintains a system of creating and updating medical information on every patient.			
	b) Each patient has an individual health record containing all relevant clinical information.			
EVIDENCE OF COMPLIANCE	1. Patient register.			
	2. Completeness of medical records for individual patients			
	3. Retrieval system of medical records			

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	Facility Comments:				
2.4.1	FEES AND SERVICES Information on fees and services should be made available to the patient (where applicable) a) Schedule of fees available on request. b) List of services available.				
	EVIDENCE OF COMPLIANCE 1. Itemised bill available upon request				
	EVIDENCE OF COMPLIANCE 2. List of services with charges available				
	Facility Comments:				
2.4.2	SECURITY OF RECORDS Patient information is well secured and confidentiality maintained. The retention of medical records conforms to statutory requirements. a) Security of records is maintained. b) Only authorized personnel have access to the medical records.				
	EVIDENCE OF COMPLIANCE 1. Medical records are kept in a secured location /controlled environment				
	EVIDENCE OF COMPLIANCE 2. Written SOP on access to medical records				
	EVIDENCE OF COMPLIANCE 3. Security access for electronic medical records (EMR) is in accordance with PDPA.				
Facility Comments:					

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2.5	<p>DRUGS / DDA / VACCINES</p> <p>The Drug Inventory shall be organized and managed to provide a safe and appropriate practice.</p> <p>a) There is evidence of drug inventory. b) Drug inventory comply with statutory requirements. c) Standard Operating Procedures for drug dispensing / practice should be known to relevant staff. d) Adequate information shall be given to the patient on medication dispensed. e) Evidence of 'Cold Chain' for storage of vaccines.</p>					
	EVIDENCE OF COMPLIANCE				1. Separate drug inventory list for normal and DDA drugs	
					2. Storage of DDA drugs in a secured location	
					3. Written SOP on dispensing of drugs Workflow on drug dispensing (Private GP Clinics) i.e., doctor→staff→doctor→staff→patient	
					4. List of approved signatures/initials of registered medical practitioners (including locums) for prescription slip (where applicable)	
					5. List of standard drug abbreviations used	
					6. Patient information leaflet available	
					7. On-site observation during dispensing of drugs by the relevant staff	
					8. Evidence of cold chain being maintained and storage equipment for vaccines comply to cold chain	
	Facility Comments:					
2.5.1	<p>DRUG MANAGEMENT</p> <p>The Registered Medical Practitioner and/or the Pharmacist shall be responsible for purchasing, dispensing and maintenance of drugs in the practice.</p>					

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	a) The purchase record is signed by the Registered Medical Practitioner / Pharmacist. b) Drug Inventory is available.				
EVIDENCE OF COMPLIANCE	1. Purchase invoice signed by Registered Medical Practitioner/Pharmacist				
	2. Drug inventory is available				
Facility Comments:					
2.6	QUALITY OF CARE Patient assessment shall be conducted and documented. a) Appropriate assessment is conducted to support care of the patient. b) All patients are reassessed at each appointment or at appropriate intervals to determine their response to treatment and to plan for continued treatment or referral.				
EVIDENCE OF COMPLIANCE	1. Evidence from sample medical records				
	2. On-site observation of assessment process				
	3. List of patients on follow up				
	4. Review of sample medical records of follow up patients to find evidence of reassessment				
Facility Comments:					
2.6.1	CLINICAL MANAGEMENT Diagnosis and management of patient shall conform to current practice. Criteria for compliance:				

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	a) Laboratory / Radiology services are available on site or available through arrangements with outside sources to meet patient's needs (Accredited laboratory) b) Judicious use of antibiotics based on National Antibiotics Guideline. c) Clinical Practice Guidelines relevant to the practice should be made available (where appropriate).					
	EVIDENCE OF COMPLIANCE				1. Evidence of accredited laboratory.	
					2. Review of medical records:	
					a) Appropriate laboratory investigations support clinical	
					b) Appropriate radiology services support clinical	
					c) Antimicrobial usage is in accordance with National Antibiotic Guidelines (CPG)	
					3. Clinical Practice Guidelines	
					a) Availability	
					b) Conformance / compliance to the Clinical Practice Guidelines	
	Facility Comments:					
2.6.2	TRAINING Procedures are carried out by trained and competent personnel. a) There shall be documentation of appropriate training. b) There shall be records of staff competency.					
EVIDENCE OF COMPLIANCE	1. List of procedures conducted with relevant certificates / evidence of training (including onsite training)					
	2. Credentialing & Privileging, onsite assessment					
Facility Comments:						

