

SERVICE STANDARD 13A : CRITICAL CARE – SCN/NICU/PICU/PHDW

PREAMBLE

CRITICAL CARE SERVICES – SCN/NICU/PICU/PHDW

Critical Care Services for paediatric and neonatal cases are specialised care units within the paediatric services in a hospital designated to provide a higher level of care than a general paediatric ward. The scope of the services provided by the unit should be guided by the professional qualifications and experience of the clinicians and are expected to provide appropriate facilities, equipment and staff to safely and effectively care for children and neonates in need of the service.

The units that fall within this category are:

1. Paediatric Critical Care Services:

- a) Paediatric Intensive Care Units (PICU)*
- b) Paediatric High Dependency Unit (PHDU)*

2. Neonatal Critical Care Services

- a) Special Care Nursery (SCN)*
- b) Neonatal Intensive Care Units (NICU)*

Paediatric and Neonatal Critical Care Units provide comprehensive care for a wide range of complex, progressive and life-threatening or potentially life-threatening disorders in critically ill paediatric and neonatal cases, and may vary in the levels of care that are provided (depending on personnel and their level of expertise, physical characteristics, and facilities) and they may differ in the types of specialised care that are provided (e.g. paediatric, neonatal, cardiothoracic surgery, neurosurgery, transplantation, nephrology and others).

Levels of Neonatal Care Units

Each unit should declare the level of care it provides with respect to the delivery of critical care and this should be consistent with the Facility's overall mission.

Level I - Neonatal care in postnatal wards

This unit supplies normal postnatal beds for well babies who are placed together with their mothers and regarded as inpatients. Some of these babies will be receiving treatments for completion of antibiotics, continuation of phototherapy for mild neonatal jaundice or glucose monitoring. The unit is supervised by a separate set of nursing staff and doctors but requires only minimal medical or nursing care. This is to encourage breastfeeding and bonding for the babies.

Level II - Special Care Beds and provides care in a speciality-level facility. This unit provides care for convalescent pre-term neonates, neonates requiring care for transitory problems not requiring sub-speciality level services on an urgent basis.

Level II(a) (Low Dependency) Special Care beds:

For convalescent preterm neonates, or neonates requiring observation for transient problems, phototherapy, investigatory procedures and frequent feeding Level II(b) (High Dependency) Special Care beds: For neonates requiring peripheral intravenous therapy, simplified cardiorespiratory monitoring, apnoea monitoring, oxygen not usually in excess of 40%, chronic oxygen dependency and surgical nursing

Level III - This unit provides intensive care beds to neonates requiring sustained life support, i.e. assisted ventilation for intubated neonates, neonates requiring stabilisation pre and post major surgery and neonates requiring intensive monitoring.

Level III(a) (Low Dependency) Intensive Care beds: For neonates requiring CPAP, continuous cardiorespiratory monitoring, intraarterial blood pressure monitoring, parenteral nutrition, central venous catheterisation, oxygen therapy in excess of 40%, acute surgical nursing

Level III(b) (High dependency) Intensive Care beds: For neonates requiring endotracheal intubation for assisted ventilation, intraarterial blood pressure monitoring, continuous cardiorespiratory monitoring, parenteral nutrition, central venous catheterisation, transcutaneous blood gas and oxygen saturation monitoring and neonates requiring stabilisation following major surgery

Level IV - Equivalent to level III capabilities plus ability to provide surgical repair for acquired or congenital disorders with a range of other subspecialties, i.e. paediatric medical subspecialties, paediatric anaesthesiology care and paediatric surgical subspecialties.

(Based on Paediatric Services Operational Policy 2012 MOH/P/PAK/175.08 (BP))

TOPIC TOPIC 13A.1

ORGANISATION AND MANAGEMENT

STANDARD STANDARD 13A.1.1

The SCN/NICU/PICU/PHDW shall be organised and administered to provide safe, efficient, and effective critical care services in accordance with the identified level of care.

