

SERVICE STANDARD 04: NURSING SERVICES

PREAMBLE

The Nursing Services shall be delivered by capable, effective, competent, skillful, and highly knowledgeable nurses who will be able to provide Patient Centric Care which includes promotive, preventive, curative and rehabilitative services. Nurses care for the whole person; physically, mentally, emotionally, and spiritually. While caring for an individual, the nurse also cares for the family. Nurses provide care with respect and dignity for patients and their families. The Nursing Services shall be organised, directed and coordinated with the other services in the Facility to provide nursing care in a safe, efficient, effective and caring manner.

TOPIC 4.1

ORGANISATION AND MANAGEMENT

STANDARD 4.1.1

The Nursing Services shall offer high standard of care to the community, as outpatients and inpatients in a safe, effective, efficient and caring manner; and shall be organised, directed and coordinated with the other services in the Facility.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
4.1.1.1	Vision, Mission and value statements of the Facility are accessible. Philosophies, goals and objectives that suit the scope of the Nursing 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.	Philosophies, goals and objectives of the Nursing Services in line with the Facility statements are available, endorsed and dated.	NA					
	3.	These statements are communicated to all staff (orientation programme, minutes of meeting, etc)	NA					
	4.	Achievement of goals and objectives are monitored, reviewed and revised accordingly.	NA					
4.1.1.2 CORE	The organisational structure of the Nursing Services is clearly represented in one or more organisation charts which:			NA			NA	

	<p>a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of the Nursing Services, consultants, medical practitioners and staff of the Nursing 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> <p>i) organisation;</p> <p>ii) functions;</p> <p>iii) reporting relationships;</p> <p>iv) staffing patterns.</p>					
4.1.1.3	<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 Nursing 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	
4.1.1.4	<p>The Head of Nursing Services is involved in the planning, justification and management of the budget and resource utilisation of the services.</p>	NA			NA	

	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					
4.1.1.5	The Head of Nursing 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.	NA					
	3.	Job descriptions.	NA					
	4.	Records on staff deployment	NA					
	5.	Duty roster	NA					
4.1.1.6	Appropriate statistics and records shall be maintained in relation to the provision of Nursing 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)	staffing number and staff profile.	NA					
	b)	workload/census for inpatients and outpatients;	NA					
	c)	staff training records.	NA					
	d)	data on performance improvement activities including performances indicators and not limited to incident and near misses reports.	NA					
	e)	Annual report to Governing body	NA					
4.1.1.7	The Head of Nursing Services is responsible in planning, development and evaluation of nursing facilities and services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Involvement of Nursing Ward Managers and HOS (where applicable) in the planning, development and implementation of new policies, facilities, and services	NA					
	2.	Minutes of meeting	NA					

4.1.1.8	There is evidence that the Nursing Services are involved in the development and implementation of new technologies.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Involvement of the nursing staff on development and implementation of new technologies.	NA					
	2.	Minutes of departmental/management meeting	NA					
4.1.1.9	Where the Facility provides clinical experience for students of nursing, there is a comprehensive documented agreement between the Facility and the educational institution detailing the responsibilities of all parties, which shall include: a) time period; b) liability; c) review of terms of contract; d) accountability for clinical nursing practice.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Valid Memorandum of Understanding (MOU) or Agreement	NA					
	2.	Ratio of Clinical Instructor (CI) and students commensurate with the number of student (1:15)	NA					
	3.	Student ward allocation roster	NA					

