

## SERVICE STANDARD 12 : AMBULATORY CARE SERVICES

### PREAMBLE

*Ambulatory care is defined as scheduled procedures provided to patients who do not require hospital stay overnight. It is a process of care where suitable patients are managed with admission, treatment and discharge on the same day. Ambulatory care is done for diagnostic and therapeutic procedures which may require local, regional, or general anaesthesia, minimal or do not carry risk of postoperative complications but require a period of observation in the Facility.*

*There are guidelines to specify which patients can be treated, which procedures and under what form of anaesthesia/sedation can be performed as ambulatory care. The service could also include patients treated and managed in the day care for medical conditions, diagnostic and interventional procedures, such as the endoscopic services.*

### TOPIC TOPIC 12.1

#### ORGANISATION AND MANAGEMENT

#### STANDARD STANDARD 12.1.1

The Ambulatory Care Services are organised to provide safe and efficient care for ambulatory patients. The Ambulatory Care Services are coordinated with other departments and services of the Facility. The service could also include patients treated and managed in the day care for medical conditions, diagnostic and interventional procedures, such as the endoscopic services. Patients receiving chemotherapy should be treated in a designated area.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
12.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Ambulatory Care Services are clearly documented and measurable that indicates safety, quality and patient centred care. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed and revised as required accordingly and communicated to all staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.	NA					
	2.	Goals and objectives of the Ambulatory Care Services in line with the Facility statements are available, endorsed and dated.	NA					
	3.	Evidence of planned reviews of the above statements.	NA					
	4.	These statements are communicated to all staff (orientation programme, minutes of meeting, etc)	NA					
	5.	Achievement of goals and objectives are monitored, reviewed and revised accordingly.	NA					

12.1.1.2 CORE	<p>There is an organisation chart which:</p> <p>a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of the Ambulatory Care Services, consultants, medical practitioners and staff of the Ambulatory Care Services;</p> <p>b) to all staff and clients;</p> <p>c) includes off-site services if applicable;</p> <p>d) is revised when there is a major change in any one of the following:</p> <p>i) organisation;</p> <p>ii) functions;</p> <p>iii) reporting relationships;</p> <p>iv) staffing patterns.</p>	NA			NA												
	<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of the Ambulatory Care Services, consultants, medical practitioners and staff of the Ambulatory Care Services.</td><td>NA</td></tr><tr><td>2.</td><td>Organisation chart of the service is endorsed, dated and accessible.</td><td>NA</td></tr><tr><td>3.</td><td>The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of the Ambulatory Care Services, consultants, medical practitioners and staff of the Ambulatory Care Services.	NA	2.	Organisation chart of the service is endorsed, dated and accessible.	NA	3.	The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).	NA				
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3.	The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).	NA															
12.1.1.3	<p>The Governing Body shall ensure that Ambulatory Care Services are organised in such a way as to:</p> <p>a) facilitate the provision of ambulatory care services to patients in the Facility in a safe, efficient, effective, and caring manner and with due regard for the needs, dignity and privacy of patients and confidentiality of their personal information;</p> <p>b) assure continuity of care;</p> <p>c) address the professional needs of the medical practitioners;</p> <p>d) ensure that the medical practitioners are involved in the formulation of policies and procedures concerning patient care appropriate to the scope of services of the Facility.</p>	NA			NA												
	<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Departmental/Service operational policies that address (a) to (d).</td><td>NA</td></tr><tr><td>2.</td><td>Medical Staff By-Laws</td><td>NA</td></tr><tr><td>3.</td><td>Evidence of involvement of medical practitioners in the formulation of policies and procedures concerning patient care.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Departmental/Service operational policies that address (a) to (d).	NA	2.	Medical Staff By-Laws	NA	3.	Evidence of involvement of medical practitioners in the formulation of policies and procedures concerning patient care.	NA				
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2.	Medical Staff By-Laws	NA															
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	4.	Involvement of Head of the Service in the Medical and Dental Advisory Committee/Medical Advisory Committee and ward meetings.	NA					
	5.	Minutes of meetings	NA					
	6.	Proper and adequate equipment according to current standards.	NA					
12.1.1.4 CORE	The Head of Ambulatory Care Services has: a) representation of the Service in committees where applicable, e.g. Operating Theatre Committee, Blood Transfusion Committee, etc and subcommittees where relevant; b) representation of the Service in clinical staff liaison meetings; c) involvement and provide regular input to the Senior Management Team.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Letter of appointment and delineation of duties and responsibilities of the Head of the Service	NA					
	2.	Letter of appointment and Terms of Reference as member of the Medical and Dental Advisory Committee/Medical Advisory Committee	NA					
	3.	Minutes of meetings of Medical and Dental Advisory Committee/Medical Advisory Committee/Management	NA					
	4.	Letter of appointment for representation in relevant committees, e.g. Operating Theatre Committee and minutes of meetings.	NA					
12.1.1.5	Regular staff meetings are held between the Head of Service and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the Ambulatory Care Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Minutes are accessible, disseminated and acknowledged by the staff.	NA					
	2.	Attendance list of members with adequate representatives of the service.	NA					
	3.	Frequency of meetings as scheduled.	NA					
	4.	Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).	NA					