Identification of the level of care is by the Facility. The level of care identified shall be in tandem with the actual level of care provided in terms of all aspects of care, i.e. organisation, human resource, policies, facilities and performance improvement activities.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
13A.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Paediatric or Neonatal Critical 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 Paediatric or Neonatal Critical 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					
13A.1.1.2 CORE	There is an organisation chart which: a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of the Paediatric or Neonatal Critical Care Services, consultants, medical practitioners and staff of the Paediatric or Neonatal Critical Care Services; b) is accessible to all staff and clients; c) includes off-site services if applicable; d) is revised when there is a major change in any of the following: i)organisation; ii) functions; iii) reporting relationships; iv) staffing patterns.			NA			NA	
	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 Paediatric and Neonatal Critical Care Services, consultants, medical practitioners and the rest of the staff.	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					
13A.1.1.3	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 Paediatric or Neonatal Critical 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	
	EVIDENCE OF COMPLIANCE							

	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					
13A.1.1.4	The Head of each of the Paediatric or Neonatal Critical Care Services (CCS) 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					
13A.1.1.5	The Head of a Paediatric or Neonatal CCS is involved in the appointment and/OR assignment of the 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					
13A.1.1.6	Appropriate statistics and records shall be maintained in relation to the provision of Paediatric or Neonatal Critical 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 relevant to each specific critical care	NA					
	g)	hand washing records, Central Line-Associated Bloodstream Infection (CLABSI) rates, nosocomial infection rates and mortality rates	NA					
	h)	Mortality Meetings	NA					
	2.	Statistics are used for managing services and patient care.	NA					

TOPIC TOPIC 13A.2

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD STANDARD 13A.2.1

The Paediatric and Neonatal Critical Care Services are appropriately and adequately staffed and directed to achieve their goals and objectives.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
13A.2.1.1	The Head and staff of the Paediatric and Neonatal Critical 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 nursing staff required to fill up the posts within the service (to match the complexity of the services) and certification /registration(Annual Practising Certificate)	NA					
	2.	Experience of the Head and staff of Paediatric and Neonatal Critical Care Services meet the demand of their positions	NA					
	3.	List of doctors/nurses with post basic certification in various disciplines.	NA					
	4.	Appointment/assignment letters	NA					
	5.	Training and competency records	NA					
	6.	Deployment/assignment according to staff speciality.	NA					
	7.	Qualified Community Nurse worked in Labour Room	NA					
13A.2.1.2	The authority, responsibilities and accountabilities of the Head of Paediatric or Neonatal Critical Care Services is 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					
13A.2.1.3 CORE	Sufficient numbers of personnel and support staff with appropriate qualifications are employed to meet the need of the services. The number of staff required shall be based on accepted norms.			NA			NA	

	EVIDENCE OF COMPLIANCE							
	1.	Number of staff and qualification should commensurate with workload.	NA					
	2.	Duty roster	NA					
	3.	Census and statistics	NA					
	4.	Staffing pattern						
	a)	Paediatric and Neonatal Intensive Care Considering the complexities of care needed for a patient receiving intensive care, there should be 1:1 ratio of nursing staff. In cases, where the patient is particularly unstable, for example with severe pulmonary hypertension, two (2) nurses will be required.	NA					
	b)	High Dependency Care i. Paediatric - A nurse should not have responsibility for the care of more than two (2) patients ii. Neonatal - Special Care Nursery (Level IIa & IIb) A staff nurse should not have responsibility for the care of more than four (4) patients : (Based on Paediatric Services Operational Policy 2012 MOH/P/PAK/175.08 (BP))	NA					
13A.2.1.4	There are written and dated specific job descriptions for all categories of staff that include:			NA			NA	
	a) qualifications, training, experience and certifications 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 any of the following:							
	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.							
	e) administrative and clinical functions.							
	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					
13A.2.1.5	<p>Personnel records on training, staff development, leave and others are maintained for every staff.</p> <p>Note: Staff personal record may be kept in Human Resource Department as per Facility policy.</p> <p>EVIDENCE OF COMPLIANCE</p> <p>1. Staff personal records include:</p> <p>a) staff biodata;</p> <p>b) qualification and experience;</p> <p>c) evidence of current registration;</p> <p>d) training record;</p> <p>e) competency record and privileging;</p> <p>f) leave record;</p> <p>g) confidentiality agreement.</p>			NA			NA	
13A.2.1.6	<p>There is a structured orientation programme for all newly appointed staff to the Paediatric and Neonatal Critical 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 Paediatric Critical 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>			NA			NA	

