

SERVICE STANDARD 17G: ALLIED HEALTH PROFESSIONAL SERVICES - HEALTH EDUCATION SERVICES

PREAMBLE

The Health Education Services shall offer health education, wellness promotion and prevention to inpatients, outpatients and staffs and the community (including exhibition, talks etc outside hospital) in an efficient and effective manner and shall be organised, directed, integrated and coordinated with other services in the Facility/community. The scopes of Health Education Services shall be provided by appropriately trained health personnel and shall include production of health education materials, health promotion and intervention programmes/activities. Intervention programmes include behavioural needs assessment, behavioural modification and evaluation (cognitive, affective and psychomotor) to educate and encourage patients and community to comply with the treatment regime offered in controlling their diseases and maintaining wellbeing.

TOPIC 17G.1

ORGANISATION AND MANAGEMENT

STANDARD 17G.1.1

The Health Education Services shall be organised and administered to provide services to outpatients, inpatients and staffs and the community (including exhibition, talks etc outside hospital) in efficient and effective manner and shall be integrated and coordinated with all clinical services in accordance with accepted standards of practice.

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS			
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK	
17G.1.1.1	Vision, Mission and values statements of the Facility are accessible (if only you are provided with your own Unit or working station and not sharing with other Services). Goals and objectives that suit the scope of the Health Education 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 Health Education 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
17G.1.1.2	There is an organization chart which:		NA			NA		

CORE	<p>a) provides a clear representation of the structure, function, and reporting relationships between the Head and staff of Health Education Services;</p> <p>b) is accessible to all staff and clients;</p> <p>c) is revised when there is a major change in any of the following:</p> <ul style="list-style-type: none"> i) organization; ii) functions; iii) reporting relationships; iv) staffing patterns. 					
	EVIDENCE OF COMPLIANCE					
	1. Clearly delineated current organisation chart with line of functions and reporting relationships.	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				
17G.1.1.3 CORE	<p>The Governing Body shall ensure that Health Education Services are organized in such a way as to:</p> <p>a) facilitate the provision of health education services to patients in the Facility in a safe, efficient, effective and caring manner and with due regards for the needs, dignity, and privacy of patients and confidentiality of their personal information; if you are provided with</p> <ul style="list-style-type: none"> i. locked tier-cabinet/drawer for patient files ii. consultation room <p>*(if none must show evidence e.g. asset application form or relevant documents)</p> <p>b) address the professional needs of health education staff; (by an authorized direct Officer e.g. Medical Assistant Director)</p> <p>c) ensure the relevant staff are involved in the formulation of policies and procedure concerning patient care appropriate to the scope of services of the Facility;</p> <p>d) be the focal point in activities which include health personnel, production of health education material, health promotion and intervention programmes;</p> <p>e) favourably change cognitive, affective and psychomotor behavior of the patients in maintaining their health and wellbeing.</p>	NA			NA	
	EVIDENCE OF COMPLIANCE					
	1. Annual health education action plan which includes planned programmes and activities of the year involving patients (such as list of specific patient education face-to-face interventions or online – new norms) or community or staff (e.g. annual special health day	NA				

		celebration including World Diabetes Day, Tobacco Free Weeks and World AIDS Day)						
	2.	Documents or records on the patients who received behavioural need assessment and evaluation using any related tools and instruments to substantially measure and evaluate the cognitive, affective and psychomotor behaviour (be it in combination or otherwise) of patients in need of health education intervention.	NA					
	3.	Records on health education material productions (printed or electronic); in-house or otherwise; either being requested by any parties or based on internal needs of the facility's health education programmes and activities (such as records book/request form/emails/google form)	NA					
17G.1.1.4	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 Health Education 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					
17G.1.1.5	The Head of Health Education Services is involved in the planning, justification and management of the budget and resource utilisation of the services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of Facility-wide management meeting	NA					
	2.	Documented evidence on request for allocation of budget and resources (staffing, equipment, etc)	NA					
	3.	Approved budget and resources.	NA					
17G.1.1.6	The Head of Health Education Services is involved in the appointment and/OR assignment of staff.			NA			NA	