12.1.1.6	The Head of the Ambulatory Care Services is involved in the planning, justification and management of the budget and resource utilisation of the services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of Facility-wide management meeting	NA					
	2.	Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service.	NA					
	3.	Approved budget and resources.	NA					
12.1.1.7	The Head of the Ambulatory Care Services is involved in the appointment and/OR assignment of staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records on staff interview (if applicable)	NA					
	2.	Appointment/assignment letter of Head of Service	NA					
	3.	Job description of Head of Service	NA					
	4.	Records on staff deployment	NA					
	5.	Duty roster	NA					
12.1.1.8	Ambulatory Care Services are provided appropriate to the Facility's scope of medical and surgical services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	List of ambulatory care services provided	NA					
	2.	Patient registration records	NA					
12.1.1.9	Appropriate statistics and records shall be maintained in relation to the provision of Ambulatory Care Services and used for managing the services and patient care purposes.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records are available but not limited to the following:						
	a)	workload/census;	NA					
	b)	annual report;	NA					
	c)	accident/incident reports;	NA					
	d)	staffing number and staff profile;	NA					

	e)	staff training records;	NA					
	f)	data on performance improvement activities, including performance indicators.	NA					
12.1.1.10	<p>Appropriate records are maintained by the Ambulatory Care Services which are adequate for clinical, medicolegal, and evaluation purposes and include the following:</p> <p>a) a record of medical practitioners conferred the privileges of performing specific procedures is displayed, available and accessible to all staff;</p> <p>b) a register of operations/procedures performed within the Ambulatory Care Services is maintained;</p> <p>c) a record of the procedure performed is filed in the patient's medical record;</p> <p>d) standard drug administration records are maintained and regulations relating to the control of drugs are followed;</p> <p>e) documented evidence of the counting of accountable items used in the procedures (including operating theatre) and a copy of this is included in the patient's medical record.</p>			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Records maintained by Ambulatory Care Services include (a) to (e).	NA					
	2.	Privileges of clinical staff performing specific procedures is available at point of care	NA					
	3.	Record of the procedure performed and documented in the patient's medical record details the followings:						
	a)	procedure performed;	NA					
	b)	date and time;	NA					
	c)	type of anaesthesia;	NA					
	d)	personnel involved in the procedure;	NA					
	e)	findings;	NA					
	f)	record of accountable items used in operating theatre;	NA					
	g)	the dressings applied and drainage systems inserted (where applicable);	NA					
	h)	postoperative orders;	NA					
	i)	discharge and follow up notes.	NA					
12.1.1.11	Clinical staff performs within the privileges conferred.			NA			NA	

CORE								
	EVIDENCE OF COMPLIANCE							
	1.	Verification of procedures e.g. setting long lines performed by individual at point of care within the awarded privileging rights with evidence of:						
	a)	list of procedures privileged;	NA					
	b)	clinical notes.	NA					
12.1.1.12	Support services such as pharmacy, radiology, pathology and blood bank are available as appropriate, and effective communication and relationship with these services are maintained.			NA			NA	
EVIDENCE OF COMPLIANCE								
1.	Availability of relevant clinical support services	NA						
2.	Floor plan indicates accessibility to supporting services.	NA						
3.	Appropriate telecommunication modalities and system.	NA						