	<p>e) hand over 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 Paediatric Critical Care Services;</p> <p>k) education on Patient and Family Rights;</p> <p>l) education on MSQH Standards requirements.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Policy requiring all new staff to attend a structured orientation programme. (Under governance – Hospital)</td><td>NA</td></tr><tr><td>2.</td><td>There is Paediatric and Neonatal Critical Care Services orientation programme with relevant topics not limited to topics covered from (a) to (l).</td><td>NA</td></tr><tr><td>3.</td><td>Attendance list</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Policy requiring all new staff to attend a structured orientation programme. (Under governance – Hospital)	NA	2.	There is Paediatric and Neonatal Critical Care Services orientation programme with relevant topics not limited to topics covered from (a) to (l).	NA	3.	Attendance list	NA								
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3.	Attendance list	NA																			
13A.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> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Training needs assessment is carried out and gaps identified.</td><td>NA</td></tr><tr><td>2.</td><td>A staff development plan based on training needs assessment is available.</td><td>NA</td></tr><tr><td>3.</td><td>Training schedule/calendar is in place</td><td>NA</td></tr><tr><td>4.</td><td>Training module</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			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	NA			NA	
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3.	Training schedule/calendar is in place	NA																			
4.	Training module	NA																			
13A.2.1.8	<p>There are continuing education activities for staff including medical practitioners to pursue professional interests and to prepare for current and future changes in practice.</p>	NA			NA																

	EVIDENCE OF COMPLIANCE							
	1.	Training calendar includes in-house/external courses/workshop/conferences	NA					
	2.	Contents of training programme e.g. Structured training programme for non-post basic nurses to be privileged to work in the intensive care area	NA					
	3.	Training records on continuing education activities are kept and maintained for each staff.	NA					
	4.	Certificate of attendance/degree/post basic training.	NA					
	5.	Plan for staff to enrol in post basic courses according to their eligibility, 40% of the ward staff should have post basic training in NICU/PICU/Paediatric Nursing.	NA					
13A.2.1.9 CORE	Clinical staff including medical practitioners working in the Paediatric Critical Care Services have: a) specific specialised skills such as cardiopulmonary resuscitation (CPR), Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), Neonatal Resuscitation Programme (NRP), Paediatric Life Support (PLS), Advanced Paediatric Life Support (APLS); b) a system of ongoing re-certification.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Medical and nursing staff who work in the Paediatric Critical Care setting shall be proficient in resuscitation of paediatric patients.	NA					
	2.	Certification in specific cardiopulmonary resuscitation life support, Neonatal Resuscitation Programme (NRP), Paediatric Life Support (PLS), Advanced Paediatric Life Support (APLS) and re-certification.	NA					
	3.	Schedule of life support training for new and current staff	NA					
13A.2.1.10	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	
	EVIDENCE OF COMPLIANCE							
	1.	Performance appraisal for staff including medical practitioners is completed upon probationary period and as an annual exercise.	NA					

13A.2.1.11	Organisations should have arrangements for the:			NA			NA	
	a) promotion of staff well-being							
	b) resolution of workplace issues							
	EVIDENCE OF COMPLIANCE							
	1.	The promotion of staff well-being may involve:						
	a)	procedures to promote well-being, e.g. stress management, workload monitoring, management of work life balance, healthy lifestyle programmes e.g. BookDoc, KOSPEN	NA					
	b)	staff being provided with appropriate supervision, support and advice e.g. Mentor Mentee	NA					
	2.	The resolution of workplace issues may involve:						
a)	measures to protect staff against violence, bullying and harassment e.g. signage	NA						
b)	clear procedures for the effective management of underperformance e.g. feedback on Sasaran Kerja Tahunan (SKT)	NA						

TOPIC TOPIC 13A.3
POLICIES AND PROCEDURES

STANDARD STANDARD 13A.3.1

There are written and dated policies and procedures for all the activities of the Paediatric Critical Care Services. These policies and procedures reflect current standards of CCS practices, relevant regulations, requirements of statutory authorities, and the goals and objectives of the services.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS											
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK									
13A.3.1.1 CORE	<p>There are written policies and procedures for the Critical 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 and shall include the following policies where applicable:</p> <p>a) Central Line Associated Blood Stream Infections (CLABSI) care bundle</p> <p>b) Ventilator Associated pneumonia (VAP) care bundle</p> <p>c) Infection Control Policy</p> <p>d) Baby Friendly Hospital Initiative</p> <p>e) Milk Supply/Preparation</p> <p>There is a mechanism for and evidence of a periodic review at least once in every three years.</p> <p>Note: Standard policies and procedures, manuals etc. developed and issued by Central Bodies and/or Ministry of Health and other related Regulatory Bodies shall act as a point of reference if direct adoption are not relevant to the level of services.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Documented policies and procedures for the Paediatric and Neonatal Critical Care Services include but not limited to as listed in (a) to(e).</td><td>NA</td></tr><tr><td>2.</td><td>Policies and procedures are consistent with regulatory requirements and current standard practices such as Paediatric Services Operational Policy 2012 MOH/P/PAK/175.08 (BP)) Paediatric</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Documented policies and procedures for the Paediatric and Neonatal Critical Care Services include but not limited to as listed in (a) to(e).	NA	2.	Policies and procedures are consistent with regulatory requirements and current standard practices such as Paediatric Services Operational Policy 2012 MOH/P/PAK/175.08 (BP)) Paediatric	NA	NA			NA	
EVIDENCE OF COMPLIANCE															
1.	Documented policies and procedures for the Paediatric and Neonatal Critical Care Services include but not limited to as listed in (a) to(e).	NA													
2.	Policies and procedures are consistent with regulatory requirements and current standard practices such as Paediatric Services Operational Policy 2012 MOH/P/PAK/175.08 (BP)) Paediatric	NA													

