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
### Std 1 ACCESS TO CARE

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 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:**

1. Front desk staff can identify urgent and non-urgent patients.

**Evidence of Compliance**

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Evidence of Compliance (Completed by the Medical Clinic)</th>
<th>Self Rating</th>
<th>Surveyor's Comments</th>
<th>Surveyor Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>Written SOP describing patients’ symptoms and signs of urgent cases</td>
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<td>List of urgent cases attended / referred to hospital</td>
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<td>Register / medical record numbers of urgent cases</td>
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<td>List of emergency contact numbers e.g. ambulance services / hospitals</td>
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<td>List of equipment available for urgent cases</td>
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<td></td>
<td>Evidence of staff training to handle urgent cases</td>
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<tr>
<td>Criterion No.</td>
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</table>
|              | enables the practitioner to accommodate patients with urgent, non-urgent, complex, planned chronic care and preventive health needs. | 1. Written SOP for the management of urgent, non-urgent, chronic cases  
2. Written SOP describing patients’ symptoms and signs of urgent cases  
3. List of urgent cases to be attended immediately  
4. House call SOP (where applicable) |             |                        |                |
<p>| 1.3          | <strong>APPOINTMENT</strong>                                                               |                                                         |             |                     |                 |
|              | There is an appointment system available in the practice.                    |                                                         |             |                     |                 |
|              | <strong>Criteria for compliance:</strong>                                                  |                                                         |             |                     |                 |
|              | i) A patient register is practiced and made available.                       |                                                         |             |                     |                 |
|              | 1. Patient register / appointment book for follow-up patients                 |                                                         |             |                     |                 |
|              | 2. Evidence from sample of patients’ medical records                          |                                                         |             |                     |                 |
| 1.4          | <strong>PRACTICE HOURS AND TYPE OF SERVICES</strong>                                      |                                                         |             |                     |                 |
|              | 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. | 1. Information on service hours is evident through signage / brochures / patient information sheets |             |                     |                 |</p>
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<tr>
<td></td>
<td>hours is available.</td>
<td>2. Information on services provided is evident through signage / brochures / patient information sheets</td>
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<td>Std 2</td>
<td>PRACTICE</td>
<td>The facility shall be organized and managed to provide appropriate care and treatment to the patient.</td>
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<td>2.1</td>
<td>PHYSICAL STRUCTURE</td>
<td>The practice conforms to all structures and physical requirements appropriate to the level of services under the relevant statutory regulations.</td>
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<td>Criteria for compliance:</td>
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<td></td>
<td>i) There is valid registration of the practice with the relevant authority.</td>
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<td></td>
<td>1. Valid registration certificate under the PHFSA 1998 and Regulations 2006 (where applicable)</td>
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<td>2. Post registration letter issued after inspection by MOH inspectors (where applicable)</td>
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<td></td>
<td>3. Certification by Jabatan Bomba &amp; Penyelamat on safety of premise (where applicable)</td>
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<td>2.2</td>
<td>EQUIPMENT</td>
<td>All equipment for the provision of the level of services shall be adequate, appropriate and well maintained.</td>
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<td>Criteria for compliance:</td>
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<td></td>
<td>There is evidence of compliance where appropriate to:</td>
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<td></td>
<td>i) Scheduled maintenance.</td>
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<td>ii) Calibration.</td>
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<td></td>
<td>iii) Certification.</td>
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<td>1. Evidence of equipment being maintained eg.</td>
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<td>● maintenance contract</td>
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<td></td>
<td>● list of equipment available with date of purchase and maintenance, calibration and certification schedules</td>
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Standards and Assessment Tool for Medical Clinic  
Malaysian Society for Quality in Health (MSQH)
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</table>
| 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.  
   iii) Appropriate management of child abuse / domestic violence (where applicable).  
   iv) Appropriate management of assault / rape (where applicable). | 1. Availability of drug book  
2. ● List of notification of infectious diseases  
3. ● List of notification of death  
4. 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) | | |
| 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. | 1. Patient register  
2. Completeness of medical records for individual patients  
3. Retrieval system of medical records | | |
<table>
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<tbody>
<tr>
<td>2.4.1</td>
<td>ii) Each patient has an individual health record containing all relevant clinical information.</td>
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<td>2.4.1</td>
<td><strong>FEES AND SERVICES</strong></td>
<td>Information on fees and services should be made available to the patient (where applicable)</td>
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<td>2.4.1</td>
<td>Criteria for compliance:</td>
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<td>2.4.1</td>
<td>i) Schedule of fees available on request.</td>
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<td>2.4.1</td>
<td>ii) List of services available.</td>
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<td>2.4.1</td>
<td>Criteria for compliance:</td>
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<tr>
<td>2.4.1</td>
<td>i) Schedule of fees available on request.</td>
<td>1. Itemised bill available upon request</td>
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<td>2.4.1</td>
<td>ii) List of services available.</td>
<td>2. List of services with charges available</td>
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<td>2.4.2</td>
<td><strong>SECURITY OF RECORDS</strong></td>
<td>Patient information is well secured and confidentiality maintained. The retention of medical records conforms to statutory requirements.</td>
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<td>2.4.2</td>
<td>Criteria for compliance:</td>
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<td>2.4.2</td>
<td>i) Security of records is maintained.</td>
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<td>2.4.2</td>
<td>ii) Only authorized personnel have access to the medical records.</td>
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<td>2.4.2</td>
<td>Criteria for compliance:</td>
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<tr>
<td>2.4.2</td>
<td>i) Security of records is maintained.</td>
<td>1. Medical records are kept in a secured location/controlled environment</td>
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<tr>
<td>2.4.2</td>
<td>ii) Only authorized personnel have access to the medical records.</td>
<td>2. Written SOP on access to medical records</td>
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<td>2.4.2</td>
<td>iii) Security access for electronic medical records (EMR) (where applicable)</td>
<td>3. Security access for electronic medical records (EMR) (where applicable)</td>
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<td>2.5</td>
<td><strong>DRUGS / DDA / VACCINES</strong></td>
<td>The Drug Inventory shall be organized and managed to provide a safe and appropriate practice.</td>
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<td>2.5</td>
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</table>
### Criteria for compliance:

1. **There is evidence of drug inventory.**
   - i) Drug inventory comply with statutory requirements.
   - ii) Standard Operating Procedures for drug dispensing / practice should be known to relevant staff.
   - iii) Adequate information shall be given to the patient on medication dispensed.
   - iv) Evidence of ‘Cold Chain’ for storage of vaccines.

2. **Criteria for compliance:**
   - i) The purchase record is signed by the Registered Medical Practitioner / Pharmacist.
   - ii) Drug Inventory is available.

### Evidence of Compliance (Completed by the Medical Clinic)

<table>
<thead>
<tr>
<th>Survey Item</th>
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</thead>
<tbody>
<tr>
<td>1. Separate drug inventory list for normal and DDA drugs</td>
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<td>2. Storage of DDA drugs in a secured location</td>
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<td>3. Written SOP on dispensing of drugs</td>
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<td>4. List of approved signatures/initials of registered medical practitioners (including locums) for prescription slip (where applicable)</td>
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<td>5. List of standard drug abbreviations used</td>
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<td>6. Work flow on drug dispensing i.e. doctor → staff → patient</td>
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<td>7. Patient information leaflet available</td>
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<td>8. On-site observation during dispensing of drugs by the relevant staff</td>
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<td>9. Evidence of cold chain being maintained</td>
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<tr>
<td>● Storage equipment for vaccines comply to cold chain</td>
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### 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.

<table>
<thead>
<tr>
<th>Survey Item</th>
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</thead>
<tbody>
<tr>
<td>1. Purchase invoice signed by Registered Medical Practitioner/Pharmacist</td>
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<td>2. Drug inventory is available</td>
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### 2.6 QUALITY OF CARE

