

SERVICE STANDARD 17H: ALLIED HEALTH PROFESSIONAL SERVICES - MEDICAL SOCIAL WORK SERVICES

PREAMBLE

The Medical Social Services is responsible to provide psychosocial assistance to patients and/or family members through biopsychosocial assessment, support therapy, and practical assistance interventions focusing on casework, group work, and community work. The support therapy interventions involve consultation, emotional support, and crisis interventions while practical assistance intervention involves aspects of financial assistance for acute and chronic patients. Institutional placement and tracking down patient's relatives. Medical Social Worker works in collaborative networking with various medical profession disciplines, government and non-government agencies, and the local community.

TOPIC 17H.1

ORGANISATION AND MANAGEMENT

STANDARD 17H.1.1

The Medical Social Work Services shall be organised and administered to provide services to patients requiring medical social work assistance and other related services in accordance with accepted standards of practices. This includes networking with government and non-governmental organisations in the community.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17H.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Medical Social 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 Medical Social 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					
17H.1.1.2 CORE	There is an organization chart which: a) provides a clear representation of the structure, functions, and reporting relationships between the Person In Charge (PIC), Head of Medical Social Work			NA			NA	

	<p>Services, consultants, medical practitioners, and staff of Medical Social Work Services;</p> <p>b) is accessible to all staff and clients;</p> <p>c) includes off-site services if applicable;</p> <p>d) is revised when there is a major change in any of the following:</p> <p>i) organization;</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 organization chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of Medical Social Services, consultants, medical practitioners, and staff of Medical Social 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 organization chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of Medical Social Services, consultants, medical practitioners, and staff of Medical Social Services.	NA	2.	Organisation chart of the service is endorsed, dated and accessible.	NA	3.	The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).	NA										
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3.	The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).	NA																					
17H.1.1.3 CORE	<p>The Governing Body shall ensure that Medical Social Work Services are organised in such a way as to:</p> <p>a) facilitate the provision of medical social work 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;</p> <p>b) assure continuity of care is assured;</p> <p>c) address the professional needs of medical social work staff;</p> <p>d) ensure the relevant staff are involved in the formulation of policies and procedures concerning patient care appropriate to the scope of services of the Facility.</p>	NA			NA																		
	<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td colspan="2">The Medical Social Services is organised to cover activities but not limited to items (a) to (e) through:</td></tr><tr><td>a)</td><td>work assignment schedule to ensure service provision;</td><td>NA</td></tr><tr><td>b)</td><td>competent staffing level to provide the necessary</td><td>NA</td></tr><tr><td>c)</td><td>record on continuity of care in patient's medical treatment record;</td><td>NA</td></tr><tr><td>d)</td><td>Professional Development Plan.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	The Medical Social Services is organised to cover activities but not limited to items (a) to (e) through:		a)	work assignment schedule to ensure service provision;	NA	b)	competent staffing level to provide the necessary	NA	c)	record on continuity of care in patient's medical treatment record;	NA	d)	Professional Development Plan.	NA				
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1.	The Medical Social Services is organised to cover activities but not limited to items (a) to (e) through:																						
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c)	record on continuity of care in patient's medical treatment record;	NA																					
d)	Professional Development Plan.	NA																					

	e)	Informed Consent Form is provided to protect the privacy and confidentiality of the patient's information	NA					
	2.	Consultation rooms are conducive for the interview of the patient especially for unmarried mother, child abuse, and domestic violence cases, etc.	NA					
	3.	Transportation for home visit and follow up cases to ensure continuity of care given to patient.	NA					
	4.	Participation and involvement in inter and multi-disciplinary review team.	NA					
17H.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 Medical Social Work 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					
17H.1.1.5	Personnel records on training, staff development, leave, and others are maintained for every staff. Note: Staff personal record may be kept in the Human Resource Department as per Facility policy.			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					

17H.1.1.6	The Head of Medical Social Work Services is involved in the planning, justification and management of the budget and resource utilisation of the services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of Facility-wide management meeting	NA					
	2.	Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service.	NA					
	3.	Approved budget and resources.	NA					
17H.1.1.7	The Head of Medical Social Work Services is involved in the appointment and/OR assignment of staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records on staff interview (if applicable)	NA					
	2.	Appointment/assignment letter of Head of Service	NA					
	3.	Job description of Head of Service	NA					
	4.	Records on staff deployment	NA					
17H.1.1.8	Appropriate statistics and records shall be maintained in relation to the provision of Medical Social Work Services and used for managing the services and patient care purposes.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records are available but not limited to the following:						
	a)	workload/census;	NA					
	b)	annual report;	NA					
	c)	accident/incident reports;	NA					
	d)	staffing number and staff profile;	NA					
	e)	staff training records;	NA					
	f)	data on performance improvement activities, including performance indicators.	NA					