		Protocol (latest edition), Private Healthcare Facilities and Services Act 1998 (PHFSA), its Regulation (2006), Ministry of Health Guidelines, Centers for Disease Control and Prevention (CDC) regulations and guidelines etc.						
	3.	Policies and procedures are updated, endorsed and dated; and where required customised to meet the relevant needs and level of services of the facilities.	NA					
	4.	Policies and procedures governing patient nutrition and hygiene (including housekeeping, linen and patients' unit hygiene) are available.	NA					
	5.	Policies and procedures of each unit are appropriate to the Facility's scope of Paediatric and Neonatal Critical Care Services.	NA					
	6.	Evidence of periodic review of policies and procedures.	NA					
	7.	The policies and procedures are endorsed and dated.	NA					
13A.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. Cross departmental collaboration is practised in developing relevant policies and procedures where applicable. These policies and procedures are consistent with current international standards for critical care services.			NA			NA	
	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					
	4.	Attendance list of the stakeholders in the meeting or committee	NA					
13A.3.1.3 CORE	A policy and procedure manual is kept up to date and is readily accessible to all staff and medical practitioners. There is EVIDENCE OF COMPLIANCE with the policy and procedure manual. The manual shall include among others policies for the following: a) functions and authority of the unit managers with special emphasis on the working relationships that exist among the attending medical practitioners, the unit manager and/or other specialist paediatric critical care unit medical practitioners;			NA			NA	

	<p>b) specifications as to who may perform special procedures, under what circumstances and under what degree of supervision; special procedures in this context may include intubation, tracheostomy, insertion of central lines, or any other invasive procedures; other procedures that include all forms of medical intervention like ventilation, dialysis and other forms of life support;</p> <p>c) admission, discharge and referral;</p> <p>d) the use of special equipment and supplies and where they are located;</p> <p>e) the assignment of responsibility for preventive and corrective maintenance programme, including procedures to follow in the event of the breakdown of essential equipment;</p> <p>f) prevention and control of infection, including needle stick injury;</p> <p>g) clinical management protocols, e.g. enteral feeding, thromboprophylaxis, Therapeutic Hypothermic Protocol etc;</p> <p>h) drug administration including antibiotic usage;</p> <p>i) procedural policy, e.g. central vein catheterisation;</p> <p>j) visitors and traffic control;</p> <p>k) organ donation;</p> <p>l) withdrawal and withholding of life support for the critically ill;</p> <p>m) mechanical ventilation (if absolutely necessary) outside Intensive Care Unit.</p>					
EVIDENCE OF COMPLIANCE						
1.	Policy and procedure manual (hard or soft copies) that shall include but not limited to (a) to (m).	NA				
2.	Verification of staff compliance to practice upon observation on-site eg. Hand Hygiene Audit	NA				
3.	Review of patient notes regarding drug administration eg. usage of antibiotics, thromboprophylaxis	NA				
4.	Result of audits on compliance to policies and procedures, e.g. medication safety audit, care of intravenous (IV) line, etc.	NA				

	5.	Records on hand washing audits, Central Line Associated Blood Stream Infections (CLABSI) rates, nosocomial infection rates and mortality rates	NA					
	6.	Presence of Therapeutic Hypothermic Protocol	NA					
	7.	Records on screening programmes eg. Critical Congenital Heart Disease Screening, Congenital Hypothyroid Screening, Universal Newborn Hearing Screening and Retinopathy of Prematurity Screening	NA					
	8.	Medical Alert System eg. Code Blue system	NA					
	9.	Policy on Baby Friendly Hospital Initiative	NA					
13A.3.1.4 CORE	There is evidence of compliance with policies and regulations.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Compliance with evidence based guidelines through (at least 2 of the following methods below) :						
	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					
13A.3.1.5	Current policies and procedures are communicated to all staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Training and briefing on the current policies and procedures/	NA					
	2.	Circulation list and acknowledgement of staff that have read the policies	NA					
	3.	Attendance list/ Minutes of meeting	NA					
13A.3.1.6	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 policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site for staff reference.	NA					
13A.3.1.7	Each discrete service has:			NA			NA	