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2.6.3	<p>PATIENT CARE</p> <p>Patient care shall be appropriate.</p> <ul style="list-style-type: none"> a) The facility designs and carries out processes to provide continuity of patient care services. b) There is a qualified individual responsible for the patient's care. c) Information about the patient's care and response to care is communicated among medical, nursing and other care providers. d) The patient's medical record is available to the care providers to facilitate the exchange of information. 					
	EVIDENCE OF COMPLIANCE				1. Evidence from sample medical records	
					2. List of qualified individuals (locum) to attend to patient care when Registered Medical Practitioner is not available.	
					3. Evidence from sample medical records to show records are complete although patient seen by different medical practitioners	
					4. Evidence from sample medical records that response to care is informed	
					5. Written SOP on access to medical records	
Facility Comments:						
2.6.4	<p>DOCTOR PATIENT RELATIONSHIP</p> <p>Continuous therapeutic relationship between the doctor and the patient is maintained.</p> <ul style="list-style-type: none"> a) The patient shall be informed on any decision-making regarding his treatment. b) The patient is given the opportunity to have a second opinion pertaining to his illness / treatment. c) Adequate explanation is given to the patient with regards to his medication / treatment. 					

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	d) The patient is able to communicate with the doctor on problems encountered over a given medication / treatment.					
	EVIDENCE OF COMPLIANCE	1. Patient information / decision shall be documented in medical records.				
		2. Evidence in sample medical records.				
		3. On-site observation during patient consultation.				
		4. Patient information leaflets				
		5. Registered Medical Practitioner's clinics contact number is available for the patients' to communicate (on the appointment card / medication bag)				
Facility Comments:						
2.6.5	REFERRAL SYSTEM There shall be an appropriate referral system in the practice. <ul style="list-style-type: none"> a) There is a list of specialists available. The facility cooperates with other health care agencies to ensure timely and appropriate referrals. b) Referral letters shall be comprehensive and contain relevant information for continuity of care. c) There is a process to appropriately transfer patients to another facility to meet their continuing care needs. d) The process for referring or transferring the patient considers transportation needs. 					
EVIDENCE OF COMPLIANCE	1. List of specialists / contracts / panel of specialists / referral points					
	2. Review of sample referral letters for completeness.					
	3. Written SOP on patient transfer.					
	4. List of ambulance / transport facility for patient transfer					
Facility Comments:						

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2.6.6	<p>FEEDBACK</p> <p>Where cases have been referred to the practice, there should be a system of feedback to the referring doctor.</p> <p>a) Reply letter (from the referred person) shall be appropriate and contain relevant information for continuity of care</p>														
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	Facility Comments:														
2.6.7	<p>HEALTH PROMOTION AND PREVENTION</p> <p>Health promotion and preventive services shall be available to the patients.</p> <p>i) Availability / display of health education information. ii) Evidence of health promotion and disease prevention activities.</p>														
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						- posters									
						- videos									
					- immunisation services										
Facility Comments:															

SURVEY ITEM & SELF-ASSESSMENT				
<u>TOPIC 3.0:</u>	<u>HUMAN RESOURCE</u>			
<u>STANDARD 3</u>	The practice demonstrates support for providing safe and quality patient care through education and skills training of personnel.			
CRITERION NO	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
3.1	HUMAN RESOURCE MANAGEMENT			
	Appropriate and adequate staffing is available (depending on the workload).			
	a. Number of staff commensurate with workload.			
	b. Current Annual Practice Certificate (APC) is available			
	c. Organisation chart with job descriptions for staff are available			
	EVIDENCE OF COMPLIANCE			
1. Number of staff is adequate with workload 1:1 ratio for GP to clinical/ trained personnel for less than 50 cases/day 1:2 ratio for GP and clinical/trained personnel, for more than 50 cases/day				
2. Availability and visibility of current Annual Practice Certificate to be displayed				
3. List of job descriptions available for staff				
4. Organisation chart is displayed				
Facility Comments:				

