

SERVICE STANDARD 13B : CRITICAL CARE SERVICES – LABOUR/DELIVERY SERVICES

PREAMBLE

The Labour and Delivery Services are provided in discrete areas within the healthcare facility involving special facilities and specially trained staff for the management of mothers in the first, second and third stage of labour including care of the newborn.

The Labour and Delivery Services require a high input of specialised nursing care and monitoring. The Nursing Services standards as in Service Standards No: 4 of this Standards of Accreditation shall also apply to these services.

Most High Dependency Unit for obstetric patients are located within the Labour Delivery Suite complex.

TOPIC TOPIC 13B.1

ORGANISATION AND MANAGEMENT

STANDARD STANDARD 13B.1.1

The Labour and Delivery Services shall be organised and administered to provide comprehensive, safe, efficient and effective services within a conducive environment.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
13B.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Labour and Delivery 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 Labour and Delivery 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					
13B.1.1.2	There is an organisation chart which:			NA			NA	

CORE	<p>a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of the Labour and Delivery Services, consultants, medical practitioners and staff of the Labour and Delivery Services;</p> <p>b) is accessible to all staff and clients;</p> <p>c) includes off-site services if applicable such as Low Risk Delivery Centre or Alternative Birthing Centre;</p> <p>d) is revised when there is a major change in any of the following:</p> <p>i) organisation;</p> <p>ii) functions;</p> <p>iii) reporting relationships;</p> <p>iv) staffing patterns.</p>																				
	<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 Labour and Delivery Services, consultants, medical practitioners and staff of the Labour and Delivery 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 Labour and Delivery Services, consultants, medical practitioners and staff of the Labour and Delivery 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								
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 Labour and Delivery Services, consultants, medical practitioners and staff of the Labour and Delivery 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																			
13B.1.1.3	<p>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 Labour and Delivery Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.</p>	NA			NA																
	<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Minutes are accessible, disseminated and acknowledged by the staff.</td><td>NA</td></tr><tr><td>2.</td><td>Attendance list of members with adequate representative of the service.</td><td>NA</td></tr><tr><td>3.</td><td>Frequency of meetings as scheduled.</td><td>NA</td></tr><tr><td>4.</td><td>Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Minutes are accessible, disseminated and acknowledged by the staff.	NA	2.	Attendance list of members with adequate representative 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					
EVIDENCE OF COMPLIANCE																					
1.	Minutes are accessible, disseminated and acknowledged by the staff.	NA																			
2.	Attendance list of members with adequate representative 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																			

13B.1.1.4	<div>The Head of Labour and Delivery Services is involved in the planning, justification and management of the budget and resource utilisation of the services.</div> <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td>Minutes of Facility-wide management meeting</td><td>NA</td></tr><tr><td>2.</td><td>Documented evidence on request for allocation of budget and staffing for the service.</td><td>NA</td></tr><tr><td>3.</td><td>Approved budget, resources</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Minutes of Facility-wide management meeting	NA	2.	Documented evidence on request for allocation of budget and staffing for the service.	NA	3.	Approved budget, resources	NA	NA			NA																
EVIDENCE OF COMPLIANCE																																	
1.	Minutes of Facility-wide management meeting	NA																															
2.	Documented evidence on request for allocation of budget and staffing for the service.	NA																															
3.	Approved budget, resources	NA																															
13B.1.1.5	<div>The Head of Labour and Delivery Services is involved in the appointment and/OR assignment of the staff.</div> <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td>Records on staff interview (if applicable)</td><td>NA</td></tr><tr><td>2.</td><td>Appointment/assignment letter of Head of Service</td><td>NA</td></tr><tr><td>3.</td><td>Job description of Head of Service</td><td>NA</td></tr><tr><td>4.</td><td>Records on staff deployment</td><td>NA</td></tr><tr><td>5.</td><td>Duty roster</td><td>NA</td></tr></table>	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	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																															
13B.1.1.6	<div>Appropriate statistics and records shall be maintained in provision to the Labour and Delivery Services and used for managing the services and patient care purposes.</div> <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td colspan="2">Records are available but not limited to the following:</td></tr><tr><td>a)</td><td>workload/census;</td><td>NA</td></tr><tr><td>b)</td><td>annual report;</td><td>NA</td></tr><tr><td>c)</td><td>accident/incident reports;</td><td>NA</td></tr><tr><td>d)</td><td>staffing number and staff profile;</td><td>NA</td></tr><tr><td>e)</td><td>staff training records;</td><td>NA</td></tr><tr><td>f)</td><td>data on performance improvement activities, including performance indicators;</td><td>NA</td></tr><tr><td>g)</td><td>customer feedback.</td><td>NA</td></tr></table>	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	g)	customer feedback.	NA	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																															
g)	customer feedback.	NA																															