<p>a) a Head of service with overall responsibility;</p> <p>b) medical practitioners with appropriate training in intensive care (NICU/PICU) monitoring and therapy;</p> <p>c) specialist medical coverage available at all times;</p> <p>d) provision of resident medical coverage of duties on a 24-hour basis;</p> <p>e) resident medical practitioners with access to consultant support at all times;</p> <p>f) a nurse manager with an accredited post basic intensive care training, Neonatal/Paediatric Nursing qualification and experience, and nursing staff with intensive care qualifications;</p> <p>g) the expectation of staffing at a registered nurse to patient ratio appropriate to patient dependency needs;</p> <p>h) a team approach to patient care (critical care team comprises of medical and nursing staff, pharmacist, physiotherapist, dietitian and social worker); support for postgraduate education for clinical staff.</p> <p>i) support for postgraduate education for clinical staff.</p>				
EVIDENCE OF COMPLIANCE				
1.	The NICU and PICU Units should have one Consultant (Neonatalogist/ Paediatrician) who is responsible for the direction and management of the Unit.	NA		
2.	Call roster for medical officers, specialists and/or consultants; dated, signed and authorised by Head of Unit.	NA		
3.	Call roster for nurse manager on daily and on-call roster	NA		
4.	Nursing staff to patient ratio, please refer to 13A.2.1.3			
a)	At no time should a critical care patient be left unattended	NA		
b)	Nursing Staff who support NICU/PICU must have training appropriate to their role in the care of sick paediatric patients and support for their parents.	NA		
5.	Other team members include (but not limited to) :			

	a)	radiographers;	NA					
	b)	pharmacists;	NA					
	c)	physiotherapists;	NA					
	d)	neurophysiology staff;	NA					
	e)	dietitians;	NA					
	f)	infection control staff	NA					
	g)	social welfare workers.	NA					

TOPIC TOPIC 13A.4
FACILITIES AND EQUIPMENT

STANDARD STANDARD 13A.4.1

There are appropriate and adequate physical facilities and equipment for the efficient operations of the Paediatric Critical Care Services SCN/NICU/PICU/PHDW

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
13A.4.1.1	The Paediatric Critical Care Services shall be provided in a discrete area close to areas which have the greatest requirements for its services such as operating theatres etc.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	The Paediatric and Neonatal Critical Care Services should be situated in a discrete area with easy access to operating theatres, Emergency Department, Radiology/Diagnostic Imaging Services, etc.	NA					
	2.	The unit should be easily accessible with clear signage.	NA					
13A.4.1.2 CORE	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.	Adequate and proper utilisation of space.	NA					
	2.	Appropriate type of equipment to match the complexity of services.	NA					
	3.	Adequate facilities and equipment at each patient care area for safe care. (e.g. ventilator, defibrillators, emergency cart, hand washing facilities etc)	NA					
	4.	Easy access and clear exit routes	NA					
	5.	Absence of overcrowding	NA					
	6.	Accessibility of critical equipment and consumables at all times.	NA					
13A.4.1.3	The immediate physical environment of the patient is as unobtrusive and as aesthetically pleasing as possible.			NA			NA	
	EVIDENCE OF COMPLIANCE							

	1.	Physical environment of the patient is unobtrusive upon observation on-site.	NA					
13A.4.1.4 CORE	There shall be adequate facilities for infection control in the unit such as: a) sinks with elbow/foot operated faucets; b) hand-drying facility, e.g. disposable paper towels; c) alcohol-based hand rub per bed; d) separate clean and dirty utility rooms; e) endotracheal suctioning via a closed system or a single use disposable catheter. Refer to Policies & Procedures on Infection Prevention and Control 2019 3rd edition Ministry of Health Malaysia			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Infection control facilities in each unit include items (a) to (e) as observed on site.	NA					
13A.4.1.5	There shall be provision for isolation of certain categories of patients, e.g. those with airborne infectious diseases.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Isolation rooms or areas appropriate to the level of care provided are available eg negative pressure isolation room	NA					
	2.	Area to cohort infected patients or contacts are made available if no designated rooms are provided.	NA					
13A.4.1.6	There are separate areas for the sanitation and storage of equipment.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Separate areas for sanitation and storage of equipment observed upon site inspection such as:						
	a)	clean utility/holding area(s) for storage of equipment used in the care of critical care patients;	NA					
	b)	cleaning utility/holding room for storing used and contaminated material before its removal from the care area.	NA					