	EVIDENCE OF COMPLIANCE							
	1.	Appointment /assignment letter of Head of Service	NA					
	2.	Job description of Head of Service	NA					
	3.	Records on staff deployment	NA					
	4.	Duty roster	NA					
17G.1.1.7	Appropriate statistics and records shall be maintained in relation to the provision of Health Education 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 - Number of health education activities/programmes;	NA					
	b)	annual report;	NA					
	c)	accident/incident reports;	NA					
	d)	staffing number and staff profile;	NA					
	e)	staff training records; (attach course evaluation and effectiveness questionnaire)	NA					
	f)	tracking and trending data on performance improvement activities, including performance indicators. *data should be presented to be seen such as bar charts/pie charts, etc	NA					

TOPIC 17G.2

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD 17G.2.1

The Health Education Services shall be directed and adequately staffed by qualified and experienced staff to achieve the goals and objectives of the Health Education Services and ensure continuing education and professional development.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17G.2.1.1 CORE	The Head and staff of the Health Education 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 and registration (Health Education Officer, has a degree or Post Graduate Certificate from Institute for Health Behaviour Research.)	NA					
	2.	Appointment/assignment letters	NA					
	3.	Certification	NA					
	4.	Training and competency records	NA					
17G.2.1.2	The authority, responsibilities and accountabilities of the Head of Health Education 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					
17G.2.1.3 CORE	Sufficient numbers of competent personnel and support staff with appropriate qualifications are employed to enable the services to meet the need of the services. Relevant support staff shall work only under supervision of a qualified health education officer.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Number of staff and qualification should commensurate with workload.	NA					

	2.	Data from Workload Indicator for Staffing Need (WISN) from the Health Education Division, Ministry of Health Malaysia.	NA					
	3.	Staffing pattern	NA					
	4.	Duty roster	NA					
	5.	Census and statistics	NA					
17G.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>			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 (d).	NA					
	2.	Job description	NA					
	3.	The job description is acknowledged by the staff and signed by the Head of Service and dated.	NA					
17G.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>			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Staff personal records include:						
	a)	staff biodata;	NA					
	b)	qualification and experience;	NA					
	c)	training record;	NA					
	d)	competency record and privileging;	NA					

	e)	leave record;	NA					
	f)	confidentiality agreement.	NA					
17G.2.1.6	There is a structured orientation programme where new staff are briefed on their services, operational policies, and relevant aspects of the Facility to prepare them for their roles and responsibilities.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Policy requiring all new staff to attend a structured orientation programme.	NA					
	2.	Records on structured orientation programme	NA					
	3.	Orientation Brief	NA					
	4.	List of attendance	NA					
17G.2.1.7	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.			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					
17G.2.1.8	There are continuing education activities for staff to pursue professional interests and to prepare for current and future changes in practice.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Continuing education activities and schedule	NA					
	2.	Contents of training programme	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					
17G.2.1.9	Staff receive appraisal 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 is completed upon probationary period and as an annual exercise.	NA					

TOPIC 17G.3
POLICIES AND PROCEDURES

STANDARD 17G.3.1

There are written and dated policies and procedures for all activities of the Health Education Services. These policies and procedures reflect current standards of health education services and practice, 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
17G.3.1.1 CORE	There are written policies and procedures for the Health Education 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. There is a mechanism for and evidence of a periodic review at least once in every three years.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Documented policies and procedures 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					
17G.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.			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					

17G.3.1.3	There shall be a policy to address emergency resuscitation in the event of any life-threatening situations and the Emergency Resuscitation Team can be alerted immediately, e.g. Code Blue.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Policy for Code Blue within the service area (staff are aware)						NA
	2.	Flow chart and contact number of Code Blue made available and accessible						NA
17G.3.1.4	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
17G.3.1.5 CORE	There is evidence of compliance with policies and procedures and standards of practice.		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
	2.	No incidents reported on non-compliance to policies and procedures and standard practices						NA
17G.3.1.6 CORE	All in-house production of health education materials (printed or electronic) shall be pretested before being produced.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Records on in-house health education materials to be printed are pre-tested accordingly using standard format or tool.						NA
	2.	Evidence of improvement and amendment made to health education materials based on pre-test evaluation result.						NA