Patient assessment shall be conducted and documented.
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</table>
|             | 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. | 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 |             |                                     |
| 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). | 1. Laboratory investigations support clinical assessment  
      2. Radiology services support clinical assessment  
      3. Availability of current Clinical Practice Guidelines  
      4. Conformance / compliance to the Clinical Practice Guidelines through review of sample medical records |             |                                     |
| 2.6.2       | TRAINING | Procedures are carried out by trained personnel.  
      Criteria for compliance:  
      i) There shall be documented evidence of appropriate training. | 1. List of procedures conducted with relevant certificates / evidence of training |             |                                     |
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<tr>
<td>2.6.3</td>
<td><strong>PATIENT CARE</strong></td>
<td>Patient care shall be appropriate.</td>
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<td>Criteria for compliance:</td>
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<td>i) The facility designs and carries out processes to provide continuity of patient care services.</td>
<td>1. Evidence from sample medical records</td>
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<td></td>
<td>ii) There is a qualified individual responsible for the patient’s care.</td>
<td>2. List of qualified individuals (locum) to attend to patient care when Registered Medical Practitioner is not available</td>
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<td>iii) Information about the patient’s care and response to care is communicated among medical, nursing and other care providers.</td>
<td>3. Evidence from sample medical records to show records are complete although patient seen by different medical practitioners</td>
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<td>iv) The patient’s medical record is available to the care providers to facilitate the exchange of information.</td>
<td>4. Evidence from sample medical records that response to care is informed</td>
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<td>5. Written SOP on access to medical records</td>
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<td>2.6.4</td>
<td><strong>DOCTOR PATIENT RELATIONSHIP</strong></td>
<td>Continuous therapeutic relationship between the doctor and the patient is maintained.</td>
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<td>Criteria for compliance:</td>
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<td></td>
<td>i) The patient shall be informed on any decision-making regarding his treatment.</td>
<td>1. Patient information / decision shall be documented in medical records</td>
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<td>ii) The patient is given the opportunity to have a second opinion pertaining to his illness / treatment.</td>
<td>2. Evidence in sample medical records</td>
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<td>iii) Adequate explanation is given</td>
<td>3. On-site observation during patient consultation</td>
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<td>4. Patient information leaflets</td>
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<td>5. Registered Medical Practitioner’s contact number is available for the patients’ to communicate (on the appointment card / medication bag)</td>
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<td>iv) The patient is able to communicate with the doctor on problems encountered over a given medication / treatment.</td>
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<td>2.6.5</td>
<td><strong>REFERRAL SYSTEM</strong></td>
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<td></td>
<td>There shall be an appropriate referral system in the practice.</td>
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<td><strong>Criteria for compliance:</strong></td>
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<td></td>
<td>i) There is a list of specialists available. The facility cooperates with other health care agencies to ensure timely and appropriate referrals.</td>
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<td>ii) Referral letters shall be comprehensive and contain relevant information for continuity of care.</td>
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<td>iii) There is a process to appropriately transfer patients to another facility to meet their continuing care needs.</td>
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<td>iv) The process for referring or transferring the patient considers transportation needs.</td>
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<td>1. List of specialists / contracts / panel of specialists / referral points</td>
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<td>2. Review of sample referral letters for completeness</td>
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<td>3. Written SOP on patient transfer</td>
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<td>4. List of ambulance / transport facility for patient transfer</td>
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<td>2.6.6</td>
<td><strong>FEEDBACK</strong></td>
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<td></td>
<td>Where cases have been referred to the practice, there should be a system of feedback to the referring doctor.</td>
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<td>Criterion No.</td>
<td>Survey Item</td>
<td>Evidence of Compliance (Completed by the Medical Clinic)</td>
<td>Self Rating</td>
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<td><strong>Criteria for compliance:</strong></td>
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<td></td>
<td>i) Reply letter (from the referred person) shall be appropriate and contain relevant information for continuity of care.</td>
<td>1. Review of sample reply letters for completeness</td>
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<td>2.6.7</td>
<td><strong>HEALTH PROMOTION AND PREVENTION</strong></td>
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<td></td>
<td>Health promotion and preventive services shall be available to the patients.</td>
<td>1. Availability of leaflets / brochures</td>
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<td><strong>Criteria for compliance:</strong></td>
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<td></td>
<td>i) Availability / display of health education information.</td>
<td>2. Evidence of on-site health promotion and disease prevention activities e.g.</td>
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<td>ii) Evidence of health promotion and disease prevention activities.</td>
<td>- posters</td>
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<td></td>
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<td>- videos</td>
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<td>- immunisation services</td>
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<tr>
<td>Std 3</td>
<td>HUMAN RESOURCE</td>
<td>The practice demonstrates support for providing safe and quality patient care through education and skills training of personnel.</td>
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<tr>
<td>3.1</td>
<td>HUMAN RESOURCE MANAGEMENT</td>
<td>Appropriate and adequate staffing is available.</td>
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<td>Criteria for compliance:</td>
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<td>i) Number of staff commensurate with workload.</td>
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<td>ii) Current Annual Practice Certificate (APC) is available.</td>
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<td>iii) Job descriptions for staff are available.</td>
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<td>1. Number of staff is adequate with workload</td>
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<td>2. Availability of current Annual Practice Certificate</td>
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<td></td>
<td>3. List of job descriptions available for staff</td>
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<td>3.2</td>
<td>HUMAN RESOURCE DEVELOPMENT</td>
<td>Continuing education is provided to all staff.</td>
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<td>Criteria for compliance:</td>
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<td>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.</td>
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<td>1. Evidence of staff training including Basic Life Support (BLS) training</td>
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<td>2. Evidence of ‘on-the-job’ training</td>
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<td>ii) ‘On-the-job’ training for staff is available.</td>
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<td>3.3</td>
<td><strong>APPROPRIATE TRAINING FOR SPECIFIC PROCEDURES</strong></td>
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<td></td>
<td>The Registered Medical Practitioner and other staff providing special services or procedures have the appropriate training for the specific procedures.</td>
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<td>i) Evidence of training / certification for specific procedures</td>
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<td>1. Evidence of training and certification for specific procedures (where applicable)</td>
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<td>Std 4</td>
<td>SAFETY</td>
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<td></td>
<td>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.</td>
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<td>4.1</td>
<td>SAFE PATIENT CARE</td>
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<td>Care provided to the patient is safe and meets professional standards.</td>
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<td>Criteria for compliance:</td>
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<td>i) Evidence Based Medicine.</td>
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<td>ii) Clinical Risk management.</td>
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<td>1. Availability and implementation of current Clinical Practice Guidelines (CPG)</td>
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<td>2. Written SOP on risk management and implementation of the risks e.g.</td>
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<td>- Prevention and control of infection</td>
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<td>- Radiation risks</td>
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<td>- Laboratory hazards</td>
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<td>3. Written SOP on the use of disposables</td>
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<td>4. Availability of sterilizer</td>
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<td>5. History of drug allergies noted in the medical records</td>
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<td>4.2</td>
<td>ADVERSE DRUG REACTION</td>
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<td>There is notification of any untoward drug reaction to the relevant authorities.</td>
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<td>Criteria for compliance:</td>
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<td>1. List of notification to the National Centre for Adverse</td>
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<tr>
<td>i)</td>
<td>Record of the notification is made available.</td>
<td>Drug Reactions Monitoring (ADR Form)</td>
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<tr>
<td>ii)</td>
<td>Evidence of practice by the facility on Incident Reporting.</td>
<td>List, analysis and action taken of incident reports</td>
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</tbody>
</table>

