



RATING SYSTEM & ACCREDITATION STATUS DECISION MAKING PROCESS

1st Edition

Medical Assistant Services

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RATING SCALE – 5TH EDITION MSQH HOSPITAL ACCREDITATION STANDARDS & 1ST EDITION MEDICAL ASSISTANT SERVICES

1. Use the following rating for each criterion in service standard and overall performance of service standard to determine the level of compliance.

Rating	Rationale
4	Excellent achievement
	i(a) Rating of criteria in service standard: 80% to 100% of evidence of compliance to the criteria have been achieved.
	i(b) For rating of overall performance of service standard; an achievement of 80% to 100% of the maximum score of the applicable criteria shall be rated as 4.
	Example: The total score of criteria (numerator) divided by maximum score of applicable criteria (denominator). $\frac{210 \text{ (total score)}}{232 \text{ (4 x 58 applicable criteria)}} \times 100 = 91\%$

Rating	Rationale
3	<p data-bbox="546 211 977 258">Good achievement</p> <p data-bbox="546 291 1489 338">ii(a) Rating of criteria in service standard: 60% to 79% of evidence of compliance to the criteria have been achieved.</p> <p data-bbox="546 486 1850 668">ii(b) For rating of overall performance of service standard; an achievement of 60% to 79% of the maximum score of the applicable criteria shall be rated as 3.</p> <p data-bbox="546 751 741 798">Example:</p> <p data-bbox="546 815 1850 925">The total score of criteria (numerator) divided by maximum score of applicable criteria (denominator).</p> $ \frac{165 \text{ (total score)}}{232 \text{ (4 x 58 applicable criteria)}} \times 100 = 71\% $

Rating	Rationale
2	<p data-bbox="581 182 977 225">Fair achievement</p> <p data-bbox="581 301 1804 475">iii(a) Rating of criteria in service standard: 40% to 59% of evidence of compliance to the criteria have been achieved. For rating of 2, risk assessment needs to be performed.</p> <p data-bbox="581 589 1804 829">iii(b) For rating of overall performance of service standard; an achievement of 40% to 59% of the maximum score of the applicable criteria shall be rated as 2.</p> <p data-bbox="581 918 1804 1096">Example: The total score of criteria (numerator) divided by maximum score of applicable criteria (denominator).</p> $ \frac{120 \text{ (total score)}}{232 \text{ (4 x 58 applicable criteria)}} \times 100 = 52\% $

Rating	Rationale
1	<p data-bbox="633 237 1045 279">Poor achievement</p> <p data-bbox="633 315 1773 536">iv(a) Rating of criteria in service standard: 0% to 39% of evidence of compliance to the criteria have been achieved. For rating of 1, risk assessment needs to be performed.</p> <p data-bbox="633 608 1773 822">iv(b) For rating of overall performance of service standard; an achievement of 0% to 39% of the maximum score of the applicable criteria shall be rated as 1.</p> <p data-bbox="633 893 1773 1058">Example: The total score of criteria (numerator) divided by maximum score of applicable criteria (denominator).</p> $ \frac{85 \text{ (total score)}}{232 \text{ (4 x 58 applicable criteria)}} \times 100 = 37\% $

	CRITERIA FOR COMPLIANCE:		SELF RATING
25.2.1.13 CORE	<p>The Services of Medical Assistant shall ensure the establishment of a mechanism which includes requirements, methodology and certification for credentialing and privileging for Medical Assistants in specialised areas for specific procedures. The mechanism taken by the Medical Assistants shall adhere to the following:</p> <ol style="list-style-type: none"> the written policies and procedures documents the criteria for privileging; the decisions made are objective, fair and impartial and consistent with written policies, procedures and criteria; the granting of privileges for a specified period of time; the allocation of privileges in such a way that each staff functions within a specified area of competence; the granting of privileges is approved by the Credentialing and Privileging Committee and certified by the Person In Charge (PIC)/Governing Body. 		4
	EVIDENCE OF COMPLIANCE	1. Documented policies and procedures are established to govern the credentialing and privileging processes for Medical Assistants which are not limited to item (a) to (e).	4
		2. There is a systematic validation process for each individual staff member of their credentials.	4
		3. Skill competency is assessed regularly.	2
		4. Formal letters of assignment or certificate of privileging with stipulated timeline are issued and reviewed accordingly.	4

Rating of criteria 25.2.1.13:

$$\frac{14 \text{ (Total Score: } 4+4+2+4\text{)}}{16 \text{ (4 evidences x } 4^*\text{)}} \times 100 = 87.5\% = 4$$

*4 = maximum score

*Rating of 4: 80% to 100% of evidence of compliance to the criteria have been achieved.