13A.4.1.7	<p>There are facilities for patients, relatives and staff which include:</p> <p>a) counselling room for parents or relatives;</p> <p>b) rest room for staff;</p> <p>c) changing rooms at relevant care areas where appropriate;</p> <p>d) room for distressed parents or relatives;</p> <p>e) waiting area for parents or relatives.</p> <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td>Presence of facilities for parents or relatives and staff include (a) to (e) as observed on site.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Presence of facilities for parents or relatives and staff include (a) to (e) as observed on site.	NA	NA			NA							
EVIDENCE OF COMPLIANCE																		
1.	Presence of facilities for parents or relatives and staff include (a) to (e) as observed on site.	NA																
13A.4.1.8 CORE	<p>Whatever the design or purpose of the unit, adequate space is provided around each bed to make it easily accessible for routine and emergency care of the patient, and also to accommodate bulky equipment which may be needed and comply with the relevant regulatory requirements.</p> <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td>There is adequate space around each bed for routine and emergency care that meets regulatory requirements.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	There is adequate space around each bed for routine and emergency care that meets regulatory requirements.	NA	NA			NA							
EVIDENCE OF COMPLIANCE																		
1.	There is adequate space around each bed for routine and emergency care that meets regulatory requirements.	NA																
13A.4.1.9 CORE	<p>The Paediatric and Neonatal Critical Care Services shall have 24-hour access to onsite laboratory services such as:</p> <p>a) point of care testing, e.g. blood gas, glucose, etc</p> <p>b) laboratory test results are available within a reasonable time frame for review and action;</p> <p>c) culture results are available 24 hours per day.</p> <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td>Blood gas machine is available and functional in the unit</td><td>NA</td></tr><tr><td>2.</td><td>Records on maintenance of blood gas machine</td><td>NA</td></tr><tr><td>3.</td><td>Quality control of blood gas machine</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Blood gas machine is available and functional in the unit	NA	2.	Records on maintenance of blood gas machine	NA	3.	Quality control of blood gas machine	NA	NA			NA	
EVIDENCE OF COMPLIANCE																		
1.	Blood gas machine is available and functional in the unit	NA																
2.	Records on maintenance of blood gas machine	NA																
3.	Quality control of blood gas machine	NA																

	4.	Laboratory results are reviewed, signed (for hospitals without HIS) and plan of action documented	NA					
	5.	Interview of staff regarding availability of culture results 24 hours per day.	NA					
	6.	Laboratory Turnaround Time for Critical Care Services is the same throughout the 24 hours.	NA					
13A.4.1.10 CORE	The Paediatric and Neonatal Critical Care Services shall have 24-hour access to Radiology/Diagnostic Imaging Services and blood bank services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Evidence from interview of staff/records on availability of 24- hour access to radiology/diagnostic imaging services and blood bank services	NA					
13A.4.1.11	The Paediatric and Neonatal Critical Care Services shall have support from all surgical, medical, allied health, and diagnostic specialties, together with appropriate clerical, scientific, and other support staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Documented referral signed and dated to respective units	NA					
	2.	Response to the referral according to case-case basis	NA					
	3.	Documented reply signed and dated by respective units	NA					
	4.	Evidence of cross departmental referral where required as seen in patient's medical records	NA					
13A.4.1.12 CORE	a) Each intensive care beds should have these equipment and facilities in place according to the norms (refer Paediatric Services Operational Policy 2012 MOH/P/PAK/175.08 (BP))			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Adequate mechanical requirements at each paediatric or neonatal bed (Level 3 or 4), such as electrical, gas outlets and suction facilities should be made available to ensure safety, easy access and maintenance, which include as listed in (a) to (k).	NA					
	2.	There should be a mixture of emergency and normal power for all electrical outlets per current regulatory requirement.	NA					

	3.	Availability of ambubags / T-piece resuscitators at each intensive neonatal bed	NA					
13A.4.1.13 CORE	The beds are readily adjustable to various therapeutic positions, easily moved for transport, with locking mechanisms for a secure stationary position, cot sides, and removable headboard.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	All the beds are functional as per standard requirement.	NA					
13A.4.1.14 CORE	The equipment for monitoring as well as intervention shall be appropriate to the scope of services provided by the unit. (Based on Paediatric Services Operational Policy, Ministry of Health Malaysia 2012)			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	All above listed facilities and equipment for the specified level of care for Paediatric and Neonatal Critical Care Services provided are available and functional.	NA					
13A.4.1.15 CORE	Facilities and equipment are appropriate to the Paediatric and Neonatal Critical Care Services which comply to relevant standards and regulatory requirements and shall include the following: a) uninterrupted power supply; b) appropriate air conditioning and/or specialised airflow patterns which comply with regulatory requirements; c) an alarm system for Paediatric and Neonatal Critical Care Services personnel to summon additional staff in an emergency; d) variable lighting systems provide at least a day and night mode; e) alternate emergency lighting, gas and power sources or other appropriate mechanisms available to operate all life support systems including suction apparatus; f) adequate supplies of medications and intravenous fluids available 24 hours a day. Refer to Paediatric Services Operational Policy 2012 MOH/P/PAK/175.08 (BP)			NA			NA	
	EVIDENCE OF COMPLIANCE							