### 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.

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<td>1. Written SOP on infection control</td>
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<td>2. Availability of sterilization process</td>
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<td>3. Practice of sharps disposals</td>
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<td>4. Written SOP and practice of biohazards</td>
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<td>5. Staff are notified of prevailing infections</td>
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<td></td>
<td>6. Evidence of training and practice on infection control among staff</td>
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### 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.

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<td>1. Availability and practice of Occupational Safety and Health protocol (where applicable)</td>
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<td>2. Availability and practice of needle sticks injury protocol</td>
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<td>Criterion No.</td>
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<td>iii)</td>
<td>Universal precautions protocol.</td>
<td>3. Availability and practice of universal precautions protocol</td>
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<td>iv)</td>
<td>Radiation safety measures (where applicable).</td>
<td>4. Availability and practice of radiation safety measures (where applicable)</td>
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<td>v)</td>
<td>Chemical hazard measures (where applicable).</td>
<td>5. Availability and practice of chemical hazards measures (where applicable)</td>
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<td>vi)</td>
<td>Precaution and safety measures on Inflammables (where applicable).</td>
<td>6. Availability and practice of precaution and safety measures on inflammables (where applicable)</td>
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<td>vii)</td>
<td>Usage of Personal Protective Equipment where appropriate.</td>
<td>7. Availability and practice of personal protective equipment where appropriate</td>
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<td>viii)</td>
<td>Availability of Safety Signage.</td>
<td>8. Availability of safety signage</td>
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### 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)