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3.2	<p>HUMAN RESOURCE DEVELOPMENT Continuing professional education is provided to all staff.</p> <p>a) Evidence of participation or having in-house training e.g. Continuing Medical Education (CME), Continuing Nursing Education (CNE), Continuing Professional Development (CPD) and/or Vocational Certification / Attendance Certification.</p> <p>b) 'On-the-job' training for staff is available</p>				
	<p>EVIDENCE OF COMPLIANCE</p> <p>1. Evidence of staff training including Basic Life Support (BLS) training.</p>				
	<p>2. Evidence of properly documented 'on-the-job' training.</p>				
	<p>Facility Comments:</p>				
3.3	<p>APPROPRIATE TRAINING FOR SPECIFIC PROCEDURES The Registered Medical Practitioner and other staff providing special services or procedures have the appropriate training for the specific procedures.</p> <p>a) Evidence of training / certification for specific procedures</p>				
	<p>EVIDENCE OF COMPLIANCE</p> <p>1. Evidence of training and certification for specific procedures (where applicable).</p>				
	<p>2. Evidence of properly documented orientation programme (SOPs for GP Clinics operations to be made available i.e. handwashing, common procedures, ECG, dressing, waste management – domestic and clinical)</p>				
	<p>Facility Comments:</p>				

SURVEY ITEM & SELF-ASSESSMENT					
<u>TOPIC 4.0:</u>	<u>SAFETY</u>				
<u>STANDARD 4</u>	Service shall be provided safely and effectively through knowledgeable and skilful staff in line with current legislation and guidance. The practice provides a safe and healthy environment that promotes occupational safety and health for staff, patients and visitors				
CRITERION NO	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
4.1	SAFE PATIENT CARE				
	Care provided to the patient is safe and meets professional standards.				
	a) Evidence Based Medicine.				
	b) Clinical Risk management.				
	c) Fall prevention strategies.				
	EVIDENCE OF COMPLIANCE				1. Availability and implementation of current Clinical Practice Guidelines (CPG)
					2. Written SOP on risk management and implementation of the risks e.g.,
					- For high volume clinic, there shall be policy in place to identify high risk patients while waiting for consultation.
					- Prevention and control of infection
- Radiation risks (where applicable)					
	- Laboratory hazards (where applicable)				
	3. Written / availability of SOP on the use of disposables and reusables				
	4. Availability of sterilizer and user manual/guidelines to be made available (where applicable)				
	5. Availability of SOPs on fall prevention strategies, (i.e., signages, ramps and handrails)				
	Facility Comments:				

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4.2	<p>ADVERSE DRUG REACTION</p> <p>There is notification of any untoward drug reaction to the relevant authorities for monitoring and educational purposes</p> <p>a) Record of the notification is made available.</p> <p>b) Evidence of practice by the facility on Incident Reporting.</p>				
	<p>EVIDENCE OF COMPLIANCE</p> <p>1. List of notification to the National Centre for Adverse Drug Reactions Monitoring** (MEDRAC, NPRA website) (ADR Form).</p>				
	<p>2. List, analysis and action taken of incident reports</p>				
	<p>Facility Comments:</p>				
4.3	<p>INFECTION CONTROL</p> <p>The facility designs and implements a coordinated program to reduce the risks of organization-acquired infections in patients and staff. Responsibility for infection control is undertaken by the Registered Medical Practitioner.</p> <p>i. Infection Control protocols.</p> <p>ii. Sterilization processes.</p> <p>iii. Sharps disposal.</p> <p>iv. Clinical waste disposal.</p> <p>v. Specimen handling.</p> <p>vi. Results of infection monitoring/ infectious control audit in the facility are regularly communicated to all staff.</p> <p>vii. Staff education on Infection Control.</p>				
	<p>EVIDENCE OF COMPLIANCE</p> <p>1. Written / availability of SOP on infection control</p>				
	<p>2. Availability of sterilization process (where applicable) (Autoclave/Sterilizer) (reference Guideline on the Pipeline-Garis Panduan Sterilisasi KKM)</p>				
	<p>3. Practice of sharps disposals (Guideline for Infection Prevention and Control for Public Primary Care 2019)</p>				
	<p>4. Practice of clinical waste disposal (PHFSA and Regulations)</p>				

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		2006 /Guideline for Infection Prevention and Control for Public Primary Care 2019)			
		5. Written SOP and practice of biohazards			
		6. Staff are notified of prevailing infections			
		7. Evidence of training (list if attendance for CME /Course certificate) and practice on infection control among staff (E.g. hand washing technique/ separate area for infectious cases)			
	Facility Comments:				
4.4	OCCUPATIONAL SAFETY The facility provides a safe and healthy environment. a) Occupational Safety and Health program protocol (where applicable). b) Needle sticks injury protocol. c) Universal precautions protocol. i) Radiation safety measures (where applicable). ii) Chemical hazard measures (where applicable). iii) Precaution and safety measures on Inflammables (where applicable). iv) Usage of Personal Protective Equipment where appropriate. iv) Availability of Safety Signage				
	EVIDENCE OF COMPLIANCE	1. Availability and practice of Occupational Safety and Health protocol (where applicable)			
		2. Availability and practice of needle sticks injury protocol (e.g.: Flow chart)			
		3. Availability and practice of universal precautions protocol			
		a) Availability and practice of radiation safety measures (where applicable) (e.g.: radiation badge)			
		b) Availability and practice of chemical hazards measures (where applicable) (e.g.: eye wash/shower area)			
		c) Availability and practice of precaution and safety measures on inflammables (where applicable) (e.g.: fire extinguisher / fire blanket)			