## TOPIC TOPIC 12.2

## HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

## STANDARD STANDARD 12.2.1

The Ambulatory Care Services shall be directed by a qualified and competent medical practitioner, and staffed by suitably qualified and competent clinical staff to achieve the goals and objectives of the services. Staff of the services have access to appropriate education programmes to maintain and improve their knowledge and skills.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
12.2.1.1	The Head and staff of the Ambulatory Care Services shall be individuals qualified by education, training, experience and certification to commensurate with the requirements of the various positions.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records on credentials of Head of Service and staff required to fill up the posts within the service (to match the complexity of the Facility and services) and certification/registration.	NA					
	2.	Appointment/assignment letter	NA					
	3.	Training and competency records	NA					
12.2.1.2	The authority, responsibilities and accountabilities of the Head of Ambulatory Care Services are clearly delineated and documented.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Appointment/assignment letter for Head of Service.	NA					
	2.	Description of duties and responsibilities	NA					
12.2.1.3	Sufficient numbers of personnel and support staff with appropriate qualifications are employed to meet the need of the services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Number of staff and qualification should commensurate with workload.	NA					
	2.	Staffing pattern	NA					
	3.	Duty roster	NA					
	4.	Census and statistics	NA					

12.2.1.4	<p>There are written and dated specific job descriptions for all categories of staff that include:</p> <p>a) qualifications, training, experience and certification required for the position; b) lines of authority; c) accountability, functions and responsibilities; d) reviewed when required and when there is a major change in one of the following:</p> <p>i) nature and scope of work; ii) duties and responsibilities; iii) general and specific accountabilities; iv) qualifications required and privileges granted; v) staffing patterns; vi) Statutory Regulations.</p> <p>e) administrative and clinical functions.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).</td><td>NA</td></tr><tr><td>2.</td><td>Job description includes specialisation skills</td><td>NA</td></tr><tr><td>3.</td><td>Relevant privileges granted where applicable</td><td>NA</td></tr><tr><td>4.</td><td>The job description is acknowledged by the staff and signed by the Head of Service and dated.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).	NA	2.	Job description includes specialisation skills	NA	3.	Relevant privileges granted where applicable	NA	4.	The job description is acknowledged by the staff and signed by the Head of Service and dated.	NA	NA			NA	
EVIDENCE OF COMPLIANCE																					
1.	Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).	NA																			
2.	Job description includes specialisation skills	NA																			
3.	Relevant privileges granted where applicable	NA																			
4.	The job description is acknowledged by the staff and signed by the Head of Service and dated.	NA																			
12.2.1.5	<p>Personnel records on training, staff development, leave and others are maintained for every staff.</p> <p><b>Note:</b> Staff personal record may be kept in Human Resource Department as per Facility policy.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td colspan="2">Staff personal records include:</td></tr><tr><td>a)</td><td>staff biodata;</td><td>NA</td></tr><tr><td>b)</td><td>qualification and experience;</td><td>NA</td></tr><tr><td>c)</td><td>evidence of current registration;</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Staff personal records include:		a)	staff biodata;	NA	b)	qualification and experience;	NA	c)	evidence of current registration;	NA	NA			NA	
EVIDENCE OF COMPLIANCE																					
1.	Staff personal records include:																				
a)	staff biodata;	NA																			
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	d)	training record;	NA					
	e)	competency record and privileging;	NA					
	f)	leave record;	NA					
	g)	confidentiality agreement.	NA					
12.2.1.6	<p>There is a structured orientation programme for all newly appointed staff to the Ambulatory Care Services including medical practitioners and for those new to specific areas that include the following:</p> <p>a) explanation of the goals, objectives, policies and procedures of the Facility and those of the Ambulatory Care Services;</p> <p>b) lines of authority and areas of responsibility;</p> <p>c) explanation of particular duties and functions;</p> <p>d) explanation of the methods of assigning clinical care and the standards of clinical practice;</p> <p>e) handover communication;</p> <p>f) processes for resolving practice dilemmas;</p> <p>g) information about safety procedures;</p> <p>h) training in basic/advanced life support techniques;</p> <p>i) methods of obtaining appropriate resource materials;</p> <p>j) staff appraisal procedures for the Ambulatory Care Services;</p> <p>k) education on Patient and Family Rights;</p> <p>l) education on MSQH Standards requirements.</p>			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Policy requiring all new staff to attend a structured orientation programme.	NA					
	2.	There is Ambulatory Care Services orientation programme with relevant topics not limited to topics covered from (a) to (l).	NA					
	3.	Attendance list	NA					
12.2.1.7	<p>There is evidence of training needs assessment and staff development plan which provides the knowledge and skills required for staff to maintain competency in their current positions and future advancement.</p>			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Training needs assessment is carried out and gaps identified.	NA					
	2.	A staff development plan based on training needs assessment is available.	NA					