TOPIC TOPIC 13B.2

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD STANDARD 13B.2.1

The Labour and Delivery 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
13B.2.1.1	The Head and staff of the Labour and Delivery 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)	NA					
	2.	The Head and all trained staff shall have valid professional Annual Practising Certificate (APC)	NA					
	3.	100% registered nurses in the Labour Delivery Suite are midwifery trained as required by the Midwives Act 1966 (Act 436).	NA					
	4.	Appointment/assignment letters	NA					
	5.	Certification	NA					
	6.	Training and competency records	NA					
	7.	Qualified Community Nurse worked in Labour Room & Maternity Ward	NA					
13B.2.1.2	The authority, responsibilities and accountabilities of the Head of Labour and Delivery 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					
13B.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 and grades of staff required shall be based on current regulatory requirements.			NA			NA	

	EVIDENCE OF COMPLIANCE							
	1.	The number of staff and qualification should commensurate with workload, as per norm and regulatory requirements.	NA					
	2.	Staffing pattern	NA					
	3.	Duty roster	NA					
	4.	Census and statistics	NA					
13B.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;</p> <p>b) lines of authority;</p> <p>c) accountability, functions and responsibilities;</p> <p>d) reviewed when required and when there is a major change in any of the following:</p> <p>i) nature and scope of work;</p> <p>ii) duties and responsibilities;</p> <p>iii) general and specific accountabilities;</p> <p>iv) qualifications required and privileges granted;</p> <p>v) staffing patterns;</p> <p>vi) Statutory Regulations.</p> <p>e) administrative and clinical functions.</p>			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					
13B.2.1.5	<p>Personnel records on training, staff development, leave and others are maintained for every staff.</p> <p>Note:</p>			NA			NA	

	<div>Staff personal record may be kept in Human Resource Department as per hospital policy</div> <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><tr><td>d)</td><td>training record;</td><td>NA</td></tr><tr><td>e)</td><td>competency record and privileging;</td><td>NA</td></tr><tr><td>f)</td><td>eave record;</td><td>NA</td></tr><tr><td>g)</td><td>confidentiality agreement. (Under governance)</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	d)	training record;	NA	e)	competency record and privileging;	NA	f)	eave record;	NA	g)	confidentiality agreement. (Under governance)	NA				
EVIDENCE OF COMPLIANCE																																
1.	Staff personal records include:																															
a)	staff biodata;	NA																														
b)	qualification and experience;	NA																														
c)	evidence of current registration;	NA																														
d)	training record;	NA																														
e)	competency record and privileging;	NA																														
f)	eave record;	NA																														
g)	confidentiality agreement. (Under governance)	NA																														
13B.2.1.6	<div>There is structured orientation programme for all newly appointed staff to the Labour and Delivery Services including medical practitioners and for those new to specific areas that include the following:</div> <div>a) explanation of the goals, objectives, policies and procedures of the Facility and those of the Labour and Delivery Services;</div> <div>b) lines of authority and areas of responsibility;</div> <div>c) explanation of particular duties and functions;</div> <div>d) explanation of the methods of assigning clinical care and the standards of clinical practice;</div> <div>e) handover communication;</div> <div>f) processes for resolving practice dilemmas;</div> <div>g) information about safety procedures;</div> <div>h) training in basic/advanced life support techniques;</div> <div>i) methods of obtaining appropriate resource materials;</div> <div>j) staff appraisal procedures for the Labour and Delivery Services;</div>	NA			NA																											