TOPIC 4.2

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD 4.2.1

The Nursing Services shall be directed by a qualified and experienced registered nurse, and adequately staffed to achieve the goals and objectives of the nursing services.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
4.2.1.1	The Head and staff of the Nursing Services shall be individuals qualified by education, training, experience, certification and registration under the Nurses Registration Regulations 1985 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) and certification/registration (Annual Practising Certificate).	NA					
	2.	Overall statistics of staff, qualification and experience	NA					
	3.	List of nurses with post basic certification in various disciplines.	NA					
	4.	Training and competency records	NA					
	5.	Deployment/assignment according to staff experience and speciality training.	NA					
4.2.1.2	The Head of Nursing Services is a member of the Senior Management Team and sits on relevant committees of the Governing Body.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Valid appointment letters and Terms of Reference as member of committees stipulated by the Governing Body.	NA					
	2.	Minutes of relevant committee meetings	NA					
4.2.1.3	The Head of Nursing Services shall designate a qualified registered nurse with the delegated responsibility for the management of the Nursing Services of each unit at all times.			NA			NA	
	EVIDENCE OF COMPLIANCE							

	1.	Designated registered nurses are assigned to each unit with delegated responsibility for management of Nursing Services.	NA					
	2.	Letters of appointment	NA					
	3.	Job descriptions.	NA					
	4.	Duty roster	NA					
4.2.1.4	The assessment, planning, implementation and evaluation of nursing care is the responsibility and accountability of each and every registered nurse.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Sample of Nursing Care Plan to ensure complete nursing process is being carried out by registered nurses as stipulated in standard 4.3.1.9.	NA					
4.2.1.5 CORE	Nursing staffing patterns shall reflect: a) patient needs and patient acuity level of care; b) staffing profile to comply with relevant guidelines and regulatory requirements: i) numbers; ii) credentials and privileges; iii) experience of the various categories of nursing staff. c) contingency staffing plan (absenteeism, turnover etc.).			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Manpower planning and forecast of staffing needs.	NA					
	2.	Qualified staff and patient ratio meet regulatory requirements	NA					
	3.	Staff credentials and privileges.	NA					
	4.	Verification of staffing needs in respective nursing service unit as reflected by:						
	a)	current assigned duty roster;	NA					
	b)	patient acuity level of care;	NA					
	c)	skill mix;	NA					
	d)	written contingency plan for turnover and absenteeism;	NA					
	e)	documented staff deployment communication.	NA					
4.2.1.6	There are written and dated specific job descriptions for all nursing staff that include: a) qualifications, training, experience and certification required for the position; b) lines of authority;			NA			NA	

	<p>c) accountability, functions and responsibilities; d) reviewed when required and when there is a major change in any of the following: i) nature and scope of work; ii) duties and responsibilities; iii) general and specific accountabilities; iv) qualifications required and privileges granted; v) Statutory Regulations. e) administrative, teaching and clinical functions.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).</td><td>NA</td></tr><tr><td>2.</td><td>Job description includes specialisation skills</td><td>NA</td></tr><tr><td>3.</td><td>Relevant privileges granted where applicable</td><td>NA</td></tr><tr><td>4.</td><td>The job description is acknowledged by the staff and signed by the Head of Service/Unit and dated.</td><td>NA</td></tr></table>	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/Unit and dated.	NA				
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4.	The job description is acknowledged by the staff and signed by the Head of Service/Unit and dated.	NA																		
4.2.1.7 CORE	<p>There is structured orientation programme for all newly appointed staff to the Nursing Services and for those new to specific areas which shall include the following: a) Overview of Organization structure b) explanation of the philosophy, goals, objectives, policies and procedures of the Facility and those of the Nursing Services; c) lines of authority and areas of responsibility; d) explanation of particular duties and functions; e) explanation of the methods of assigning nursing care and the standards of nursing practice; f) handover communication in timely manner; g) processes for resolving practice/ethical dilemmas in a timely manner; h) information about safety procedures; i) training in basic/advanced life support techniques; j) methods of obtaining appropriate resource materials; k) staff appraisal procedures for the Nursing Services; l) education on Patient and Family Rights; m) education on all types of Accreditation Standards.</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></table>	EVIDENCE OF COMPLIANCE			1.	Policy requiring all new staff to attend a structured orientation programme.	NA	NA			NA									
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	2.	There is Nursing Services orientation programme with relevant topics not limited to topics covered from (a) to (m) and supported by an individual area/unit specific orientation programme.	NA					
4.2.1.8	Staff receive evaluation of their performance at the completion of the probationary period and annually.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Performance appraisal for staff is completed upon probationary period and as an annual exercise.	NA					
4.2.1.9	There is evidence of training needs assessment and staff development plan which provide 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					
	5.	Evidence of staff capacity building assessment being monitored	NA					
4.2.1.10	There are continuing nursing education activities for staff to pursue professional interests and to prepare for current and future changes in practice.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Training calendar includes in-house/external courses/workshop/conferences.	NA					
	2.	Contents of training programme	NA					
	3.	Training records on continuing nursing education activities are kept and maintained for each staff.	NA					
	4.	Certificate of attendance/degree/post basic training .	NA					
4.2.1.11	Personnel records on training, staff development, leave and others are maintained for every staff. Note: Staff personal record may be kept in Human Resource Department as per Facility policy.			NA			NA	
	EVIDENCE OF COMPLIANCE							