	3.	Training schedule/calendar is in place.	NA					
	4.	Training module	NA					
12.2.1.8	There are continuing education activities for staff including medical practitioners to pursue professional interests and to prepare for current and future changes in practice.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Training calendar includes in-house/external courses/workshop/conferences	NA					
	2.	Contents of training programme	NA					
	3.	Training records on continuing education activities are kept and maintained for each staff including training in life support.	NA					
	4.	Certificate of attendance/degree/post basic training	NA					
12.2.1.9	Staff including medical practitioners receive evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Performance appraisal for staff including medical practitioners is completed upon probationary period and as an annual exercise.	NA					

TOPIC TOPIC 12.3  
POLICIES AND PROCEDURES

STANDARD STANDARD 12.3.1

Documented policies and procedures shall reflect current knowledge and practice for the ambulatory care services, and they are consistent with statutory requirements and the goals and objectives of the Ambulatory Care Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
12.3.1.1 CORE	There are written policies and procedures for the Ambulatory Care Services which are consistent with the overall policies of the Facility, regulatory requirements and current standard practices. These policies and procedures are signed, authorised and dated.			NA			NA	
	There is a mechanism for and evidence of a periodic review at least once in every three years.							
	EVIDENCE OF COMPLIANCE							
	1.	Documented policies and procedures for the service.	NA					
	2.	Policies and procedures are consistent with the regulatory requirements and current standard practices.	NA					
	3.	Evidence of periodic review of policies and procedures.	NA					
	4.	The policies and procedures are endorsed and dated.	NA					
12.3.1.2	Policies and procedures are developed by a committee in collaboration with staff, medical practitioners, Management and where required with other external service providers and with reference to relevant sources involved.			NA			NA	
	Cross departmental collaboration is practised in developing relevant policies and procedures where applicable.							
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of committee meetings on development and revision on policies and procedures.	NA					
	2.	Minutes of meeting with evidence of cross reference with other departments	NA					
	3.	Documented cross departmental policies	NA					

12.3.1.3	Current policies and procedures are communicated to all staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Training and briefing on the current policies and procedures/Minutes of meetings	NA					
	2.	Circulation list and acknowledgement	NA					
12.3.1.4 CORE	There is evidence of compliance with policies and procedures.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Compliance with policies and procedures through:						
	a)	interview of staff on practices;	NA					
	b)	verify with observation on practices;	NA					
	c)	results of audit on practices;	NA					
	d)	practices in line with established policies and procedures.	NA					
12.3.1.5	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Copies of relevant policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site for staff reference.	NA					
12.3.1.6 CORE	Documented policies of a planned systematic approach to the provision of ambulatory patient care. These include: a) available criteria for selection and assessment of cases; b) policy on the use of sedation during procedures; c) documented admission policies including age or disease limitations and the restrictions concerning the scope of clinical services offered; d) the booking and admission of patients comply with admission policies; e) essential information on the service is given to all patients that outlines: i) the patient's pre-admission responsibilities and preparation; ii) the functioning of the Ambulatory Care Services; iii) type of anaesthesia and postanaesthetic effects; iv) provision for after-hours contact and emergency care; v) patient's post-discharge responsibilities/home care instructions. f) the requirements for a preanaesthetic assessment to be performed by a medical practitioner;			NA			NA	

