

STANDARDS
MALAYSIA



MSQH STANDARDS AND ASSESSMENT TOOL FOR MEDICAL CLINIC

1ST EDITION 2011

MEDICAL CLINIC STANDARDS

The term **Medical Clinics** for the purpose of these standards refer to all ‘free standing’ outpatient clinic services managed by medical practitioner and cover both private and public sector clinics including specialist clinics. The term ‘services’ include consultations, investigations, treatments and referrals.

The **Medical Clinic Standards** were developed with collaboration between the various professional organisations representing the medical clinics, Ministry of Health (Medical Development Division and Family Health Development Division) and MSQH.

These standards were developed based on the ISQua Accreditation Federation Council principles and philosophy on standards development. The purpose of these standards was to ensure safe medical practice, patient safety and quality service in primary care as well as in the specialist clinics.

The standards cover the following areas of concerns:-

- Standard 1 : Access to Care**
- Standard 2 : Practice**
- Standard 3 : Human Resource**
- Standard 4 : Safety**
- Standard 5 : Ethical Practice**
- Standard 6 : Quality Improvement Activities**

MSQH Standards and Assessment Tool for Medical Clinic

(Rating: SC-substantial compliance, PC-partial compliance, NC-non-compliance, NA-not applicable)

Criterion No.	Survey Item	Evidence of Compliance (Completed by the Medical Clinic)	Self Rating	Surveyor's Comments	Surveyor Rating
Std 1	<u>ACCESS TO CARE</u> 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.				
1.1	<i>PRIORITY OF CARE – URGENT / NON-URGENT</i> The organization has a process for accepting patients for treatment. Urgent cases take priority over non urgent cases/patients with appointments. Criteria for compliance: i) Front desk staff can identify urgent and non-urgent patients.	<ol style="list-style-type: none"> 1. Written SOP describing patients ' symptoms and signs of urgent cases <input type="checkbox"/> 2. List of urgent cases attended / referred to hospital <input type="checkbox"/> 3. Register / medical record numbers of urgent cases <input type="checkbox"/> 4. List of emergency contact numbers e.g. ambulance services / hospitals <input type="checkbox"/> 5. List of equipment available for urgent cases <input type="checkbox"/> 6. Evidence of staff training to handle urgent cases <input type="checkbox"/> 			
1.2	<i>PRACTICE POLICY</i> The practice has a flexible system that				

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	<p>enables the practitioner to accommodate patients with urgent, non-urgent, complex, planned chronic care and preventive health needs.</p> <p>Criteria for compliance: i) Practice policy or other documentation is available.</p>	<p>1. Written SOP for the management of urgent, non-urgent, chronic cases <input type="checkbox"/></p> <p>2. Written SOP describing patients ' symptoms and signs of urgent cases <input type="checkbox"/></p> <p>3. List of urgent cases to be attended immediately <input type="checkbox"/></p> <p>4. House call SOP (where applicable) <input type="checkbox"/></p>			
1.3	<p>APPOINTMENT</p> <p>There is an appointment system available in the practice.</p> <p>Criteria for compliance: i) A patient register is practiced and made available.</p>	<p>1. Patient register / appointment book for follow-up patients <input type="checkbox"/></p> <p>2. Evidence from sample of patients' medical records <input type="checkbox"/></p>			
1.4	<p>PRACTICE HOURS AND TYPE OF SERVICES</p> <p>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 needs.</p> <p>Criteria for compliance: i) Adequate information on services provided and practice</p>	<p>1. Information on service hours is evident through signage / brochures / patient information sheets <input type="checkbox"/></p>			

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	hours is available.	2. Information on services provided is evident through signage / brochures / patient information sheets <input type="checkbox"/>			

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Std 2	<u>PRACTICE</u> The facility shall be organized and managed to provide appropriate care and treatment to the patient.				
2.1	<i>PHYSICAL STRUCTURE</i> The practice conforms to all structures and physical requirements appropriate to the level of services under the relevant statutory regulations. Criteria for compliance: i) There is valid registration of the practice with the relevant authority.	1. Valid registration certificate under the PHFSA 1998 and Regulations 2006 (where applicable) <input type="checkbox"/> 2. Post registration letter issued after inspection by MOH inspectors (where applicable) <input type="checkbox"/> 3. Certification by Jabatan Bomba & Penyelamat on safety of premise (where applicable) <input type="checkbox"/>			
2.2	<i>EQUIPMENT</i> All equipment for the provision of the level of services shall be adequate, appropriate and well maintained. Criteria for compliance: There is evidence of compliance where appropriate to: i) Scheduled maintenance. ii) Calibration. iii) Certification.	1. Evidence of equipment being maintained eg. ● maintenance contract <input type="checkbox"/> ● list of equipment available with date of purchase and maintenance, calibration and certification schedules <input type="checkbox"/>			