TOPIC 17H.2

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD 17H.2.1

The Medical Social Work Services shall be directed and adequately staffed by qualified and experienced staff to achieve the goals and objectives of the Medical Social Work 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			
17H.2.1.1 CORE	<p>The Head and staff of the Medical Social Work Services shall be individuals qualified by education, training, experience, and certification to commensurate with the requirements of the various positions. All Medical Social Worker Officers shall be registered following the requirements of the Allied Health Professions Act.</p> <p>Note <i>Medical Social Work Officer is an individual who is trained and registered as a Medical Social Work Officer to conduct social/behavioral assessment and intervention, manage biopsychosocial problems, and provide consultation to individuals, their family members, or caregivers. Their minimum academic qualification is a Bachelor Degree of Social Science with Honor (Social Work Studies) or equivalent or recognized by MQA.</i></p>			NA			NA				
									EVIDENCE OF COMPLIANCE		
									1.	Records on credentials of Head of Service and staff required to fill up the posts within the service (to match the complexity of the Facility and services) and registration.	NA
									2.	Appointment/assigning letters	NA
									3.	Certification	NA
	4.	Training and competency records	NA								
17H.2.1.2	<p>The authority, responsibilities and accountabilities of the Head of Medical Social Services are clearly delineated and documented.</p>			NA			NA				
									EVIDENCE OF COMPLIANCE		
	1.	Appointment/assignment letter for Head of Service.	NA								
	2.	Description of duties and responsibilities.	NA								

17H.2.1.3 CORE	<p>Sufficient numbers of personnel and support staff with appropriate qualifications are employed to meet the need of the services. Relevant support staff shall work under the supervision of a qualified medical social work officer.</p>	NA			NA	
	<p>EVIDENCE OF COMPLIANCE</p>					
	<p>1. Sufficient number of Medical Social Workers Officers and relevant support staff are available depending on types of healthcare facility in the public sector as follows:</p>					
	<p>a) State facility</p>	NA				
	<p>b) Major specialist facility</p>	NA				
	<p>c) Minor Specialist facility</p>	NA				
	<p>d) Non-specialist facility</p>	NA				
	<p>2. Number of staff and qualification commensurate with workload.</p>	NA				
	<p>3. Staffing pattern</p>	NA				
	<p>4. Census and statistics</p>	NA				
17H.2.1.4	<p>There are written and dated specific job descriptions for all categories of staff that include:</p> <ul style="list-style-type: none"> a) qualifications, training, experience, and certification required for the position; b) lines of authority; c) accountability, functions, and responsibilities, d) reviewed when required and when there is a major change in any of the following: <ul style="list-style-type: none"> 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. 	NA			NA	
	<p>EVIDENCE OF COMPLIANCE</p>					
	<p>1. Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (d).</p>	NA				
	<p>2. Job description</p>	NA				
	<p>3. The job description is acknowledged by the staff and signed by the Head of Service and dated.</p>	NA				

17H.2.1.5	<p>Personnel records on training, staff development, leave, and others are maintained for every staff.</p> <p>Note: <i>Staff personal record may be kept in the Human Resource Department as per Facility policy.</i></p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td colspan="2">Staff personal records include:</td></tr><tr><td>a)</td><td>staff biodata;</td><td>NA</td></tr><tr><td>b)</td><td>qualification and experience;</td><td>NA</td></tr><tr><td>c)</td><td>training record;</td><td>NA</td></tr><tr><td>d)</td><td>competency record and privileging;</td><td>NA</td></tr><tr><td>e)</td><td>leave record;</td><td>NA</td></tr><tr><td>f)</td><td>confidentiality agreement.</td><td>NA</td></tr></table>	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	NA			NA	
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17H.2.1.6	<p>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.</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>Records on structured orientation programme</td><td>NA</td></tr><tr><td>3.</td><td>Orientation Brief</td><td>NA</td></tr><tr><td>4.</td><td>List of attendance</td><td>NA</td></tr></table>	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	NA			NA										
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17H.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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17H.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 graduate training.	NA					
17H.2.1.9	Staff 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 is completed upon probationary period and as an annual exercise.	NA					
17H.2.1.10	In a facility where educational programs are conducted, the Facility shall ensure that there are sufficient skilled trained staff to provide clinical supervision of students.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Letter of appointment – Local Preceptor/ Clinical Instructor.	NA					
	2.	Memorandum of Understanding with training institution	NA					
	3.	Adequate number of clinical instructor to students	NA					
	4.	Qualification and training records of local preceptor	NA					