Service Standard Rating (sample)

	Total applicable criteria	Maximum score (total applicable criteria x 4)	Total self rating score
Organisation and Management	9	36	34
Human Resources Development and Management	13	52	46
Policies and Procedures	8	32	28
Facilities and Equipment	3	12	11
Safety and Performance Improvement Activities	6	24	22
Special Requirements	19	76	69
Total	58	232	210

$$\text{score} = \frac{210}{232} \times 100 = 91\%$$

Overall rating = 4

*Rating of 4: 80% to 100% of evidence of compliance to the criteria have been achieved.

Methodology for measuring overall achievement of Service Standards:

Service standard shall be assessed and rated individually for the overall award accreditation status of the hospital. The overall achievement of service standard will be measured as follows:

a. For a service standard to be awarded rating of 4 or 3

i. Core Criteria

- Core criteria must achieve a rating of 4 or 3 for the standards to obtain desired level of compliance. However, the core criteria rating of 2 may be acceptable, if the risk associated with the criterion is Moderate or Low as calculated on the risk matrix and the necessary action can be achieved within 12 months post award.

- $\leq 20\%$ of core criteria with risk assessment of Moderate and/or Low. E.g. 18 core criteria; only three (3) core criteria can have rating of 2 with risk assessment of Moderate and/or Low.