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<tr>
<th>Evidence of Compliance (Completed by the Medical Clinic)</th>
<th>Self Rating</th>
<th>Surveyor’s Comments</th>
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<tr>
<td>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</td>
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<td>Criterion No.</td>
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<tr>
<td>Std 5</td>
<td>ETHICAL PRACTICE</td>
<td>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.</td>
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<td>5.1</td>
<td>PATIENT CONFIDENTIALITY</td>
<td>There is evidence of patient's confidentiality and privacy.</td>
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<td>Criteria for compliance:</td>
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<td>i) Patient records are secured.</td>
<td>1. Medical records kept in a secured location / controlled environment</td>
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<td>ii) Appropriate protocols for release of patient records.</td>
<td>2. Written SOP on access to medical records</td>
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<td>5.2</td>
<td>PATIENT’S RIGHT</td>
<td>There is evidence of adequate information given to the patients.</td>
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<td>Criteria for compliance:</td>
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<td>i) Information about his / her illness.</td>
<td>1. Information provided as evidenced in medical records</td>
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<td>ii) Information on procedure and informed consent.</td>
<td>2. On-site observation during patient consultation</td>
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<td></td>
<td>iii) Medical report provided upon request and payment of fees.</td>
<td>3. Informed consent forms</td>
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<td>4. List of medical reports provided</td>
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<td>5. Sample of medical reports available</td>
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<td>5.2.1</td>
<td>PATIENT VALUES</td>
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<td>Evidence of Compliance (Completed by the Medical Clinic)</td>
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<td></td>
<td>The care provided is considerate and respectful of patient’s personal values</td>
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<td>and belief.</td>
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<td><strong>Criteria for compliance:</strong></td>
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<td>i) Evidence of identification of patient’s cultural and religious needs.</td>
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<td>1. Patients are identified by race, religion and social history in medical</td>
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<td>records</td>
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<td>5.2.2</td>
<td><strong>PATIENT PRIVACY</strong></td>
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<td>Care provided is respectful of the patient’s need for privacy during clinical</td>
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<td>consultation, examination and procedures.</td>
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<td><strong>Criteria for compliance:</strong></td>
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<td>i) Patient’s need for privacy during examinations and treatments is respected.</td>
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<td>1. Evidence of privacy being addressed e.g. single room for single patient</td>
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<td>2. On-site observation during site visit</td>
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<td>5.3</td>
<td><strong>FAMILY RIGHTS</strong></td>
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<td>Parents / Guardians of minors and intellectually challenged / psychiatric</td>
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<td>patients are given adequate information of illness / condition and proper</td>
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<td>documentation is kept in the Medical Record. They are given the rights to</td>
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<td>participate in the care process and decisions.</td>
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<td><strong>Criteria for compliance:</strong></td>
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<td>i) The parent / guardian is given adequate information by the registered medical practitioner about the patient's illness and condition.</td>
<td>1. Review of sample medical records to find evidence of participation of care by parents / guardians  ❑&lt;br&gt;2. Review of sample medical records to find evidence of information provided to parents / guardians  ❑</td>
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<td>ii) The parent / guardian is informed about their rights and responsibilities related to refusing or discontinuing treatment.</td>
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<tr>
<td>5.4</td>
<td><strong>GRIEVANCE MECHANISM</strong></td>
<td></td>
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<tr>
<td></td>
<td>There is mechanism to address grievances by patients, staff and doctors.</td>
<td></td>
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<td></td>
<td><strong>Criteria for compliance:</strong></td>
<td></td>
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<tr>
<td></td>
<td>i) There is evidence of availability of Standard Operating Procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criterion No.</td>
<td>Survey Item</td>
<td>Evidence of Compliance (Completed by the Medical Clinic)</td>
<td>Self Rating</td>
</tr>
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<tr>
<td>Std 6</td>
<td>QUALITY IMPROVEMENT ACTIVITIES</td>
<td>The practice ensures the provision of quality services by its on-going involvement in quality improvement activities.</td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>EFFECTIVE QUALITY IMPROVEMENT ACTIVITIES FOR THE PRACTICE.</td>
<td>The quality improvement activities include evaluation of clinical and non-clinical services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Criteria for compliance:</td>
<td></td>
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<tr>
<td></td>
<td>i) Record of patients’ feedback on the services.</td>
<td></td>
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<td></td>
<td>ii) Clinical outcome review activities are undertaken.</td>
<td></td>
<td></td>
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<td></td>
<td>iii) Adequate records are maintained about quality improvement activities.</td>
<td></td>
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<tr>
<td></td>
<td>Evidence of patient satisfaction Survey</td>
<td>1. Evidence of patient satisfaction Survey</td>
<td></td>
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<tr>
<td></td>
<td>Evidence of clinical review of cases conducted</td>
<td>2. Evidence of clinical review of cases conducted</td>
<td></td>
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<tr>
<td></td>
<td>Records / reports of quality activities conducted</td>
<td>3. Records / reports of quality activities conducted</td>
<td></td>
</tr>
</tbody>
</table>