	1.	All facilities and equipment are available and functional and include systems and facilities as listed in (a) to (f).	NA					
	2.	Indenting of medication and intravenous drips according to First In First Out (FIFO) system and imprest floor stock	NA					
	3.	Back-up generator available in case of power disruption	NA					
	4.	Temperature for the medication refrigerator is kept between 2°C – 8°C with logbook of daily temperatures	NA					
13A.4.1.16 CORE	All other emergency and life support equipment are readily accessible and functional.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Emergency and life support equipment are available and functional as required:						
	a)	emergency trolley;	NA					
	b)	basic resuscitation items with suction available at each patient care area as observed upon inspection e.g. Ambubag / T-piece resuscitator available by each intensive bed	NA					
13A.4.1.17	There is documented evidence that equipment complies with relevant national/international standards and current statutory requirements.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	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					
13A.4.1.18	Expert advice concerning the safe use of, and maintenance for all biomedical devices and electrical installations are readily available at all times. Documentation of safety testing is provided on a regular basis to the unit head.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Training record of staff whenever there is any new medical equipment/device in the unit	NA					
	2.	Record on quality control of devices/equipment according to requirements/ policies	NA					

	3.	Contact number of technical expert of equipment/device should be made available	NA					
13A.4.1.19 CORE	There is evidence that the facilities and equipment have 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	
	EVIDENCE OF COMPLIANCE							
	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					
13A.4.1.20 CORE	Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the Facility operate such equipment.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	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 13A.5

SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD STANDARD 13A.5.1

The Head of Paediatric Critical Care Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Paediatric Critical Care Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS																							
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK																					
13A.5.1.1	<p>There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Paediatric and Neonatal Critical Care Services. The process includes:</p> <p>a) Planned activities</p> <p>b) Data collection</p> <p>c) Monitoring and evaluation of the performance</p> <p>d) Action plan for improvement</p> <p>e) Implementation of action plan</p> <p>f) Re-evaluation for improvement</p> <p>Innovation is advocated.</p> <table><thead><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr></thead><tbody><tr><td>1.</td><td>Planned performance improvement activities include (a) to (f)</td><td>NA</td></tr><tr><td>2.</td><td>Records on performance improvement activities.</td><td>NA</td></tr><tr><td>3.</td><td>Minutes of performance improvement meetings</td><td>NA</td></tr><tr><td>4.</td><td>Performance improvement studies</td><td>NA</td></tr><tr><td>5.</td><td>Mortality and morbidity audits with remedial actions</td><td>NA</td></tr><tr><td>6.</td><td>Records on innovation if available</td><td>NA</td></tr></tbody></table>	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	NA			NA	
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4.	Performance improvement studies	NA																									
5.	Mortality and morbidity audits with remedial actions	NA																									
6.	Records on innovation if available	NA																									
13A.5.1.2	The Head of Paediatric or Neonatal Critical Care Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement 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					
13A.5.1.3	The Head of Paediatric or Neonatal Critical Care Services shall ensure that the staff are adequately trained in performance improvement activities eg. Key Performance Indicators, Incident Reporting and International Organisation for Standardization (ISO)			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	System for performance activities is in place, which include:						
	a)	Training of staff	NA					
	b)	Policy on the performance activity	NA					
	c)	Methodology	NA					
	d)	Register/records of incidents or shortfalls	NA					
	2.	Corrective and preventive action plans	NA					
	3.	Minutes of meetings	NA					
	4.	Acknowledgment by Head of Service and PIC/Hospital Director	NA					
	5.	Feedback given to staff regarding incident reporting./ shortfalls	NA					
13A.5.1.4	It is important that newborn patients have distinct methods of identification to prevent misidentification as well as to improve the quality and safety for newborns during their hospital stay following delivery. (Refer to Pekeliling Ketua Pengarah Kesihatan Bil 1/2007 MOH/P/PAK/133.07(GU) Garis panduan Sistem Kawalan Keselamatan Bayi di Hospital-Hospital Kementerian Kesihatan Malaysia)			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Name tags of the neonate should have at least 2 identifiers – Mother’s full name and Hospital RN (Registered Number) or IC	NA					
	2.	Process of discharging baby from the ward at exit points eg. guard’s counter following guidelines	NA					
	3.	Identification banding at 1 body-site is compulsory but it is encouraged for 2 body sites	NA					