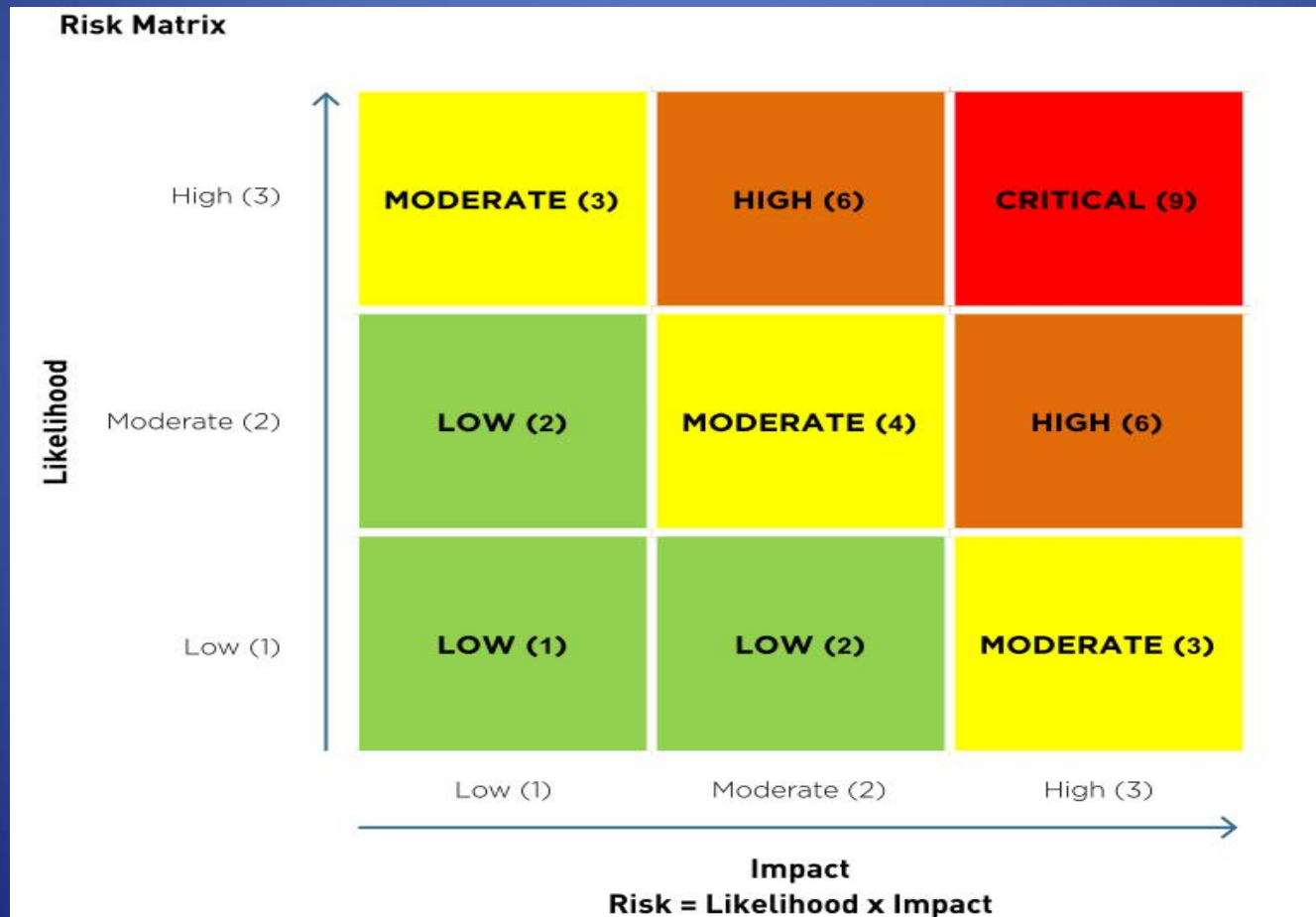
ii. Non-Core Criteria

- $\leq 20\%$ of non-core criteria with risk assessment of Moderate and/or Low. E.g. 40 non-core criteria; Only 8 or less than 8 non-core criteria can have rating of 2 with risk assessment of Moderate and/or Low.

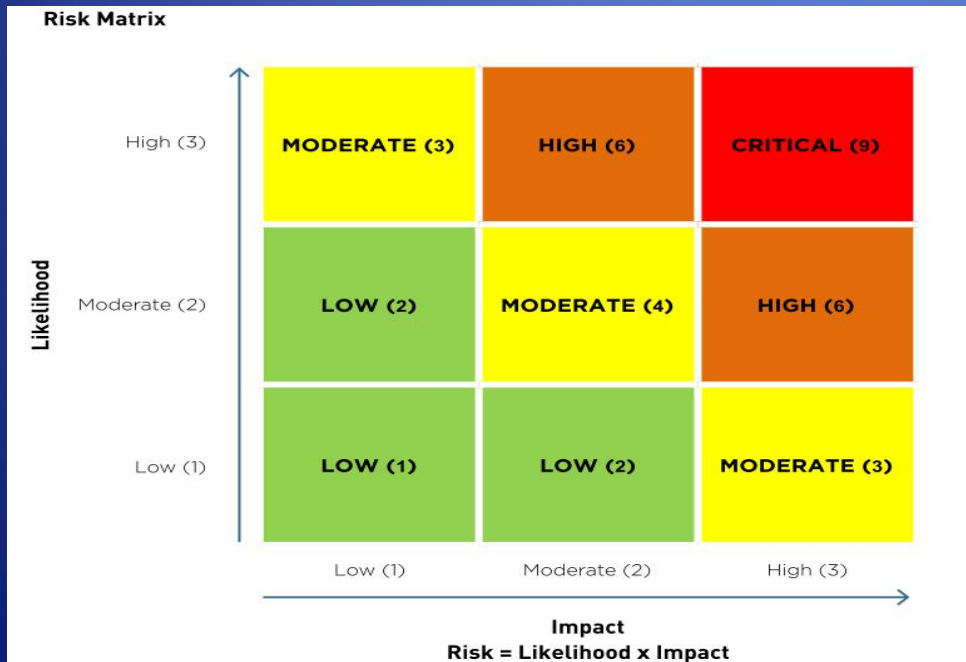
- b. All criteria achieving rating of 2 and 1 shall require risk assessment (by using the risk matrix). In the event, the overall risk is categorized as Critical and High, the overall rating of the service standard will be rated as 2 or 1.
- c. Overall performance of service standard is based on the impact on patient and staff safety.
- d. Criteria that are not applicable (NA) shall not be counted in the total tally of results for the specific service standards.

3. Risk Assessment

When a rating of 2 or 1 is given to any criterion during self-assessment, or by the survey team, a risk assessment needs to be carried out.



	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
25.6.2.2 CORE	The Chief Medical Assistant who is the Fire Safety Officer shall prepare, implement and review the Fire Prevention and Surveillance Plan.	4	The Fire Prevention and Surveillance Plan is not available.	1	
	EVIDENCE OF COMPLIANCE				1. Fire Prevention and Surveillance Plans that have been endorsed and dated by the Person In Charge (PIC). 4
	Facility Comments:				
			Risk		
			Critical		



Likelihood: High (3)
Impact: High (3)
Risk: Critical (9)

4. Not applicable (NA) criteria

- a. In certain situation, depending on the type of facility, certain criteria in service standards may not be applicable to the facility.
- b. Any criterion that is not applicable should be noted in the self-assessment under the Facility Comments and state why the criterion, or parts thereof, are not applicable.
- c. Where the survey team finds evidence that the criterion is applicable (although indicated as not applicable by facility), this will be noted in the report and a rating given.