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2.3	<p>LEGAL REQUIREMENTS</p> <p>The clinical practice conforms to relevant statutory regulations. Current guidelines are available and accessible to all staff.</p> <p>Criteria for compliance: There is evidence of compliance to the following but not limited to:</p> <ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> 1. Availability of drug book <input type="checkbox"/> 2. ●List of notification of infectious diseases <input type="checkbox"/> ●List of notification of death <input type="checkbox"/> 3. Written SOP on management of child abuse / domestic violence and list of notification (where applicable) <input type="checkbox"/> 4. Written SOP on management of assault / rape (where applicable) <input type="checkbox"/> 			
2.4	<p>INFORMATION</p> <p>Patient health records contain sufficient information to identify the patient and to document reasons for visit, assessment, management, progress and outcome.</p> <p>Criteria for compliance:</p> <ul style="list-style-type: none"> i) The Registered Medical Practitioner maintains a system of creating and updating medical information on every patient. 	<ul style="list-style-type: none"> 1. Patient register <input type="checkbox"/> 2. Completeness of medical records for individual patients <input type="checkbox"/> 3. Retrieval system of medical records <input type="checkbox"/> 			

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	ii) Each patient has an individual health record containing all relevant clinical information.				
2.4.1	<p>FEES AND SERVICES</p> <p>Information on fees and services should be made available to the patient (where applicable)</p> <p>Criteria for compliance:</p> <p>i) Schedule of fees available on request.</p> <p>ii) List of services available.</p>	<p>1. Itemised bill available upon request <input type="checkbox"/></p> <p>2. List of services with charges available <input type="checkbox"/></p>			
2.4.2	<p>SECURITY OF RECORDS</p> <p>Patient information is well secured and confidentiality maintained. The retention of medical records conforms to statutory requirements.</p> <p>Criteria for compliance:</p> <p>i) Security of records is maintained.</p> <p>ii) Only authorized personnel have access to the medical records.</p>	<p>1. Medical records are kept in a secured location /controlled environment <input type="checkbox"/></p> <p>2. Written SOP on access to medical records <input type="checkbox"/></p> <p>3. Security access for electronic medical records (EMR) (where applicable) <input type="checkbox"/></p>			
2.5	<p>DRUGS / DDA / VACCINES</p> <p>The Drug Inventory shall be organized and managed to provide a safe and appropriate practice.</p>				

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	<p>Criteria for compliance:</p> <p>i) There is evidence of drug inventory.</p> <p>ii) Drug inventory comply with statutory requirements.</p> <p>iii) Standard Operating Procedures for drug dispensing / practice should be known to relevant staff.</p> <p>iv) Adequate information shall be given to the patient on medication dispensed.</p> <p>v) Evidence of 'Cold Chain' for storage of vaccines.</p>	<p>1. Separate drug inventory list for normal and DDA drugs <input type="checkbox"/></p> <p>2. Storage of DDA drugs in a secured location <input type="checkbox"/></p> <p>3. Written SOP on dispensing of drugs <input type="checkbox"/></p> <p>4. List of approved signatures/initials of registered medical practitioners (including locums) for prescription slip (where applicable) <input type="checkbox"/></p> <p>5. List of standard drug abbreviations used <input type="checkbox"/></p> <p>6. Work flow on drug dispensing i.e. doctor→staff→patient <input type="checkbox"/></p> <p>7. Patient information leaflet available <input type="checkbox"/></p> <p>8. On-site observation during dispensing of drugs by the relevant staff <input type="checkbox"/></p> <p>9. ●Evidence of cold chain being maintained <input type="checkbox"/> ●Storage equipment for vaccines comply to cold chain <input type="checkbox"/></p>			
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> <p>Criteria for compliance:</p> <p>i) The purchase record is signed by the Registered Medical Practitioner / Pharmacist.</p> <p>ii) Drug Inventory is available.</p>	<p>1. Purchase invoice signed by Registered Medical Practitioner/Pharmacist <input type="checkbox"/></p> <p>2. Drug inventory is available <input type="checkbox"/></p>			
2.6	<p>QUALITY OF CARE</p> <p>Patient assessment shall be conducted and documented.</p>				