	<p>g) patient identification, with the nature and site of the procedure marked and verified by the surgeon and the consent documents checked;</p> <p>h) observations of the patient's pre-, intra-, and post-procedure status and vital signs are monitored and recorded in the medical record;</p> <p>i) a dedicated anaesthetist is present or readily available until all patients who have undergone anaesthesia/sedation are discharged;</p> <p>j) the discharge procedure ensures the patient is given relevant documented postoperative instructions and there is a responsible person/family members accompanying the discharged patient. The address and phone number of the discharge person/family members are recorded in the medical record.</p>					
	<p><b>EVIDENCE OF COMPLIANCE</b></p> <p>1. Documented policies that address (a) to (j). NA</p>					
12.3.1.7	<p>All patients and their relatives shall be given essential information pertaining to the procedure which include:</p> <p>a) the patient's pre-admission responsibilities and preparation;</p> <p>b) the functioning of the Ambulatory Care Services;</p> <p>c) type of anaesthesia and post anaesthetic effects;</p> <p>d) provision for after-hours contact and emergency care;</p> <p>e) the patient's post-discharge responsibilities/instructions.</p>	NA			NA	
	<p><b>EVIDENCE OF COMPLIANCE</b></p> <p>1. Patients and relatives given adequate information on the procedure carried out as evidenced by :</p> <p>a) patient information pamphlet; NA</p> <p>b) relevant contact number for any emergency care; NA</p> <p>c) written post-operative instructions; NA</p> <p>d) written follow up instruction. NA</p>					
12.3.1.8	<p>The policies and procedures for management of emergency patients shall include arrangement for transfer of patients, where necessary.</p>	NA			NA	
	<p><b>EVIDENCE OF COMPLIANCE</b></p> <p>1. Policies and procedures on management of emergency patients include:</p> <p>a) patient transfer; NA</p> <p>b) referral details including notes on patient's medical history. NA</p>					

	2.	Verification on compliance as per patient notes on transfer arrangement.	NA					
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**TOPIC TOPIC 12.4**  
**FACILITIES AND EQUIPMENT**

**STANDARD STANDARD 12.4.1**

There are adequate physical facilities and equipment for safe and efficient functioning of the Ambulatory Care Services. The services may operate from a purpose-built facility with designated rooms such as those used for endoscopy, oncological purposes or from the main Operating Suite Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
12.4.1.1	There are adequate and appropriate facilities and equipment with proper utilisation of space to enable staff to carry out their professional, teaching and administrative functions.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Facilities for Ambulatory Care Services include the following:						
	a)	adequate working space with suitable lighting;	NA					
	b)	storage space for equipment, surgical supplies, linen, housekeeping equipment, and pharmaceutical supplies, including the storage of dangerous and psychotropic drugs;	NA					
	c)	easy access;	NA					
	d)	facilities for disabled persons;	NA					
	e)	vehicle access to facilitate the safe admission and discharge of patients;	NA					
	f)	adequate provision for emergency power and uninterrupted power supply (UPS) where indicated.	NA					
	g)	adequate facilities and equipment at each patient care area for safe care. (e.g. defibrillators, emergency cart, hand washing facilities etc)	NA					
12.4.1.2	Equipment, both for emergency and non-emergency usage, shall be appropriate to the level of care.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Availability of emergency and non-emergency equipment appropriate to level of care, such as defibrillator, emergency trolley, suction machine, electrocardiogram (ECG) machine, infusion or syringe pump, vital signs monitor, etc	NA					

	2.	Proper cleaning / washing facilities for equipment	NA					
	3.	Proper sterilisation and storage facilities for endoscopes	NA					
	4.	Adequate medical gas and suction supplies	NA					
	5.	Fire extinguishers at relevant areas	NA					
	6.	Scheduled checking of items in emergency trolley	NA					
12.4.1.3	<p>The Ambulatory Care Services shall comply with all safety features in accordance with regulatory requirements which include:</p> <p>a) electrical equipment complies with relevant electrical standards on the safe use of electricity in patient care;</p> <p>b) staff are aware of the appropriate procedures in the safe use and application of electromedical equipment;</p> <p>c) regular maintenance and monitoring of facilities and equipment, and a system to respond to breakdown repair and replacement;</p> <p>d) emergency biomedical equipment, e.g. defibrillator is checked at least once a day or after each use and the result is recorded;</p> <p>e) equipment complies with relevant standards, e.g. those set by Standards and Industrial Research Institute of Malaysia (SIRIM) and current statutory requirements.</p>			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Certification or label of safety standards for equipment as required by law.	NA					
	2.	Awareness training of staff on use of and application of electromedical equipment.	NA					
	3.	Planned Preventive Maintenance (PPM), calibration and repair records	NA					
	4.	Defibrillator calibration testing record	NA					
12.4.1.4	<p>Where specialised equipment is provided by the attending medical practitioner, such equipment shall have the prior approval by the Person In Charge (PIC) of the Facility and should be checked to comply with the relevant safety requirements and be appropriately sterilised before use.</p>			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Policy on equipment provided by the attending medical practitioner including safety and sterilisation requirements.	NA					