	<table><tr><td>1.</td><td>Staff personal records include:</td><td></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>leave record;</td><td>NA</td></tr><tr><td>g)</td><td>Confidentiality agreement.</td><td>NA</td></tr></table>	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)	leave record;	NA	g)	Confidentiality agreement.	NA				
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g)	Confidentiality agreement.	NA																											
4.2.1.12	<p>In a Facility where nursing education programmes are conducted, the Nursing Services shall ensure that there are sufficient skilled clinical nursing instructors with right credentials, experience, certification and privileged to provide clinical guidance and supervision of students.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Skilled Clinical Nursing Instructors with student ratio are appropriately met (1:15).</td><td>NA</td></tr><tr><td>2.</td><td>Written evidence to proof that continuous effort has been taken to ensure that sufficient skilled clinical nursing instructors are available at all times.</td><td>NA</td></tr><tr><td>3.</td><td>The Clinical Instructors have the right credentials and are privileged.</td><td>NA</td></tr><tr><td>4.</td><td>Signed Code of Conduct by Clinical Instructor.</td><td>NA</td></tr><tr><td>5.</td><td>Minutes of joint meeting between the Nursing Services with the Nursing College.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Skilled Clinical Nursing Instructors with student ratio are appropriately met (1:15).	NA	2.	Written evidence to proof that continuous effort has been taken to ensure that sufficient skilled clinical nursing instructors are available at all times.	NA	3.	The Clinical Instructors have the right credentials and are privileged.	NA	4.	Signed Code of Conduct by Clinical Instructor.	NA	5.	Minutes of joint meeting between the Nursing Services with the Nursing College.	NA	NA			NA						
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5.	Minutes of joint meeting between the Nursing Services with the Nursing College.	NA																											
4.2.1.13 CORE	<p>The Nursing Services shall ensure the establishment of a mechanism which includes requirements, methodology and certification for credentialing and delineation of privileges for nurses in specialised areas for specific procedures. The mechanism taken by the Nursing Services shall adhere to the following:</p> <p>a) the written policies and procedures documents the criteria for privileging;</p> <p>b) the decisions made are objective, fair, and impartial and consistent with written policies, procedures and criteria;</p> <p>c) the granting of privileges for a specified period of time;</p> <p>d) the allocation of privileges in such a way that each staff functions within a specified area of competence;</p> <p>e) the granting of privileges is approved by the Credentialing and Privileging Committee and certified by the Person In Charge (PIC)/Governing Body.</p>	NA			NA																								

EVIDENCE OF COMPLIANCE							
1.	Documented policies and procedures are established to govern the credentialing and privileging processes for Nursing Services which includes but not limited to item (a) to (e).	NA					
2.	There is a systematic validation process for each individual staff member of their credentials.	NA					
3.	Skills competency is assessed regularly.	NA					
4.	Formal letters of assignment or certificate of privileging with stipulated timeline are issued and reviewed accordingly.	NA					