13A.5.1.5	<p>The Paediatric Critical Care Services has Clinical Risk Management Programme that provides an appropriate peer group structure for performing the safety and performance improvement activities to accomplish clinical care evaluation.</p> <p>a) The medical practitioners undertake clinical reviews of all risk assessments, incident reports, audits and safety and performance improvement activities:</p> <p> i) in multidisciplinary committees within the Services;</p> <p> ii) in a variety of purpose-specific committees, such as mortality and morbidity, blood transfusion and infection control.</p> <p>b) Whatever structure is utilised, provision is made for review and analysis of the clinical work of each individual clinical service, unit or function.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Risk Management Programme</td><td>NA</td></tr><tr><td>2.</td><td>Minutes of meetings</td><td>NA</td></tr><tr><td>3.</td><td>Relevant reports and documents, e.g. clinical audit reports, incident reports, mortality and morbidity review reports, etc.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Risk Management Programme	NA	2.	Minutes of meetings	NA	3.	Relevant reports and documents, e.g. clinical audit reports, incident reports, mortality and morbidity review reports, etc.	NA	NA			NA	
EVIDENCE OF COMPLIANCE																		
1.	Risk Management Programme	NA																
2.	Minutes of meetings	NA																
3.	Relevant reports and documents, e.g. clinical audit reports, incident reports, mortality and morbidity review reports, etc.	NA																
13A.5.1.6 CORE	<p>There is tracking and trending of specific performance indicators depending on the Unit/ Facility , not limited to but at least two (2) of the following:</p> <p>a) rate of central line associated blood stream infection (CLABSI) Refer to Central Venous Catheter Care Bundle Manual A quality initiative for the prevention of Central Venous Catheter-Related Blood Stream Infection (CVCBSI) April 2008</p> <p>b) rate of ventilator-associated pneumonia (VAP) For a & b , please refer attachment Paediatric and Neonatal specific Performance Indicators</p> <p>c) percentage of survival of inborn very low birth weight infants between 1000 – 1499g birthweight (Target: 90%)</p> <p>d) Refer Technical Specifications for Key performance indicators (KPI) Clinical Services Medical Programme 2019</p> <p>e) Report of mortality/morbidity audits/meetings being conducted in the unit with documentation of cases discussed</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Specific performance indicators monitored.</td><td>NA</td></tr><tr><td>2.</td><td>Records on tracking and trending analysis.</td><td>NA</td></tr><tr><td>3.</td><td>Remedial measures taken where appropriate</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Specific performance indicators monitored.	NA	2.	Records on tracking and trending analysis.	NA	3.	Remedial measures taken where appropriate	NA	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																
13A.5.1.7	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 and attendance lists	NA				
13A.5.1.8	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.			NA			NA
	EVIDENCE OF COMPLIANCE						
	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				
13A 5.1.9	Organisations should develop, review and test a disaster recovery plan. The disaster could be natural (e.g. floods, earthquakes, hurricanes, disease outbreaks), or manmade (e.g. urban fires, industrial accidents, bioterrorism).			NA			NA
	EVIDENCE OF COMPLIANCE						
	1.	Documentation on training of emergency or contingency plan	NA				
	2.	Attendance list	NA				
	3.	Evidence of practice drills e.g. fire drills	NA				
	4.	Scheduling of drills in the organization's annual plan	NA				
13A 5.1.10	Validation process eg audits for performance improvement activities shall be conducted by the first and second parties. First party audit shall be performed within the organization Second party audit is by an external party validating the processes of the organization			NA			NA
	EVIDENCE OF COMPLIANCE						
	1.	Reports of first and second party audits being carried out a) Example of First party audits e.g. internal audit for KPI or ISO being carried out: i. Reports on organization performance e.g. KPI ii. Reports on	NA				

		compliance or conformance of the organization e.g. Incident reports iii. Documentation of any remedial measures being carried o iv. Corrective and preventive action plans in place v. Acknowledgement of Head of the Facility regarding the first party audit results and actions taken b) Second Party Audit is by a certified external organization to ensure the organization' compliance and conformance eg. SIRIM for ISO, Ministry of Health for KPI						
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SERVICE SUMMARY

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OVERALL RATING : NA

OVERALL RISK : -