	2.	Letter of approval by PIC on use of equipment provided by attending practitioner.	NA					
	3.	Planned Preventive Maintenance (PPM), calibration and repair records.	NA					
12.4.1.5	There is documented evidence that equipment complies with relevant national/international standards and current statutory requirements.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Testing, commissioning and calibration records (certificates or stickers)	NA					
	2.	Certification of equipment from certified bodies, e.g. Standards and Industrial Research Institute of Malaysia (SIRIM), etc as evidence of compliance to the relevant standards and Acts.	NA					
12.4.1.6 CORE	There is evidence that the facility has a comprehensive maintenance programme such as predictive maintenance, planned preventive maintenance and calibration activities, to ensure the facilities and equipment are in good working order.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Planned Preventive Maintenance records such as schedule, stickers, etc.	NA					
	2.	Planned Replacement Programme where applicable	NA					
	3.	Complaint records	NA					
	4.	Asset inventory	NA					
12.4.1.7	Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the Facility operate such equipment.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	User training records	NA					
	2.	Competency assessment record	NA					
	3.	Letter of authorisation	NA					
	4.	List of staff trained and competent to operate specialised equipment	NA					

## TOPIC TOPIC 12.5

## SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

## STANDARD STANDARD 12.5.1

The Head of Ambulatory Care Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Ambulatory Care Services. The Head of Ambulatory Care Services shall ensure compliance to monitoring of specific performance indicators.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
12.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Ambulatory Care Services. The process includes: a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement Innovation is advocated.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Planned performance improvement activities include (a) to (f)	NA					
	2.	Records on performance improvement activities	NA					
	3.	Minutes of performance improvement meetings	NA					
	4.	Performance improvement studies	NA					
	5.	Mortality and morbidity audits with remedial actions	NA					
	6.	Records on innovation if available.	NA					
12.5.1.2	The Head of Ambulatory Care Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement activities to appropriate individual/personnel within the respective services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of meetings	NA					
	2.	Letter of assignment of responsibilities	NA					
	3.	Job description	NA					
12.5.1.3	The Head of the Ambulatory Care Services shall ensure that the staff are trained and complete incident reports which are promptly reported, investigated, discussed by the staff with learning objectives and forwarded to the Person In Charge (PIC) of the Facility.			NA			NA	

	Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence.							
	EVIDENCE OF COMPLIANCE							
	1.	System for incident reporting is in place, which include:						
	a)	Training of staff	NA					
	b)	Policy on incident reporting	NA					
	c)	Methodology of incident reporting	NA					
	d)	Register/records of incidents	NA					
	2.	Completed incident reports	NA					
	3.	Root Cause Analysis	NA					
	4.	Corrective and preventive action plans	NA					
	5.	Remedial measure	NA					
	6.	Minutes of meetings	NA					
	7.	Acknowledgment by Head of Service and PIC/Hospital Director	NA					
	8.	Feedback given to staff regarding incident reporting	NA					
12.5.1.4 CORE	There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following: a) unplanned admissions of ambulatory care patients as inpatients. (sentinel event) b) cancellation rate of ambulatory care cases			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Specific performance indicators monitored.	NA					
	2.	Records on tracking and trending analysis.	NA					
	3.	Remedial measures taken where appropriate	NA					
12.5.1.5	Feedback on results of safety and performance improvement activities are regularly communicated to the staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Results on safety and performance improvement activities are accessible to staff.	NA					
	2.	Evidence of feedback via communication on results of performance improvement activities through continuing medical education/meetings	NA					

	3.	Minutes of service/unit/committee meetings	NA					
12.5.1.6	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Documentation on performance improvement activities and performance indicators.	NA					
	2.	Policy statement on anonymity on patients and providers involved in performance improvement activities.	NA					

SERVICE SUMMARY

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OVERALL RATING : NA

OVERALL RISK : -