TOPIC 4.3

POLICIES AND PROCEDURES

STANDARD 4.3.1

There are written and dated policies and procedures for all activities of the Nursing Services. These policies and procedures reflect current standards of nursing services and practice, relevant regulations, statutory requirements, and the purposes of the services.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
4.3.1.1 CORE	There are written policies and procedures for the Nursing Services which are consistent with the overall policies of the Facility, regulatory requirements and current standard practices which include: a) policies and procedures, applicable laws and regulations that guide uniform nursing care of all patients; b) policies and procedures that guide the care of high risk patients and high risk services: i) emergency patients; ii) use of resuscitation services; iii) administration of blood and blood products; iv) patients on life support/comatose; v) patients with communicable disease; vi) immuno-compromised patients; vii) patients on dialysis; viii) care of patients on restraints; ix) care of elderly patients; x) disabled individuals and children; xi) patients receiving chemotherapy and other high risk medications. c) policies and procedures on patient nutrition and hygiene. 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, Protocols, Manuals and Guidelines are available to guide nursing care for:					
	a) general care of all patients;					
	b) high risk patients as those mentioned in but not limited to (b)					
	2. Policies and procedures on patient nutrition and hygiene.					

	3.	Policies and procedures are consistent with regulatory requirements and current standard practices.	NA					
	4.	Evidence of periodic review of policies and procedures.	NA					
	5.	The policies and procedures are endorsed and dated.	NA					
4.3.1.2	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 and procedures.	NA					
4.3.1.3	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					
4.3.1.4 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)	Evidence in nursing documentation in line with established policies and procedures.	NA					
4.3.1.5	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 for staff reference.	NA				
4.3.1.6	The Head of Nursing Services is responsible for the organisation, documentation and implementation of nursing policies and procedures.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Policies and procedures for the Nursing Services are endorsed by the Head of Nursing Services.	NA				
4.3.1.7	The Nursing Services participate in planning, decision making and formulation of policies of the Facility.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	List of committees where the Head of the Nursing Services is involved.	NA				
	2.	Minutes of Management meetings	NA				
4.3.1.8	The Nursing Services have an established initial assessment process for patients where their nursing needs are identified and followed by regular reassessment as deemed necessary.		NA			NA	
	EVIDENCE OF COMPLIANCE						
	1.	Nursing assessment done and completed within 24 hours of admission.	NA				
	2.	Nursing reassessment done as needed.	NA				
	3.	Nursing Care Plan documented after each nursing round with progress of patient's condition, dated and signed off by attending registered nurse.	NA				
4.3.1.9 CORE	Nursing practice is in accordance with current accepted standards based on evidences and shall include in the nursing care plan: a) documented individualised patient-focused nursing care plan for each patient to achieve appropriate outcomes of care; b) monitoring of the patient to assess the outcome of the care of patient; c) reviewing and modifying the care plan where appropriate; d) completing the care plan.		NA			NA	

	e) planning and follow up, to include discharge planning that reflects continuity of care;							
	f) patient education which shall be documented.							
	EVIDENCE OF COMPLIANCE							
	1.	Implementation of Nursing Care Plan based on patient's need as stated in (a) – (f)						NA
	2.	Documented Nursing Care Plan signed and dated.						NA
	3.	Continuity of patient care i.e. intra & inter departmental handover.						NA
	4.	Patient discharge plan includes patient education.						NA
	5.	Evidence based nursing services such as Bundle of Care is adopted where applicable and appropriate.						NA
	6.	Compliance to National Patient Safety Goals related to nursing services.						

