

## SERVICE STANDARD 17J: ALLIED HEALTH PROFESSIONAL SERVICES - CLINICAL PSYCHOLOGY SERVICES

## PREAMBLE

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*Clinical Psychology Services shall offer recognition, assessment, diagnosis, treatment, rehabilitation, and prevention of cognitive, emotional, and behavioral dysfunction and learning disorder to improve clinical symptoms and enhance the subject's well-being, mental health, and life functioning using evidence-based and scientist-practitioner model as well as utilizing clinical application of psychological principle.*

*THE SERVICES ARE PART OF A MULTIDISCIPLINARY TEAM FOR PSYCHOLOGICAL READJUSTMENT AND RESTORATION TO PSYCHOLOGICAL FITNESS.*

## TOPIC 17J.1

## ORGANISATION AND MANAGEMENT

## STANDARD 17J.1.1

*The Clinical Psychology Services shall be organised and administered by trained, qualified, and registered Clinical Psychologists to provide clinical psychological services to outpatients, inpatients and the community with respect, competence, responsibility and integrity. The services shall be coordinated with other relevant clinical services in accordance with accepted standards of practice. In some instances, these services may be provided from and to other referral centers.*

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17J.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Clinical Psychology Services are clearly documented and measurable that indicates safety, quality and patient person-centred approach 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 by the organisation or designated service.			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 Clinical Psychology 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					

17J.1.1.2 CORE	<p>There is an organisation chart which:</p> <p>a) provides a clear representation of the structure, functions, and reporting relationships between the Person In Charge (PIC), Head of Clinical Psychology Services, consultants, medical practitioners, and staff of Clinical Psychology 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) organisation;</p> <p>ii) functions;</p> <p>iii) reporting relationships;</p> <p>iv) staffing patterns.</p>	NA			NA												
<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of the Clinical Psychology Services, consultants, medical practitioners, and staff of the Clinical Psychology 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 Clinical Psychology Services, consultants, medical practitioners, and staff of the Clinical Psychology 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															
17J.1.1.3	<p>The Governing Body shall ensure that Clinical Psychology Services are organised in such a way as to:</p> <p>a) facilitate the provision of clinical psychology services in the Facility with respect, competence, responsibility and integrity for the needs of the patients/clients and in confidentiality of their personal information;</p> <p>b) assure continuity of care</p> <p>c) practise person-centred approach in patient care to maintain and improve on health and well-being</p> <p>d) ensure that the Clinical Psychologists are involved in the formulation of policies and procedures concerning patient care appropriate to the scope of services of the facility.</p> <p>c) address the professional needs development of the Clinical Psychologist;</p>	NA			NA												
<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>The Clinical Psychology Services is organised to cover activities but not limited to items (a) to (d) through:</td><td></td></tr><tr><td>a)</td><td>work assignment schedule to ensure service provision;</td><td>NA</td></tr></table>		EVIDENCE OF COMPLIANCE			1.	The Clinical Psychology Services is organised to cover activities but not limited to items (a) to (d) through:		a)	work assignment schedule to ensure service provision;	NA							
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1.	The Clinical Psychology Services is organised to cover activities but not limited to items (a) to (d) through:																
a)	work assignment schedule to ensure service provision;	NA															

	b) competent staffing level to provide the necessary c) record on continuity of care in patient's medical treatment record; d) Professional Development Plan. 2. Services provided ensure person-centred treatment, privacy and a) sessions are conducted in a safe and private manner; b) (explained and) signed informed consent document. 3. Relevant Policies and Acts are available, i.e. Psychiatry and Mental Health Policy, Allied Health Act 774	NA NA NA NA NA NA				
17J.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 Clinical Psychology Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service, and implemented. <b>EVIDENCE OF COMPLIANCE</b> 1. Minutes are accessible, disseminated and acknowledged by the staff. 2. Attendance list of members with adequate representatives of the service. 3. Frequency of meetings as scheduled. 4. Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).	NA NA NA NA	NA			NA
17J.1.1.5	The Head of Clinical Psychology Services is involved in the planning, justification, and management of the budget and resource utilization of the services. <b>EVIDENCE OF COMPLIANCE</b> 1. Minutes of Facility-wide management meeting 2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) 3. Approved budget and resources.	NA NA NA	NA			NA
17J.1.1.6	The Head of Clinical Psychology Services in the organisation is involved in the appointment and/OR assignment of the staff. <b>EVIDENCE OF COMPLIANCE</b> 1. Records on staff interview (if applicable)	NA	NA			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				
17J.1.1.7	Appropriate statistics and records shall be maintained in relation to the provision of Clinical Psychology Services and used for monitoring and enhancing the services and patient care purposes.			NA			NA
	EVIDENCE OF COMPLIANCE						
	1.	Policy on keeping patients medical records	NA				
	2.	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 17J.2

## HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

## STANDARD 17J.2.1

*The Clinical Psychology Services shall be directed and adequately staffed by qualified and experienced staff to achieve the goals and objectives of the Clinical Psychology 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
17J.2.1.1 CORE	The Head and staff of the Clinical Psychology Services shall be individuals qualified by education, training, experience, and certification to commensurate with the requirements of the various positions. The Clinical Psychology Services are provided by individuals with a minimum Masters in Clinical Psychology and have a valid Professional Practising Certificate.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records on credentials of Head of Clinical Psychology Service and staff required to fill up the various posts within the service and registration (Annual Practising Certificate)	NA					
	2.	Appointment/assignment letters	NA					
	3.	Certification	NA					
	4.	Training and competency records	NA					
17J.2.1.2	The authority, responsibilities and accountabilities of the Head of Clinical Psychology 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					
17J.2.1.3 CORE	Sufficient numbers of competent clinical psychologists with appropriate qualifications and support staff are employed to meet the need of the services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Number of competent clinical psychologists and support staff commensurate with workload as per Workload Staffing Indicator (WISN) of the Ministry of Health.	NA					

	2.	Staffing pattern	NA					
	3.	Duty roster	NA					
	4.	Census and statistics	NA					
17J.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	
	<b>EVIDENCE OF COMPLIANCE</b>							
	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.	The job description is acknowledged by the staff and signed by the Head of Service and dated.	NA					
17J.2.1.5	<p>Personnel records on training, staff development, leave and others are maintained for every staff.</p> <p><b>Note:</b>  <i>Staff personal record may be kept in Human Resource Department as per Facility policy.</i></p>			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	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					
17J.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	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Policy requiring all new staff to attend a structured orientation programme.	NA					
	2.	Records on structured orientation programme/Competency training, Mind Transformation Programme (PTM)	NA					
	3.	Orientation Brief	NA					
	4.	List of attendance/certificate	NA					
17J.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	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Training needs assessment is carried out and gaps identified.	NA					
	2.	A staff development plan based on training needs assessment is available.	NA					
	3.	Training schedule/calendar is in place.	NA					
	4.	Training module	NA					
17J.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	
	<b>EVIDENCE OF COMPLIANCE</b>							
	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					
17J.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	

	<b>EVIDENCE OF COMPLIANCE</b>						
	1.	Performance appraisal for staff is completed upon probationary period and as an annual exercise	NA				
17J.2.1.10	In a Facility where education programmes are conducted, the Facility shall ensure that there are sufficient skilled trained staff to provide clinical supervision/internship of students.			NA			NA
	<b>EVIDENCE OF COMPLIANCE</b>						
	1.	Facility Usage Guideline, Ministry of Health Malaysia (Garis Panduan Penggunaan Fasilitas KKM)	NA				
	2.	Letter of appointment – Local Preceptor/Clinical Instructor.	NA				
	3.	Memorandum of Understanding with training institution	NA				
	4.	Adequate number of clinical instructor to students	NA				
	5.	Qualification and training records of local preceptor	NA				
	6.	Clinical Student Log Book	NA				
17J.2.1.11	The standard require that organisations have arrangement for the: a) promotion of staff well-being b) resolution of workplace issues			NA			NA
	<b>EVIDENCE OF COMPLIANCE</b>						
	1.	The promotion of staff well-being may involve:					
	a)	Procedures to promote well-being, e.g. stress management, workload monitoring, management of work-life balance, healthy lifestyle programs	NA				
	b)	staff being provided with appropriate supervision, support and advise	NA				
	2.	The resolution of workplace issues may involve:					
	a)	measures to protect staff against violence, bullying and sexual harassment	NA				
	b)	clear procedures for the effective management of underperformance	NA				