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	<p>Criteria for compliance</p> <p>i) Appropriate assessment is conducted to support care of the patient.</p> <p>ii) 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.</p>	<p>1. Evidence from sample medical records <input type="checkbox"/></p> <p>2. On-site observation of assessment process <input type="checkbox"/></p> <p>3. List of patients on follow up <input type="checkbox"/></p> <p>4. Review of sample medical records of follow up patients to find evidence of reassessment <input type="checkbox"/></p>			
2.6.1	<p>CLINICAL MANAGEMENT</p> <p>Diagnosis and management of patient shall conform to current practice.</p> <p>Criteria for compliance:</p> <p>i) Laboratory / Radiology services are available on site or available through arrangements with outside sources to meet patient's needs.</p> <p>ii) Clinical Practice Guidelines relevant to the practice should be made available (where appropriate).</p>	<p>1. Laboratory investigations support clinical assessment <input type="checkbox"/></p> <p>2. Radiology services support clinical assessment <input type="checkbox"/></p> <p>3. Availability of current Clinical Practice Guidelines <input type="checkbox"/></p> <p>4. Conformance / compliance to the Clinical Practice Guidelines through review of sample medical records <input type="checkbox"/></p>			
2.6.2	<p>TRAINING</p> <p>Procedures are carried out by trained personnel.</p> <p>Criteria for compliance:</p> <p>i) There shall be documented evidence of appropriate training.</p>	<p>1. List of procedures conducted with relevant certificates / evidence of training <input type="checkbox"/></p>			

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2.6.3	<p>PATIENT CARE</p> <p>Patient care shall be appropriate.</p> <p>Criteria for compliance:</p> <p>i) The facility designs and carries out processes to provide continuity of patient care services.</p> <p>ii) There is a qualified individual responsible for the patient's care.</p> <p>iii) Information about the patient's care and response to care is communicated among medical, nursing and other care providers.</p> <p>iv) The patient's medical record is available to the care providers to facilitate the exchange of information.</p>	<p>1. Evidence from sample medical records <input type="checkbox"/></p> <p>2. List of qualified individuals (locum) to attend to patient care when Registered Medical Practitioner is not available <input type="checkbox"/></p> <p>3. Evidence from sample medical records to show records are complete although patient seen by different medical practitioners <input type="checkbox"/></p> <p>4. Evidence from sample medical records that response to care is informed <input type="checkbox"/></p> <p>5. Written SOP on access to medical records <input type="checkbox"/></p>			
2.6.4	<p>DOCTOR PATIENT RELATIONSHIP</p> <p>Continuous therapeutic relationship between the doctor and the patient is maintained.</p> <p>Criteria for compliance:</p> <p>i) The patient shall be informed on any decision-making regarding his treatment.</p> <p>ii) The patient is given the opportunity to have a second opinion pertaining to his illness / treatment.</p> <p>iii) Adequate explanation is given</p>	<p>1. Patient information / decision shall be documented in medical records <input type="checkbox"/></p> <p>2. Evidence in sample medical records <input type="checkbox"/></p> <p>3. On-site observation during patient consultation <input type="checkbox"/></p> <p>4. Patient information leaflets <input type="checkbox"/></p> <p>5. Registered Medical Practitioner's contact number is available for the patients' to communicate (on the appointment card / medication bag) <input type="checkbox"/></p>			

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	<p>to the patient with regards to his medication / treatment.</p> <p>iv) The patient is able to communicate with the doctor on problems encountered over a given medication / treatment.</p>				
2.6.5	<p>REFERRAL SYSTEM</p> <p>There shall be an appropriate referral system in the practice.</p> <p>Criteria for compliance:</p> <p>i) There is a list of specialists available. The facility cooperates with other health care agencies to ensure timely and appropriate referrals.</p> <p>ii) Referral letters shall be comprehensive and contain relevant information for continuity of care.</p> <p>iii) There is a process to appropriately transfer patients to another facility to meet their continuing care needs.</p> <p>iv) The process for referring or transferring the patient considers transportation needs.</p>	<p>1. List of specialists / contracts / panel of specialists / referral points <input type="checkbox"/></p> <p>2. Review of sample referral letters for completeness <input type="checkbox"/></p> <p>3. Written SOP on patient transfer <input type="checkbox"/></p> <p>4. List of ambulance / transport facility for patient transfer <input type="checkbox"/></p>			
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>				