	<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.</td><td>NA</td></tr><tr><td>2.</td><td>There is Labour and Delivery Services orientation programme with relevant topics not limited to topics covered from (a) to (l) and supported by an individual area/unit specific orientation programme.</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.	NA	2.	There is Labour and Delivery Services orientation programme with relevant topics not limited to topics covered from (a) to (l) and supported by an individual area/unit specific orientation programme.	NA	3.	Attendance list	NA										
EVIDENCE OF COMPLIANCE																							
1.	Policy requiring all new staff to attend a structured orientation programme.	NA																					
2.	There is Labour and Delivery Services orientation programme with relevant topics not limited to topics covered from (a) to (l) and supported by an individual area/unit specific orientation programme.	NA																					
3.	Attendance list	NA																					
13B.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><tr><td>5.</td><td>Registered Nurse midwife in the Labour and Delivery Services needs to show documented evidence of conducting at least five (5) vaginal deliveries per year to maintain their competency.</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	5.	Registered Nurse midwife in the Labour and Delivery Services needs to show documented evidence of conducting at least five (5) vaginal deliveries per year to maintain their competency.	NA	NA			NA
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																					
5.	Registered Nurse midwife in the Labour and Delivery Services needs to show documented evidence of conducting at least five (5) vaginal deliveries per year to maintain their competency.	NA																					
13B.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> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Training calendar includes in-house/external courses/workshop/conferences</td><td>NA</td></tr><tr><td>2.</td><td>Contents of training programmed</td><td>NA</td></tr><tr><td>3.</td><td>Training records on continuing education activities are kept and maintained for each staff including training in life support.</td><td>NA</td></tr><tr><td>4.</td><td>Certificate of attendance/degree/post basic training.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Training calendar includes in-house/external courses/workshop/conferences	NA	2.	Contents of training programmed	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	NA			NA			
EVIDENCE OF COMPLIANCE																							
1.	Training calendar includes in-house/external courses/workshop/conferences	NA																					
2.	Contents of training programmed	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																					

13B.2.1.9 CORE	<p>Clinical staff including medical practitioners working in the service have:</p> <p>a) specific specialised skills such as cardiopulmonary resuscitation (CPR), Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), Neonatal Resuscitation Programme (NRP), Obstetric Life Saving Skills, etc;</p> <p>b) a system of ongoing re-certification.</p> <p>EVIDENCE OF COMPLIANCE</p> <p>1. Clinical staff including medical practitioners have the following:</p> <p>a) certificates in relevant emergency skills programmes; NA</p> <p>b) records on training and re-certification. NA</p>	NA			NA	
13B.2.1.10	<p>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.</p> <p>EVIDENCE OF COMPLIANCE</p> <p>1. Performance appraisal for staff including medical practitioners is completed upon probationary period and as an annual exercise. NA</p>	NA			NA	

TOPIC TOPIC 13B.3
POLICIES AND PROCEDURES

STANDARD STANDARD 13B.3.1

There are written and dated policies and procedures for all the activities of the Labour and Delivery Services. These policies and procedures reflect current standards of Labour and Delivery Services practices, relevant regulations, statutory requirements, 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																		
13B.3.1.1 CORE	<p>There are written policies and procedures for the Labour and Delivery 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.</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 should act as a point of reference if direct adoption are not relevant to the level of services.</p> <table><thead><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr></thead><tbody><tr><td>1.</td><td>Documented policies and procedures, protocols, manuals and guidelines are available for the service.</td><td>NA</td></tr><tr><td>2.</td><td>Policies and procedures are consistent with regulatory requirements and current standard practices.</td><td>NA</td></tr><tr><td>3.</td><td>Evidence of periodic review of policies and procedures.</td><td>NA</td></tr><tr><td>4.</td><td>The policies and procedures are endorsed and dated.</td><td>NA</td></tr><tr><td>5.</td><td>Guidelines are reviewed and customised to meet the relevant needs and level of services of the facilities</td><td>NA</td></tr></tbody></table>	EVIDENCE OF COMPLIANCE			1.	Documented policies and procedures, protocols, manuals and guidelines are available for the service.	NA	2.	Policies and procedures are consistent with 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	5.	Guidelines are reviewed and customised to meet the relevant needs and level of services of the facilities	NA	NA			NA	
EVIDENCE OF COMPLIANCE																								
1.	Documented policies and procedures, protocols, manuals and guidelines are available for the service.	NA																						
2.	Policies and procedures are consistent with 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																						
5.	Guidelines are reviewed and customised to meet the relevant needs and level of services of the facilities	NA																						
13B.3.1.2	<p>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.</p>	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					
13B.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					
13B.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					
13B.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 policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site/workstation for staff reference.	NA					
13B.3.1.6	The Labour and Delivery Services shall ensure a high level of medical and maternity care through the following policies: a) medical practitioners shall have appropriate training in maternity care; b) resident medical practitioner coverage on a 24-hour basis with access to consultant support at all times where no specialist is available on site;			NA			NA	