5. Award Status – Overall Facility Rating:

5.1 Four-Year Accreditation

5.1.1 For the award of Four-Year accreditation status, the Facility shall have to comply with the following requirements:

5.1.1.1 The following core service standards (Group 1) shall achieve overall rating of minimum 3:

- Standard 1 - Governance, Leadership & Direction
- Standard 2 - Environmental and Safety Services
- Standard 3 - Facility and Biomedical Equipment Management and Safety
- Standard 4 - Nursing Services
- Standard 5 - Prevention and Control of Infection
- Standard 6 – Patient and Family Rights
- Standard 7 – Health Information Management System

Group 1 (7 services)

- $\leq 20\%$ of service standards in this group are allowed to have overall rating of 2 with risk assessment of Moderate and/or Low, i.e. only one (1) service standard in Group 1 is allowed to have overall rating of 2 with Moderate and/or Low risk.

Group 2

- All clinical services standards including critical care services standards (Group 2) shall achieve overall rating of at least 3.

- $\leq 20\%$ of service standards in Group 2 are allowed to have overall rating of 2 with risk assessment of Moderate and/or Low, e.g. if there are 21 service standards in Group 2, only four (4) or less than four service standards are allowed to have overall rating 2 with Moderate and/or Low risk.

Group 2: Clinical Services

No	Standard No.	Service Standard
1	8	Emergency Services
2	9	Clinical Services - Non-specialist Facility (<i>for District hospitals</i>)
3	9A	Clinical Services - Medical Related Services
4	9B	Clinical Services - Surgical Related Services
5	9C	Clinical Services - Obstetrics and Gynaecology Services
6	9D	Clinical Services - Paediatric Services
7	9E	Clinical Services - Cardiology Services
8	9F	Clinical Services - Oncology Services

No	Standard No.	Service Standard
9	10	Anaesthetic Services
10	11	Operating Suite Services
11	12	Ambulatory Care Services
12	13	Critical Care Services - ICU/CCU/CICU/CRW/HDU/BURNS CARE UNIT
13	13A	Critical Care Services - SCN/NICU/PICU/PHDW
14	13B	Critical Care Services - Labour/Delivery Services
15	13C	Chronic Dialysis Treatment
16	14	Radiology/Diagnostic Imaging Services
17	15	Pathology Services
18	16	Blood Transfusion Services
19	17	Rehabilitation Medicine Services
20	18	Pharmacy Services
21	23	Forensic Medicine Services

5.1.1.2 For other services (Group 3), where there is overall rating of 2 or 1, risk assessment (by using the risk matrix) is required and the risk is categorized as Moderate or/and Low.

No	Standard No.	Service Standard
1	17A	Allied Health Professional Services - Physiotherapy Services
2	17B	Allied Health Professional Services - Occupational Therapy Services
3	17C	Allied Health Professional Services - Dietetic Services
4	17D	Allied Health Professional Services - Speech-Language Therapy Services
5	17E	Allied Health Professional Services - Audiology Services
6	17F	Allied Health Professional Services - Optometry Services
7	17G	Allied Health Professional Services - Health Education Services
8	17H	Allied Health Professional Services - Medical Social Services
9	17I	Allied Health Professional Services - Psychology Counselling Services
10	17J	Allied Health Professional Services - Clinical Psychology Services
11	19	Central Sterilising Supply Services (CSSS)
12	20	Housekeeping Services

No	Standard No.	Service Standard
13	21	Linen Services
14	22	Food Services
15	23A	Mortuary Services
16	24	Standards for General Application - Generic
17	24A	Standards for Clinical Research Centre

5.1.1.3 Decision for awarding accreditation status takes into consideration:

- i. Overall impact of the hospital services assures patient safety;
- ii. Recommended score from the surveying team and councillors aggregated score.

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Non-Accreditation										One-Year Accreditation										Four-Year Accreditation										

5.1.2 Additional recommendation based on the achievement for Four-Year accreditation status for facilities receiving overall performance score of:

- i. 80% to 100% (tally of total score of all service standards) will be awarded Excellent Achievement provided there are no score of 2 or 1 for any criteria in all service standards.
- i. Subject to item (i), all facilities achieving 60% to 79% (tally of total score of all service standards) will be given Good Achievement.

5.2 One-Year Accreditation

- The above requirements (5.1) are not met.
- Areas for improvement and recommendations can be rectified within 12 months period before the Focus Survey.

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Non-Accreditation										One-Year Accreditation										Four-Year Accreditation										

5.3 Non Accreditation

- The above requirements (5.1) are not met.
- Areas for improvement and recommendations requires more than 12 months period to rectify.

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Non-Accreditation										One-Year Accreditation										Four-Year Accreditation										

Q & A

THANK
YOU