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	<p>Criteria for compliance:</p> <p>i) Reply letter (from the referred person) shall be appropriate and contain relevant information for continuity of care.</p>	<p>1. Review of sample reply letters for completeness <input type="checkbox"/></p>			
2.6.7	<p>HEALTH PROMOTION AND PREVENTION</p> <p>Health promotion and preventive services shall be available to the patients.</p> <p>Criteria for compliance:</p> <p>i) Availability / display of health education information.</p> <p>ii) Evidence of health promotion and disease prevention activities.</p>	<p>1. Availability of leaflets / brochures <input type="checkbox"/></p> <p>2. Evidence of on-site health promotion and disease prevention activities e.g.</p> <ul style="list-style-type: none"> - posters <input type="checkbox"/> - videos <input type="checkbox"/> - immunisation services <input type="checkbox"/> 			

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Std 3	<u>HUMAN RESOURCE</u> The practice demonstrates support for providing safe and quality patient care through education and skills training of personnel.				
3.1	<i>HUMAN RESOURCE MANAGEMENT</i> Appropriate and adequate staffing is available. Criteria for compliance: i) Number of staff commensurate with workload. ii) Current Annual Practice Certificate (APC) is available. iii) Job descriptions for staff are available.	1. Number of staff is adequate with workload <input type="checkbox"/> 2. Availability of current Annual Practice Certificate <input type="checkbox"/> 3. List of job descriptions available for staff <input type="checkbox"/>			
3.2	<i>HUMAN RESOURCE DEVELOPMENT</i> Continuing education is provided to all staff. Criteria for compliance: i) 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.	1. Evidence of staff training including Basic Life Support (BLS) training <input type="checkbox"/> 2. Evidence of 'on-the-job' training <input type="checkbox"/>			

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	ii) 'On-the-job' training for staff is available.				
3.3	<p>APPROPRIATE TRAINING FOR SPECIFIC PROCEDURES</p> <p>The Registered Medical Practitioner and other staff providing special services or procedures have the appropriate training for the specific procedures.</p> <p>Criteria for compliance:</p> <p>i) Evidence of training / certification for specific procedures.</p>	<p>1. Evidence of training and certification for specific procedures (where applicable) <input type="checkbox"/></p>			

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Std 4	<p><u>SAFETY</u></p> <p>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.</p>				
4.1	<p><i>SAFE PATIENT CARE</i></p> <p>Care provided to the patient is safe and meets professional standards.</p> <p>Criteria for compliance:</p> <p>i) Evidence Based Medicine. ii) Clinical Risk management.</p>	<p>1. Availability and implementation of current Clinical Practice Guidelines (CPG) <input type="checkbox"/></p> <p>2. Written SOP on risk management and implementation of the risks e.g.</p> <ul style="list-style-type: none"> - Prevention and control of infection <input type="checkbox"/> - Radiation risks <input type="checkbox"/> - Laboratory hazards <input type="checkbox"/> <p>3. Written SOP on the use of disposables <input type="checkbox"/></p> <p>4. Availability of sterilizer <input type="checkbox"/></p> <p>5. History of drug allergies noted in the medical records <input type="checkbox"/></p>			
4.2	<p><i>ADVERSE DRUG REACTION</i></p> <p>There is notification of any untoward drug reaction to the relevant authorities.</p> <p>Criteria for compliance:</p>	<p>1. List of notification to the National Centre for Adverse</p>			

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	i) Record of the notification is made available. ii) Evidence of practice by the facility on Incident Reporting.	Drug Reactions Monitoring (ADR Form) <input type="checkbox"/> 2. List, analysis and action taken of incident reports <input type="checkbox"/>			
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>Criteria for compliance:</p> i) Infection Control protocols. ii) Sterilization processes. iii) Sharps disposal. iv) Specimen handling. v) Results of infection monitoring in the facility are regularly communicated to all staff. vi) Staff education on Infection Control.	1. Written SOP on infection control <input type="checkbox"/> 2. Availability of sterilization process <input type="checkbox"/> 3. Practice of sharps disposals <input type="checkbox"/> 4. Written SOP and practice of biohazards <input type="checkbox"/> 5. Staff are notified of prevailing infections <input type="checkbox"/> 6. Evidence of training and practice on infection control among staff <input type="checkbox"/>			
4.4	<p>OCCUPATIONAL SAFETY</p> <p>The facility provides a safe and healthy environment.</p> <p>Criteria for compliance:</p> i) Occupational Safety and Health program protocol (where applicable). ii) Needle sticks injury protocol.	1. Availability and practice of Occupational Safety and Health protocol (where applicable) <input type="checkbox"/> 2. Availability and practice of needle sticks injury protocol			