TOPIC 17H.3
POLICIES AND PROCEDURES

STANDARD 17H.3.1

There are written and dated policies and procedures for all activities of the Medical Social Work Services. These policies and procedures reflect current standards of medical social work services and practice, relevant regulations, statutory requirements, and the goals and objectives of the Medical Social Work Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17H.3.1.1 CORE	<p>There are written policies and procedures for the Medical Social Work Services which are consistent with the overall policies of the Facility, regulatory requirements, and current standard practices. These policies and procedures are signed, authorized, and dated, and reference made to relevant Acts/guidelines pertaining to psychosocial issues as follows:</p> <ul style="list-style-type: none"> • Child Act 2001 • Domestic Violence Act 1994 • Operational Management Plan for Medical Social Work Services (Buku Pelan Pengurusan Operasi Perkhidmatan Kerja Sosial Perubatan) • Standard Operational Procedure for Support Therapy Assistance Management (Buku Prosedur Operasi Standard Pengurusan Bantuan Terapi Sokongan) • Standard Operational Procedure for Practical Assistance Management (Buku Prosedur Operasi Standard Pengurusan Bantuan Praktic) • Practical Guidelines for medical social workers in the Ministry of Health (Buku Garis panduan Laporan Sosio Ekonomi Pegawai Kerja Sosial Perubatan Kementerian Kesihatan Malaysia) • Code of Ethics for Medical Social Officer <p>There is a mechanism for and evidence of a periodic review at least once in every three years.</p>	NA			NA	
EVIDENCE OF COMPLIANCE						
1.	Documented policies and procedures for the Medical Social Work Services.	NA				
2.	Policies and procedures are consistent with regulatory requirements and current standard practices that include issues addressed in (i) to (vii).	NA				

	3.	Operational Management Plan for Medical Social Work Services, Standard Operational Procedure for Support Therapy Assistance management and Standard Operational for Practical Assistance Management is Available.	NA					
	4.	Evidence of periodic review of policies and procedures.	NA					
	5.	The policies and procedures are endorsed and dated.	NA					
17H.3.1.2 CORE	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 and shall include: a) confidentiality of client information in line with regulatory requirements; b) documentation of biopsychosocial intervention plan; c) assessment; d) diagnosis; e) types of assistance; f) monitoring and evaluation; g) consultation with the medical practitioner; and shall be recorded in the patient's medical record. Cross-departmental collaboration is practiced 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 that cover items (a) to (g).	NA					
	2.	Minutes of meeting with evidence of cross reference with other departments	NA					
	3.	Documented cross departmental policies	NA					
	4.	Clinical documentation in patient's medical records include:						
	a)	referral form from Medical Officer/Specialist to Medical Social Workers;	NA					
	b)	Informed Consent Form for patient	NA					
	c)	Biopsychosocial assessment form by Medical Social Work Officer:	NA					
	d)	Case note from by Medical Social Work Officer for case chronology	NA					
17H.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.	NA					
	2.	Flow chart and contact number of code blue made available and accessible.	NA					
17H.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					
17H.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	NA					
17H.3.1.6	All outpatients seeking consultation/counseling assistance from the Medical Social Work Services shall be referred by a medical practitioner.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Facility policy on referral to allied health services by medical practitioner	NA					
	2.	Referral letter/referral form written by medical practitioner	NA					
	3.	All patients/clients are registered in the manual register book or electronic system.	NA					
	4.	Patient's medical record	NA					
17H.3.1.7	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					
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TOPIC 17H.4
FACILITIES AND EQUIPMENT

STANDARD 17H.4.1

Appropriate, safe and adequate facilities and equipment are available for the delivery of effective Social Medical Work Services and ensuring patient safety.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17H.4.1.1	There are adequate and appropriate 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 for safe care. (e.g. access to emergency cart, hand washing facilities, etc)	NA					
	4.	Easy access and clear exit routes	NA					
	5.	Absence of overcrowding	NA					
17H.4.1.2	There shall be a room easily accessible and with conducive environment to conduct biopsychosocial assessment in privacy and to protect confidentiality of the patient.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Separate room with conducive environment in the Medical Social Officer's office/ ward/ Emergency Services to conduct biopsychosocial assessment in privacy and to protect confidentiality of the patient.	NA					
17H.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					

TOPIC 17H.5

SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD 17H.5.1

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

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17H.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Medical Social Work 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	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					
17H.5.1.2	The Head of Medical Social Work 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					
17H.5.1.3	The Head of the Medical Social Work Services shall ensure that the staff are trained and complete incident reports which are promptly reported, investigated, discussed			NA			NA	

	<p>by the staff with learning objectives and forwarded to the Person In Charge (PIC) of the Facility. 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				
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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																																										
17H.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: a) percentage of early response time taken within two (2) working days from the date of referral (Target: 95%) b) percentage of cases referred to the referral agencies within seven (7) working days after social intervention complete (target: 80%)</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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2.	Records on tracking and trending analysis.	NA																																										
3.	Remedial measures taken where appropriate.	NA																																										
17H.5.1.5	<p>Feedback on results of safety and performance improvement activities are regularly communicated to the staff.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr></table>	EVIDENCE OF COMPLIANCE			NA			NA																																				
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	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 meetings	NA					
17H.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

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OVERALL RATING : NA

OVERALL RISK : -