	<p>c) resident specialist medical coverage available at all times;</p> <p>d) staffing level at registered nurse to patient ratio is appropriate to patient dependency needs;</p> <p>e) a nurse manager with post basic midwifery qualification and experience, and nursing staff with similar qualifications;</p> <p>f) 24-hour access to laboratory services;</p> <p>g) 24-hour access to imaging and other diagnostic facilities;</p> <p>h) support available from all surgical, medical, allied health, and diagnostic specialities, together with appropriate clerical, scientific, and other support staff;</p> <p>i) facilities for providing all aspects of appropriate maternity care monitoring and therapy;</p> <p>j) a team approach to patient care.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Labour and Delivery Services ensure high level of care through but not limited to elements as listed in (a) to (j).</td><td>NA</td></tr><tr><td>2.</td><td>Verification of compliance through observation on-site</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Labour and Delivery Services ensure high level of care through but not limited to elements as listed in (a) to (j).	NA	2.	Verification of compliance through observation on-site	NA					
EVIDENCE OF COMPLIANCE															
1.	Labour and Delivery Services ensure high level of care through but not limited to elements as listed in (a) to (j).	NA													
2.	Verification of compliance through observation on-site	NA													
13B.3.1.7	<p>Policies of the unit are appropriate to the Facility's scope of obstetrics care.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Policies of the unit appropriate to scope of obstetric services</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Policies of the unit appropriate to scope of obstetric services	NA	NA			NA				
EVIDENCE OF COMPLIANCE															
1.	Policies of the unit appropriate to scope of obstetric services	NA													
13B.3.1.8 CORE	<p>The Labour and Delivery Services is a discrete service and have a policy and procedure manual and is kept up to date and is readily available to all staff. The manual shall include at least the following:</p> <p>a) functions and authority of the unit managers, however named, with special emphasis on the working relationships that exist among the attending medical practitioners, obstetricians, nursing staff, the unit manager and/or other specialists;</p> <p>b) specifications as to who may perform special procedures, under what circumstances and under what degree of supervision; special procedures in the</p>	NA			NA										

	<p>event of an emergency the use of special equipment and supplies and where they are located;</p> <p>c) 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>d) prevention and control of infection and the capability of instituting isolation procedures;</p> <p>e) visitors and access control;</p> <p>f) core activities of the Labour and Delivery Services (LDS) which shall cover all the major aspects of patient care processes from admission to discharge and shall include but not limited to the following policies:</p> <ul style="list-style-type: none"> i) defined admissions, discharge, and referral policies; ii) assessment; iii) triaging; iv) monitoring; v) interventional procedures and therapies; vi) obstetric emergencies and contingency plans; vii) analgesia; viii) instrumentation; ix) normal deliveries and care of the newborn; (Tagging baby and mother) x) staff supervision; (Injection Vit K & Hep B) xi) handling and disposal of placenta; xii) predischage assessment of mother and baby; xiii) discharge advice; (all discipline involved in the patient's care) <p>g) procedures for formal audit and review;</p> <p>h) reflect current standards of Labour and Delivery Services practices, relevant regulations and statutory requirements;</p> <p>i) specifications as to who may perform special procedures/relevant care of the mother in labour and newborn;</p> <p>j) the provision and use of protective gear;</p> <p>k) observation of universal precautions;</p> <p>l) cord blood banking according to national guidelines or organisational guidelines;</p>					
--	--	--	--	--	--	--