**TOPIC 17J.3**  
**POLICIES AND PROCEDURES**

**STANDARD 17J.3.1**

*There are written and dated policies and procedures for all activities of the Clinical Psychology services. These policies and procedures reflect current standards of Clinical Psychology Services and practice, relevant regulations, statutory requirements, and the goals and objectives of the Clinical Psychology Services.*

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS				
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK		
17J.3.1.1 CORE	There are written policies and procedures for the Clinical Psychology 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 include:	
	a)						Written Policy and Procedure appropriate to services and facilities e.g. Psychiatry and Mental Health Policy, Palliative Care Policy	NA
	b)						Facility Usage Guideline, Ministry of Health Malaysia (Garis Panduan Penggunaan Fasilitas)	NA
	c)						Pelan Pengurusan Operasi Profesion Psikologi Klinikal	NA
	d)						Standard Operation Procedure Profesion Psikologi Klinikal	NA
	e)						Allied Health Act 774?	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.	Policies and procedures are updated, endorsed and dated.	NA						
17J.3.1.2 CORE	Policies and procedures are developed in collaboration with staff, medical practitioners, management, where required with other external service providers and with reference to relevant sources involved and shall include documentation of clinical psychological care plan which includes: a) assessment plan appropriate for each patient;	NA			NA			

	<p>- formulation which is the summation and integration of the knowledge that is acquired by the assessment process. This will draw on psychological theory and research to provide a framework for describing a patient's problem or needs; b) treatment plan for patient to achieve planned outcome; c) monitoring of the patient to assess the outcome of patient care; d) planning follow up, including termination plans; e) guidelines for obtaining every patient's or caregiver's informed consent. Cross departmental collaboration is practised in developing relevant policies and procedures where applicable.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Minutes of committee meetings on development and revision on policies and procedures. that cover items (a) to (e)</td><td>NA</td></tr><tr><td>2.</td><td>Minutes of meeting with evidence of cross reference with other departments/relevant sources.</td><td>NA</td></tr><tr><td>3.</td><td>Documented cross departmental policies</td><td>NA</td></tr><tr><td>4.</td><td>Clinical Documentation in patient's medical records pertaining to patient's assessment report and care plan.</td><td>NA</td></tr><tr><td>5.</td><td>Standard Operation Procedure of the Profession of Clinical Psychology</td><td>NA</td></tr><tr><td>6.</td><td>Informed consent document</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Minutes of committee meetings on development and revision on policies and procedures. that cover items (a) to (e)	NA	2.	Minutes of meeting with evidence of cross reference with other departments/relevant sources.	NA	3.	Documented cross departmental policies	NA	4.	Clinical Documentation in patient's medical records pertaining to patient's assessment report and care plan.	NA	5.	Standard Operation Procedure of the Profession of Clinical Psychology	NA	6.	Informed consent document	NA				
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6.	Informed consent document	NA																								
17J.3.1.3	<p>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.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>There is an emergency exit for staff.</td><td>NA</td></tr><tr><td>2.</td><td>There is mechanical bell/device for security alert.</td><td>NA</td></tr><tr><td>3.</td><td>There are safety guideline and policy available.</td><td>NA</td></tr><tr><td>4.</td><td>Policy for Code Blue within the service area</td><td>NA</td></tr><tr><td>5.</td><td>Flow chart and contact number of Code Blue made available and accessible.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	There is an emergency exit for staff.	NA	2.	There is mechanical bell/device for security alert.	NA	3.	There are safety guideline and policy available.	NA	4.	Policy for Code Blue within the service area	NA	5.	Flow chart and contact number of Code Blue made available and accessible.	NA	NA			NA			
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5.	Flow chart and contact number of Code Blue made available and accessible.	NA																								
17J.3.1.4	<p>Current policies and procedures are communicated to all staff.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr></table>	EVIDENCE OF COMPLIANCE			NA			NA																		
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	1.	Training and briefing on the current policies and procedures/Minutes of meetings	NA					
	2.	Circulation list and acknowledgement	NA					
17J.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 on audit on practices;	NA					
	d)	staff acknowledgement on written document;	NA					
	e)	practices in line with established policies and procedures.	NA					
17J.3.1.6	All referrals to the Clinical Psychology 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/specialist through written or digital referral format	NA					
	2.	Patient's medical record	NA					
17J.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, e.g. Psychiatry and Mental Health Act and Occupational Safety and Health Act 1994.	NA					

