

## **MEDICAL CLINIC STANDARDS**

The term Medical Clinics for the purpose of these standards refer to all ‘free standing’ outpatient clinic services managed by a 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 Ministry of Health Malaysia, the Ministry of Defence Malaysia and the various professional organisations representing the medical clinics i.e. the Malaysian Medical Association, the Academy of Medicine, the Academy of Family Physicians of Malaysia, the Family Medicine Specialist Association of Malaysia, Primary Care Doctors’ Organization Malaysia, the Federation of Private Medical Practitioners Association, the Association of Specialist in Private Medical Practice Malaysia, the Islamic Medical Association of Malaysia, the Association of Private Hospitals of Malaysia and Qualitas Medical Group Sdn. Bhd.. Development of these standards were based on existing standards from the United Kingdom, Australia and New Zealand. References were also made from the National Quality Improvement Programme in General Practice developed by the Academy of Family Physicians Malaysia and the Professional Standards for Family Medicine Specialist (Malaysia).

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

## **STANDARD 1: ACCESS TO CARE**

Comprehensive, whole patient care is only possible when a range of General Practice services are both available and accessible. All patients are able to obtain timely care and advice appropriate to their needs.

### **Standard 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.

#### **Criteria for compliance:**

- i) Front desk staff can identify urgent and non-urgent patients.

### **Standard 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.

#### **Criteria for compliance:**

- i) Practice policy or other documentation is available.

### **Standard 1.3: APPOINTMENT**

There is an appointment system available in the practice.

#### **Criteria for compliance:**

- i) A patient register is practiced and made available.

### **Standard 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 needs.

#### **Criteria for compliance:**

- i) Adequate information on services provided and practice hours is available.

## **STANDARD 2: PRACTICE**

The facility shall be organized and managed to provide appropriate care and treatment to the patient.

### **Standard 2.1: PHYSICAL STRUCTURE**

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.

### **Standard 2.2: EQUIPMENT**

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

### **Standard 2.3: LEGAL REQUIREMENTS**

The clinical practice conforms to relevant statutory regulations. Current guidelines are available and accessible to all staff.

#### **Criteria for compliance:**

There is evidence of compliance to the following but not limited to:

- i) Prescription records
- ii) Adequate notification / documentation of:
  - a. Infectious diseases.
  - b. Death notification
- iii) Appropriate management of child abuse / domestic violence (where applicable)
- iv) Appropriate management of assault / rape (where applicable)

## **Standard 2.4: INFORMATION**

Patient health records contain sufficient information to identify the patient and to document reasons for visit, assessment, management, progress and outcome.

### **Criteria for compliance:**

- i) The Registered Medical Practitioner maintains a system of creating and updating medical information on every patient.
- ii) Each patient has an individual health record containing all relevant clinical information.

## **Standard 2.4.1: FEES AND SERVICES**

Information on fees and services should be made available to the patient (where applicable)

### **Criteria for compliance:**

- i) Schedule of fees available on request.
- ii) List of services available.

## **Standard 2.4.2: SECURITY OF RECORDS**

Patient information is well secured and confidentiality maintained. The retention of medical records conform to statutory requirements.

### **Criteria for compliance:**

- i) Security of records is maintained.
- ii) Only authorized personnel have access to the medical records.

## **Standard 2.5: DRUGS / DDA / VACCINES**

The Drug Inventory shall be organized and managed to provide a safe and appropriate practice.

### **Criteria for compliance:**

- i) There is evidence of drug inventory.
- ii) Drug inventory comply with statutory requirements.

- iii) Standard Operating Procedures for drug dispensing / practice should be known to relevant staff.
- iv) Adequate information shall be given to the patient on medication dispensed.
- v) Evidence of 'Cold Chain' for storage of vaccines.

### **Standard 2.5.1: DRUG MANAGEMENT**

The Registered Medical Practitioner and/or the Pharmacist shall be responsible for purchasing, dispensing and maintenance of drugs in the practice.

#### **Criteria for compliance:**

- i) The purchase record is signed by the Registered Medical Practitioner / Pharmacist.
- ii) Drug Inventory is available.

### **Standard 2.6: QUALITY OF CARE**

Patient assessment shall be conducted and documented.

#### **Criteria for compliance**

- i) Appropriate assessment is conducted to support care of the patient.
- 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.

### **Standard 2.6.1: CLINICAL MANAGEMENT**

Diagnosis and management of patient shall conform to current practice.

#### **Criteria for compliance:**

- i) Laboratory / Radiology services are available on site or available through arrangements with outside sources to meet patient's needs.
- ii) Clinical Practice Guidelines relevant to the practice should be made available (where appropriate).

### **Standard 2.6.2: TRAINING**

Procedures are carried out by trained personnel.

#### **Criteria for compliance:**

- i) There shall be documented evidence of appropriate training.

### **Standard 2.6.3: PATIENT CARE**

Patient care shall be comprehensive.