	<p>m) stem cell therapy according to national guidelines;</p> <p>n) reporting and management of occupational accidents specific to Labour and Delivery Services in line with the current Facility's policy;</p> <p>o) storage, handling and use of dangerous drugs shall be in accordance with the Dangerous Drugs Act and Regulations (1952);</p> <p>p) support for postgraduate education for clinical staff where applicable;</p> <p>q) provision for 24 hours security for mother and newborn;</p> <p>r) correct baby identification.</p> <p>s) Management of patients under police custody/prisoner</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Policies and procedures manual is available and covers (a) to (r)</td><td>NA</td></tr><tr><td>2.</td><td>Verification of compliance upon observation on-site.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Policies and procedures manual is available and covers (a) to (r)	NA	2.	Verification of compliance upon observation on-site.	NA					
EVIDENCE OF COMPLIANCE															
1.	Policies and procedures manual is available and covers (a) to (r)	NA													
2.	Verification of compliance upon observation on-site.	NA													
13B.3.1.9	<p>Policies and procedures are available to support the following initiatives:</p> <p>a) Mother-Friendly</p> <p>b) Baby-Friendly (Justify if not met)</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Policies on mother and baby friendly initiatives</td><td>NA</td></tr><tr><td>2.</td><td>Verification of compliance upon observation on-site.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Policies on mother and baby friendly initiatives	NA	2.	Verification of compliance upon observation on-site.	NA	NA			NA	
EVIDENCE OF COMPLIANCE															
1.	Policies on mother and baby friendly initiatives	NA													
2.	Verification of compliance upon observation on-site.	NA													

TOPIC TOPIC 13B.4
FACILITIES AND EQUIPMENT

STANDARD STANDARD 13B.4.1

There are appropriate and adequate physical facilities and equipment for the efficient operations of the Labour and Delivery Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
13B.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.	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. defibrillators, emergency cart, hand washing facilities, etc).	NA					
	4.	Easy access and clear exit routes	NA					
	5.	Absence of overcrowding	NA					
	6.	Non-slip flooring	NA					
13B.4.1.2 CORE	The level of monitoring as well as intervention shall be appropriate to the scope of services provided by the unit.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Resuscitation trolley with a defibrillator is available	NA					
	2.	Adequate numbers of:						
	a)	resuscitaire; (O2 blended, SPO2 Machine, Low suction)	NA					
	b)	transport incubator;	NA					
	c)	cardiotocograph.	NA					
	d)	Access to ultrasound	NA					
e)	New-born resuscitation area	NA						
13B.4.1.3	The space provided around each bed shall comply with relevant regulatory requirements to make it easily accessible for routine and emergency care of the			NA			NA	

	patient, and also to accommodate bulky equipment which may be needed and comply with the relevant regulatory requirements.						
	EVIDENCE OF COMPLIANCE						
	1.	Design of the Delivery Unit should allow for easy access for routine and emergency care.	NA				
13B.4.1.4	There shall be adequate facilities for infection control in the unit, e.g. hand washing facilities.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Adequate hand washing facilities	NA				
	2.	Alcohol hand rubs	NA				
	3.	Access PPE (if necessary)	NA				
	4.	Facilities decontaminate exposed staff e.g. (Dedicated bathing area)	NA				
13B.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.	Availability of negative pressure isolation room or a designated room with appropriate infection control measures.	NA				
13B.4.1.6	Facilities and equipment are appropriate to the design and function of the labour and delivery services and shall include the following: a) a system for Labour and Delivery Services personnel to summon additional staff in an emergency; b) appropriate air conditioning which comply with regulatory requirements; c) Waiting area for relatives ; these shall include areas with beverage facilities, toilets, and a separate area for distressed relatives and access to a prayer room; d) adequate supplies of medications and intravenous fluids available 24 hours a day; e) separate areas for clean and dirty utilities and storage of equipment;		NA			NA	