TOPIC 4.4

FACILITIES AND EQUIPMENT

STANDARD 4.4.1

There are adequate and appropriate facilities and equipment at each nursing unit for providing safe and efficient nursing services according to standards set by the relevant authorities and regulatory requirements.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
4.4.1.1	There are adequate and appropriate facilities and equipment with proper utilisation of space at each unit to allow staff to carry out nursing services safely and efficiently.			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					
4.4.1.2	Nursing Services are provided with sufficient supplies and equipment at all times, including appropriate personal protective equipment.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Adequate equipment and supplies for Nursing Services.	NA					
	2.	Equipment are replaced in a planned and systematic manner.	NA					
	3.	Stock inventory including personal protective equipment are according to par level.	NA					
	4.	Accessibility of critical equipment and consumables at all times.	NA					
	5.	Equipment has valid Planned Preventive Maintenance (PPM).	NA					
4.4.1.3	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 authorised to operate specialised equipment	NA					
4.4.1.4	There are sufficient change rooms, rest areas for staff use and storage including safekeeping of their personal items.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Provision of adequate staff restroom with staff personal lockers or equivalent to keep staff personal belongings with adequate security.	NA					
	2.	Changing rooms at relevant care areas where appropriate.	NA					
4.4.1.5	Facilities which provide nursing training shall have specific areas for training and rooms for tutorial.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Availability of training/tutorial areas/rooms.	NA					

TOPIC 4.5

SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD 4.5.1

The Head of Nursing Services shall ensure the provision of quality performance and safety of patients with staff involvement in continuous safety and performance improvement activities of Nursing Services in risk mitigation.

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS			
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK	
4.5.1.1	Clinical initiative to reduce risk & harm is systematically planned to minimise the adverse consequence of patient outcomes & liability .The process includes: a) Planned activities i.e. risk identification using the risk rating matrix and develop risk register. b) Review risk register periodically c) Data collection and verification d) Monitoring and evaluation of the performance e) Action plan for improvement f) Implementation of action plan g) Re-evaluation for improvement Innovation is advocated.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Planned performance improvement activities include (a) to (g)						NA
	2.	Records on performance improvement activities/studies						NA
	3.	Minutes of performance improvement meetings						NA
	4.	Nursing Risk register						NA
	5.	Evidence of risk register been reviewed.						NA
	6.	Records on innovation if available						NA
4.5.1.2	The Head of Nursing Services has assigned responsibilities for planning, monitoring and managing safety and performance improvement activities to appropriate individual/personnel within the respective services.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Collection, tabulation & verification of data						NA
	2.	Discuss with relevant department/committee						NA
	3.	Identify areas for improvement						NA

	4.	Endorsement of outcome by the Head of Nursing and PIC	NA					
4.5.1.3	The Head of Nursing Services shall ensure that the staff are trained in incident reporting. Incident reports are timely reported, investigated, discussed by the staff with learning objectives and forwarded to the Person In Charge (PIC) of the Facility. Incidents reported have Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence.			NA			NA	
	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.	Timely complete incident reports	NA					
	3.	Root Cause Analysis	NA					
	4.	Corrective and preventive action plans	NA					
	5.	Remedial measure implemented and monitored	NA					
	6.	Minutes of meetings	NA					
	7.	Acknowledgment by Head of Service and PIC/Hospital Director	NA					
	8.	Outcome of lessons learnt from the incident shared with others	NA					
4.5.1.4 CORE	There is evidence of tracking and trending of specific performance indicators for improvement of the services / patient care such as percentage of intravenous (I/V) line complications (needles out, redness of skin, infection of sites, extravasation) (Target: $\leq 0.5\%$)			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					
	4.	Review performance indicators if trending shows consistent achievement over one year. Identify new performance indicator where applicable.	NA					
4.5.1.5	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 (e.g., audit on Hand Hygiene, Safe Surgery Saves Lives, Patient Identification, Patient Fall, Pressure Ulcer and etc) via communication on results of performance improvement activities through continuing nursing education activities/meetings.						NA
	3.	Minutes of service/unit/committee meetings	NA					
4.5.1.6	Appropriate documentation of safety and performance improvement activities are kept, and confidentiality of medical practitioners, staff and patients is preserved.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Documentations 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 :

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