#### **Criteria for compliance:**

- i) The facility designs and carries out processes to provide continuity of patient care services.
- ii) There is a qualified individual responsible for the patient's care.
- iii) Information about the patient's care and response to care is communicated among medical, nursing and other care providers.
- iv) The patient's medical record is available to the care providers to facilitate the exchange of information.

### **Standard 2.6.4: DOCTOR PATIENT RELATIONSHIP**

Continuous therapeutic relationship between the doctor and the patient is maintained.

#### **Criteria for compliance:**

- i) The patient shall be informed on any decision-making regarding his treatment.
- ii) The patient is given the opportunity to have a second opinion pertaining to his illness / treatment.
- iii) Adequate explanation is given to the patient with regards to his medication / treatment.
- iv) The patient is able to communicate with the doctor on problems encountered over a given medication / treatment.

### **Standard 2.6.5: REFERRAL SYSTEM**

There shall be an appropriate referral system in the practice.

#### **Criteria for compliance:**

- i) There is a list of specialists available. The facility cooperates with other health care agencies to ensure timely and appropriate referrals.
- ii) Referral letters shall be comprehensive and contain relevant information for continuity of care.
- iii) There is a process to appropriately transfer patients to another facility to meet their continuing care needs.
- iv) The process for referring or transferring the patient considers transportation needs.

### **Standard 2.6.6: FEEDBACK**

Where cases have been referred to the practice, there should be a system of feedback to the referring doctor.

#### **Criteria for compliance:**

- i) Reply letter (from the referred person) shall be comprehensive and contain relevant information for continuity of care.

### **Standard 2.6.7: HEALTH PROMOTION AND PREVENTION**

Health promotion and preventive services shall be available to the patients.

#### **Criteria for compliance:**

- i) Availability / display of health education information.
- ii) Evidence of health promotion and disease prevention activities.

### **STANDARD 3: HUMAN RESOURCE**

Appropriate vocational qualifications are a prerequisite for the delivery of quality patient care. The practice demonstrates support for providing safe and quality patient care through education and training.

#### **Standard 3.1: HUMAN RESOURCE MANAGEMENT**

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) Evidence of staff training protocol and skills attained.
- iv) Job descriptions for staff are available.

#### **Standard 3.2: HUMAN RESOURCE DEVELOPMENT**

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.
- ii) 'On-the-job' training for staff is available.

#### **Standard 3.3: 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.

##### **Criteria for compliance:**

- i) Evidence of training / certification for specific procedures.

## **STANDARD 4: SAFETY**

Service shall be provided safely and effectively through knowledgeable and skillful 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.

### **Standard 4.1: SAFE PATIENT CARE**

Care provided to the patient is safe and meets professional standards.

#### **Criteria for compliance:**

- i) Evidence Based Medicine
- ii) Clinical Risk management

### **Standard 4.2: ADVERSE DRUG REACTION**

There is notification of any untoward drug reaction to the relevant authorities.

#### **Criteria for compliance:**

- i) Record of the notification is made available.
- ii) Evidence of practice by the facility on Incident Reporting.

### **Standard 4.3: INFECTION CONTROL**

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.

#### **Criteria for compliance:**

- 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.

#### **Standard 4.4: OCCUPATIONAL SAFETY**

The facility provides a safe and healthy environment.

##### **Criteria for compliance:**

- i) Occupational Safety and Health program protocol (where applicable)
- ii) Needle sticks injury protocol
- 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

#### **Standard 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)

## **STANDARD 5: ETHICAL PRACTICE**

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.

### **Standard 5.1: PATIENT CONFIDENTIALITY**

There is evidence of patient's confidentiality and privacy.

#### **Criteria for compliance:**

- i) Patients records are secured
- ii) Appropriate protocols for release of patient records.

### **Standard 5.2: PATIENT'S RIGHT**

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

### **Standard 5.2.1: PATIENT VALUES**

The care provided is considerate and respectful of patient's personal values and belief.

#### **Criteria for compliance:**

- i) Evidence of identification of patient's cultural and religious needs

### **Standard 5.2.2: PATIENT PRIVACY**

Care provided is respectful of the patient's need for privacy during clinical consultation, examination and procedures.

**Criteria for compliance:**

- i) Patient's need for privacy during examinations and treatments is respected.

**Standard 5.3: FAMILY RIGHTS**

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.

**Criteria for compliance:**

- 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.

**Standard 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.

## **STANDARD 6: QUALITY IMPROVEMENT ACTIVITIES**

The practice ensures the provision of quality services by its on-going involvement in quality improvement activities.

### **Standard 6.1: *EFFECTIVE QUALITY IMPROVEMENT ACTIVITIES FOR THE PRACTICE.***

The quality improvement activities include evaluation of clinical and non-clinical services.

#### **Criteria for compliance:**

- i) Record of patients' feedback on the services.
- ii) Clinical outcome review activities are undertaken.
- iii) Adequate records are maintained about quality improvement activities.