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	iii) Universal precautions protocol. iv) Radiation safety measures (where applicable). v) Chemical hazard measures (where applicable). vi) Precaution and safety measures on Inflammables (where applicable). vii) Usage of Personal Protective Equipment where appropriate. viii) Availability of Safety Signage.	3. Availability and practice of universal precautions protocol <input type="checkbox"/> 4. Availability and practice of radiation safety measures (where applicable) <input type="checkbox"/> 5. Availability and practice of chemical hazards measures (where applicable) <input type="checkbox"/> 6. Availability and practice of precaution and safety measures on inflammables (where applicable) <input type="checkbox"/> 7. Availability and practice of personal protective equipment where appropriate <input type="checkbox"/> 8. Availability of safety signage <input type="checkbox"/>			
4.5	WASTE MANAGEMENT The facility practices appropriate waste management Criteria for compliance: i) General waste management protocol. ii) Clinical waste management protocol. iii) Cytotoxic waste management protocol (where applicable) iv) Chemical waste management protocol (where applicable)	1. Where applicable, availability of current contract for the disposal of clinical, cytotoxic and chemical wastes in addition to the availability and practice of the clinical, cytotoxic, chemical and general waste management protocol <input type="checkbox"/>			

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Std 5	<u>ETHICAL PRACTICE</u> The practice has a responsibility to protect the privacy and confidentiality of patients and this may be achieved through the physical set up of the practice and through processes that protect their health information.				
5.1	<i>PATIENT CONFIDENTIALITY</i> There is evidence of patient's confidentiality and privacy. Criteria for compliance: i) Patient records are secured. ii) Appropriate protocols for release of patient records.	1. Medical records kept in a secured location / controlled environment <input type="checkbox"/> 2. Written SOP on access to medical records <input type="checkbox"/>			
5.2	<i>PATIENT'S RIGHT</i> There is evidence of adequate information given to the patients. Criteria for compliance: i) Information about his / her illness. ii) Information on procedure and informed consent. iii) Medical report provided upon request and payment of fees.	1. Information provided as evidenced in medical records <input type="checkbox"/> 2. On-site observation during patient consultation <input type="checkbox"/> 3. Informed consent forms <input type="checkbox"/> 4. List of medical reports provided <input type="checkbox"/> 5. Sample of medical reports available <input type="checkbox"/>			
5.2.1	<i>PATIENT VALUES</i>				

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	<p>The care provided is considerate and respectful of patient's personal values and belief.</p> <p>Criteria for compliance:</p> <p>i) Evidence of identification of patient's cultural and religious needs.</p>	<p>1. Patients are identified by race, religion and social history in medical records <input type="checkbox"/></p>			
5.2.2	<p>PATIENT PRIVACY</p> <p>Care provided is respectful of the patient's need for privacy during clinical consultation, examination and procedures.</p> <p>Criteria for compliance:</p> <p>i) Patient's need for privacy during examinations and treatments is respected.</p>	<p>1. Evidence of privacy being addressed e.g. single room for single patient <input type="checkbox"/></p> <p>2. On-site observation during site visit <input type="checkbox"/></p>			
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>Criteria for compliance:</p>				

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	i) The parent / guardian is given adequate information by the registered medical practitioner about the patient's illness and condition. ii) The parent / guardian is informed about their rights and responsibilities related to refusing or discontinuing treatment.	1. Review of sample medical records to find evidence of participation of care by parents / guardians <input type="checkbox"/> 2. Review of sample medical records to find evidence of information provided to parents / guardians <input type="checkbox"/>			
5.4	GRIEVANCE MECHANISM There is mechanism to address grievances by patients, staff and doctors. Criteria for compliance: i) There is evidence of availability of Standard Operating Procedures.	1. Availability of notification on where and who to complaint to <input type="checkbox"/> 2. Evidence of samples of complaints and action taken <input type="checkbox"/>			

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Std 6	<p><u>QUALITY IMPROVEMENT ACTIVITIES</u></p> <p>The practice ensures the provision of quality services by its on-going involvement in quality improvement activities.</p>				
6.1	<p><i>EFFECTIVE QUALITY IMPROVEMENT ACTIVITIES FOR THE PRACTICE.</i></p> <p>The quality improvement activities include evaluation of clinical and non-clinical services.</p> <p>Criteria for compliance:</p> <p>i) Record of patients' feedback on the services.</p> <p>ii) Clinical outcome review activities are undertaken.</p> <p>iii) Adequate records are maintained about quality improvement activities.</p>	<p>1. Evidence of patient satisfaction Survey <input type="checkbox"/></p> <p>2. Evidence of clinical review of cases conducted <input type="checkbox"/></p> <p>3. Records / reports of quality activities conducted <input type="checkbox"/></p>			