	f) alternate emergency supply for lighting, gas and power sources or other appropriate mechanisms available to operate all life support systems including suction apparatus.					
	EVIDENCE OF COMPLIANCE					
	1.	Facilities and equipment of the Labour Delivery Suite address but not limited to items (a) to (g).	NA			
13B.4.1.7	There are adequate numbers of nitrous oxide, oxygen, compressed air, and suction facilities as well as properly grounded electrical outlets to every patient.		NA			NA
	EVIDENCE OF COMPLIANCE					
	1.	Adequate numbers of medical gas outlets and suction facilities	NA			
	2.	Properly grounded electrical outlets	NA			
	3.	Verification of above facilities through on-site inspection	NA			
13B.4.1.8	The delivery bed is readily adjustable to various therapeutic positions, easily moved for transport. It has a locking mechanism for a secure stationary position, cot sides and a removable headboard.		NA			NA
	EVIDENCE OF COMPLIANCE					
	1.	Appropriate type and numbers of delivery beds	NA			
	2.	With ease of decontamination	NA			
	3.	If possible, the type of beds that have features to accommodate the different position of childbirth.	NA			
13B.4.1.9	Emergency and life support equipment are readily accessible and functional.		NA			NA
	EVIDENCE OF COMPLIANCE					
	1.	Availability of emergency trolley and defibrillator	NA			
	2.	Infant resuscitaire available in the unit	NA			
	3.	Evidence of regular checks on functionality of life support equipment.	NA			
13B.4.1.10	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					
13B.4.11	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.	Facility Management Services are available 24 hours	NA					
	2.	Maintenance service records	NA					
13B.4.1.12 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	
	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					
13B.4.1.13	Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the Facility operate such equipment, e.g. ultrasound, cardiotocograph and defibrillator			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 authorised to operate specialised equipment	NA					
13B.4.1.14	There shall be designated blood storage facilities in the Labour and Delivery Services. Where such facilities do not exist, blood must be made available from the blood bank within 30 minutes.			NA			NA	

	EVIDENCE OF COMPLIANCE							
	1.	Designated blood storage facilities evidenced.	NA					
	2.	Audited evidence of obtaining blood within 30 minutes upon request.	NA					

TOPIC TOPIC 13B.5

SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD STANDARD 13B.5.1

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

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS																							
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK																					
13B.5.1.1	<p>There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Labour and Delivery 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	
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																									
13B.5.1.2	<p>The Head of Labour and Delivery Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement to appropriate individual/personnel within the respective services.</p>	NA				NA																					

	<div>EVIDENCE OF COMPLIANCE</div> <table><tr><td>1.</td><td>Minutes of meetings</td><td>NA</td></tr><tr><td>2.</td><td>Letter of assignment of responsibilities</td><td>NA</td></tr><tr><td>3.</td><td>Job description</td><td>NA</td></tr></table>			1.	Minutes of meetings	NA	2.	Letter of assignment of responsibilities	NA	3.	Job description	NA																															
1.	Minutes of meetings	NA																																									
2.	Letter of assignment of responsibilities	NA																																									
3.	Job description	NA																																									
13B.5.1.3	<p>The Head of the Labour and Delivery 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.</p> <p>Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence.</p> <div>EVIDENCE OF COMPLIANCE</div> <table><tr><td>1.</td><td colspan="2">System for incident reporting is in place, which include:</td></tr><tr><td>a)</td><td>Training of staff</td><td>NA</td></tr><tr><td>b)</td><td>Policy on incident reporting</td><td>NA</td></tr><tr><td>c)</td><td>Methodology of incident reporting</td><td>NA</td></tr><tr><td>d)</td><td>Register/records of incidents</td><td>NA</td></tr><tr><td>2.</td><td>Completed incident reports</td><td>NA</td></tr><tr><td>3.</td><td>Root Cause Analysis</td><td>NA</td></tr><tr><td>4.</td><td>Corrective and preventive action plans</td><td>NA</td></tr><tr><td>5.</td><td>Remedial measure</td><td>NA</td></tr><tr><td>6.</td><td>Minutes of meetings</td><td>NA</td></tr><tr><td>7.</td><td>Acknowledgment by Head of Service and PIC/Hospital Director</td><td>NA</td></tr><tr><td>8.</td><td>Feedback given to staff regarding incident reporting.</td><td>NA</td></tr></table>			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	NA			NA
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																																									
13B.5.1.4 CORE	<p>There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following:</p> <p>a) incidence of massive Post-Partum Haemorrhage (PPH) of total deliveries should be less than 1% (exclusion criteria : placenta previa and adherence placenta);</p> <p>b) complication rate from instrumental/vaginal deliveries: incidents of 3rd and 4 th degree tears (Target: less than 10%)</p>			NA			NA																																				

	c) Maternal Mortality (sentinel event)							
	d) Perinatal Mortality							
	EVIDENCE OF COMPLIANCE							
	1.	Specific performance indicators monitored	NA					
	2.	Records on tracking and trending analysis.	NA					
	3.	Remedial measures taken where appropriate	NA					
13B.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 education activities/meetings.	NA					
	3.	Minutes of service/unit/committee meetings	NA					
13B.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	
	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					

SERVICE SUMMARY

-

OVERALL RATING : NA

OVERALL RISK : -