17G.3.1.7 CORE	Health education services to patients shall be documented in patient's medical record or any form of health education reporting system which comprises needs assessment, behavior diagnosis, plan for patient education intervention and evaluation. <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td>Documents or records on the patients who received behavioral needs assessment and evaluation using any related tools and instruments to substantially measure and evaluate the cognitive, affective and psychomotor behavior (be it in combination or otherwise) of the patients need for health education intervention.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Documents or records on the patients who received behavioral needs assessment and evaluation using any related tools and instruments to substantially measure and evaluate the cognitive, affective and psychomotor behavior (be it in combination or otherwise) of the patients need for health education intervention.	NA	NA			NA							
EVIDENCE OF COMPLIANCE																		
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17G.3.1.8	All outpatients seeking consultation/information from the Health Education Services shall be referred by a medical practitioner. (if patient walked-in to Outpatient Clinic or walked-in direct to Health Education Unit?) <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td>Referral letter/referral form written by medical practitioner</td><td>NA</td></tr><tr><td>2.</td><td>All patients/clients are registered in the manual register book or electronic system.</td><td>NA</td></tr><tr><td>3.</td><td>Patient's medical record</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Referral letter/referral form written by medical practitioner	NA	2.	All patients/clients are registered in the manual register book or electronic system.	NA	3.	Patient's medical record	NA	NA			NA	
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2.	All patients/clients are registered in the manual register book or electronic system.	NA																
3.	Patient's medical record	NA																
17G.3.1.9	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff. <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td>Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws, and statutory requirements are accessible on-site for staff reference.</td><td>NA</td></tr></table>	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	NA			NA							
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TOPIC 17G.4
FACILITIES AND EQUIPMENT

STANDARD 17G.4.1

Safe and adequate facilities and equipment are available for the delivery of effective Health Education Services and ensuring patient safety.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17G.4.1.1	There is appropriate access to the facility, adequate facilities, and equipment with proper utilization 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 (e.g., hand washing facilities, etc)	NA					
	4.	Easy access and clear exit routes	NA					
	5.	Absence of overcrowding	NA					
17G.4.1.2	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					
17G.4.1.3	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					
17G.4.1.4	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 specialized equipment	NA					

TOPIC 17G.5

SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD 17G.5.1

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

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17G.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Health Education Services. The process includes: a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement Innovation is advocated.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Planned performance improvement activities include (a) to (f).	NA					
	2.	Records on performance improvement activities.	NA					
	3.	Minutes of performance improvement meetings.	NA					
	4.	Performance improvement studies	NA					
	5.	Records on innovation if available	NA					
17G.5.1.2	The Head of Health Education 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					

17G.5.1.3	<p>The Head of the Health Education 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> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><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>	EVIDENCE OF COMPLIANCE			1.	System for incident reporting is in place, which include:		a)	Training of staff	NA	b)	Policy on incident reporting	NA	c)	Methodology of incident reporting	NA	d)	Register/records of incidents	NA	2.	Completed incident reports	NA	3.	Root Cause Analysis	NA	4.	Corrective and preventive action plans	NA	5.	Remedial measure	NA	6.	Minutes of meetings	NA	7.	Acknowledgment by Head of Service and PIC/Hospital Director	NA	8.	Feedback given to staff regarding incident reporting.	NA	NA			NA	
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8.	Feedback given to staff regarding incident reporting.	NA																																											
17G.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) number of patients received behavioral need assessment (cognitive, affective & psychomotor) prior to health education intervention</p> <p>b) Percentage of successful quit smoking after 6 months from setting Quit Date (Target: 35%)</p> <p>c) Percentage of patient referrals seen within two (2) weeks (Target: 80%)</p> <p>d) Percentage of successful clients to reduce body weight (weight management program)(Target: 10%)</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																												
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3.	Remedial measures taken where appropriate	NA																																											

17G.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 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 meetings						NA
17G.5.1.6	Appropriate documentation of 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

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OVERALL RATING : NA

OVERALL RISK : -