**TOPIC 17J.4**  
**FACILITIES AND EQUIPMENT**

**STANDARD 17J.4.1**

Updated, safe and adequate facilities and equipment are available for the delivery of effective Clinical Psychology Services and ensuring patient safety.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
17J.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.	Adequate storage space	NA					
	3.	Appropriate type of equipment to match the complexity of services.	NA					
	4.	Adequate facilities and equipment at patient care area for safe care:						
	a)	defibrillators, emergency cart, hand washing facilities etc	NA					
	b)	individualised and conducive room to ensure privacy;	NA					
	c)	adequate lighting and minimal noise.	NA					
	5.	Easy access and clear exit routes	NA					
	6.	Absence of overcrowding	NA					
17J.4.1.2 CORE	There shall be a room easily accessible, equipped with clinical psychology facilities and equipment/instruments to conduct clinical psychological assessment process in privacy to the patients.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Standardized equipment (cognitive, personality, etc) for all age range of patients.	NA					
	2.	Equipments are replaced and updated accordingly.	NA					
	3.	There is record of registration of clinical psychology facilities and equipment/instruments.	NA					

17J.4.1.3	There is documented evidence that clinical psychological instrument/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 instrument/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
17J.4.1.4 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
17J.4.1.5	Where specialised equipment is used, there is evidence that only staff who are trained and authorised by Facility operate such equipment.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	User training records for specific psychological equipment/instruments.						NA
	2.	Competency assessment record						NA
	3.	Letter of authorisation						NA
	4.	List of staff trained and authorised to operate specialised equipment						NA
17J.4.1.6	Alarm system for emergencies appropriate to patient needs shall be made available.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Panic button, mechanical device such as phone or bell on site at patient therapy room.						NA



## TOPIC 17J.5

## SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

## STANDARD 17J.5.1

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

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

	<div>the staff with learning objectives and forwarded to the Person In Charge (PIC) of the Facility. E.g. treatment-emergent reactions, adverse treatment reaction, aggression Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence.</div> <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td colspan="2">System for incident reporting is in place, which include:</td></tr><tr><td>a)</td><td>Tranining 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)	Tranining 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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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																																										
17J.5.1.4 CORE	<div>There is tracking and trending of specific performance indicators not limited to but at least two (2) (sugges for atleast one of two of the following) of the following: a) percentage of relapse cases (sentinel event) (where applicable) b) percentage of Psychological Assessment Completed within 30 working days (Target :85% 90%) c) Percentage of new patient referred for psychotherapy session receiving first session within 60 working days (target: 80%)</div> <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></tr><tr><td>1.</td><td>Specific performance indicators monitored.</td><td>NA</td></tr><tr><td>2.</td><td>Records on tracking and trending analysis.</td><td>NA</td></tr><tr><td>3.</td><td>Remedial measures taken where appropriate</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Specific performance indicators monitored.	NA	2.	Records on tracking and trending analysis.	NA	3.	Remedial measures taken where appropriate	NA	NA			NA																											
EVIDENCE OF COMPLIANCE																																												
1.	Specific performance indicators monitored.	NA																																										
2.	Records on tracking and trending analysis.	NA																																										
3.	Remedial measures taken where appropriate	NA																																										
17J.5.1.5	<div>Feedback on results of safety and performance improvement activities are regularly communicated to the staff.</div> <table><tr><td colspan="3">EVIDENCE OF COMPLIANCE</td></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					
17J.5.1.6	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Documentation on performance improvement activities and performance indicators.	NA					
	2.	Policy statement on anonymity on patients and providers involved in performance improvement activities.	NA					
17J.5.1.7	The Head of Services shall identify the role of Clinical Psychologist in the management of crisis and disaster in accordance to the organisation or department needs and requirement.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Job description of staff involvement in crisis and disaster management.	NA					
	2.	Crisis and disaster emergency or contingency plan of the organisation.	NA					

SERVICE SUMMARY

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OVERALL RATING : NA

OVERALL RISK : -