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		d) Availability and practice of personal protective equipment where appropriate) (e.g.: Covid /Mers-coV cases) 4. Availability of safety signage (e.g.: caution wet floor/ biohazard signage)			
	Facility Comments:				
4.5	WASTE MANAGEMENT The facility practices appropriate waste management a) General waste management protocol. a) Clinical waste management protocol. b) Cytotoxic waste management protocol (where applicable) c) Chemical waste management protocol (where applicable).				
	EVIDENCE OF COMPLIANCE	1. Where applicable, availability of current contract documentation from vendor for the disposal of clinical, cytotoxic and chemical wastes			
		2. Availability and practice of the clinical, cytotoxic, chemical and general waste management protocol (where applicable) (e.g.: types of waste bins / clinical waste freezer) **waste capacity (ref :availability of contractual agreement)			
		3. Evidence of practice (onsite observation)			
	Facility Comments:				

SURVEY ITEM & SELF-ASSESSMENT						
<u>TOPIC 5.0:</u>		<u>ETHICAL PRACTICE</u>				
<u>STANDARD 5</u>		The practice has a responsibility to uphold the values of respect, empathy, and patient-centeredness and protect the privacy and confidentiality of patients. These may be achieved through the physical set up of the practice and through processes that protect their health information.				
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5.1	PATIENT CONFIDENTIALITY					
	There is evidence of protecting patient's confidentiality and privacy.					
	a) Patient information and records (manual/electronic) handled securely b) Appropriate protocols for release of patient records. c) Confidentiality declaration.					
	EVIDENCE OF COMPLIANCE				1. Medical records kept in a secured location / controlled environment	
					2. Written SOP on access to medical records (manual/electronic)	
					3. Written and displayed pledge on patient's confidentiality	
					4. Evidence of samples of complaints	
	5. Evidence of signed confidentiality declaration of personnel					
Facility Comments:						

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5.2	<p>PATIENT'S RIGHT</p> <p>There is evidence of adequate information given to the patients and patients were involved in the treatment decision making. Patients have the right to be informed about the need for a chaperone during a medical examination or procedure</p> <p>a) Information about his / her illness. b) Information on procedure and informed/written consent. c) Medical report provided upon request and payment of fees. d) Access to chaperone</p>					
	EVIDENCE OF COMPLIANCE				1. Information provided as evidenced in medical records and during onsite validation.	
					2. Informed consent form	
					3. List and sample of medical reports provided	
					4. Displayed notice for patients on the need of chaperone (Reference: <i>Buku Polisi Operasi Klinik Kesihatan, Patients Charter</i>)	
Facility Comments:						
5.2.1	<p>PATIENT VALUES</p> <p>The care provided is considerate and respectful of patient's cultural beliefs, practices and preferences</p> <p>i) Evidence of identification of patient's cultural and religious needs.</p>					
	EVIDENCE OF COMPLIANCE				1. Patients are identified by race, religion and social history in medical records	
	Facility Comments:					

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5.2.2	<p>PATIENT PRIVACY</p> <p>Care provided is respectful of the patient's need for privacy during clinical consultation, physical examination and procedures.</p> <p>a) Patient's need for privacy during clinical consultation, physical examinations and procedure is respected.</p>						
	<table border="1"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">EVIDENCE OF COMPLIANCE</td> <td>1. Evidence of privacy being addressed</td> <td></td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. Evidence of privacy being addressed	
	EVIDENCE OF COMPLIANCE				1. Evidence of privacy being addressed		
Facility Comments:							
5.3	<p>FAMILY RIGHTS</p> <p>Parents / Guardians of minors and intellectually challenged / psychiatric patients are given adequate information of illness / condition and proper documentation is kept in the Medical Record. They are given the rights to participate in the care process and decisions.</p> <p>a) The parent / guardian is given adequate information by the registered medical practitioner about the patient's illness and condition.</p> <p>b) The parent / guardian is informed about management plan.</p>						
	<table border="1"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">EVIDENCE OF COMPLIANCE</td> <td>1. Review of sample medical records to find evidence of participation and information provided by parents / guardians</td> <td></td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. Review of sample medical records to find evidence of participation and information provided by parents / guardians	
	EVIDENCE OF COMPLIANCE				1. Review of sample medical records to find evidence of participation and information provided by parents / guardians		
Facility Comments:							
5.4	<p>GRIEVANCE MECHANISM / COMPLIMENTS</p> <p>There is mechanism to address grievances/ compliments by patients, staff and doctors.</p>						

CRITERION NO	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
	a) There is evidence of availability of proper mechanism to voice out any concern					
	EVIDENCE OF COMPLIANCE	1. Availability of notification on where and who to complaint to.				
		2. Evidence of samples of complaints and action taken				
		3. Evidence of compliments received				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 6.0:	<u>QUALITY IMPROVEMENT ACTIVITIES</u>					
STANDARD 6	The practice ensures the provision of quality services by its on-going involvement in quality improvement activities.					
CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
6.1	EFFECTIVE QUALITY IMPROVEMENT ACTIVITIES FOR THE PRACTICE. The quality improvement activities include evaluation of clinical and non-clinical services. a) Record of patients' feedback on the services. b) Clinical outcome review activities are undertaken. c) Adequate records are maintained about quality improvement activities.					
	EVIDENCE OF COMPLIANCE	1. Evidence of patient satisfaction Survey				
		2. Records / reports of quality activities conducted (e.g.: QA projects, LEAN management, value added services for pharmacy, 5S, EKSA, ISO certifications etc				
		3. Evidence of clinical review of cases conducted (e.g.: audit on appropriateness of antibiotic prescription, audit clinical on appropriate management of chronic diseases, review on appropriateness of cases seen) a) Dengue b) Hypertension				
		4. Evidence of implementation of quality improvement activities				
Facility Comments:						

SERVICE SUMMARY	
SURVEYOR SUMMARY:	
OVERALL RATING:	
OVERALL RISK:	

Appendix 1**KPI to be considered.**1. Dengue

Usage of dengue clerking sheet.		
	Public	Private
Numerator	Number of patients with confirmed dengue clerked using dengue clerking sheet	
Denominator	Number of patients with dengue seen in the clinic	
Target	100%	

Inclusion criteria: Clinical and FBC and or Combo Test (NS1 / IgG/IgM)

Exclusion criteria: non dengue suspected cases.

Sampling method: Surveyors to do random sampling among 10 reported cases.

2. Hypertension

a. Percentage patient with controlled hypertension	
	Public and Private Clinic
Numerator	Patient with controlled blood pressure of < 140 / 90 mmHg
Denominator	Total patient with Hypertension seen during that period (6 month)
Target	55 %

Inclusion criteria: Patient with hypertension.

Exclusion criteria: Patient with hypertension with comorbidities (ischaemic heart disease, diabetes mellitus, cerebrovascular disease and renal impairment)

Sampling method: Random sampling of 30 cases or less (all cases for clinics with < 30 registered patients with hypertension)

b. Percentage of patient seen/diagnose with confirmed hypertension \geq 140 / 90 mmHg referred for further management	
	Klinik Wakaf
Numerator	Patient with uncontrolled blood pressure of \geq 140 / 90 mmHg referred for further management
Denominator	Total number of uncontrolled blood pressure of \geq 140 / 90 mmHg
Target	100%

Appendix 2

Glossary

5S	Sort (seiri), Set in order (seiton), Shine (seiso), Standardize (seiketsu), and Sustain (shitsuke)
ADR	Adverse drug reaction
APC	Annual Practice Certificate
BID	Brought in Dead
BLS	Basic Life Support
CME	Continuing Medical Education
CNE	Continuing Nursing Education
CPD	Continuing Professional Development
CPG	Clinical Practice Guidelines
DDA	Dangerous Drugs Act
GKICT	Dasar Keselamatan ICT
ECG	Electrocardiogram
EKSA	Ekosistem Kondusif Sektor Awam
EMR	Electronic Medical Records
GP	General Practitioner
KKM	Kementerian Kesihatan Malaysia
MOH	Ministry of Health
NPRA	National Pharmaceutical Regulatory Agency
PHFSA 1998	Private Healthcare Facilities and Services 1998
SOP	Standard Operating Procedure

Appendix 3

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