

SURVEY ITEM & SELF-ASSESSMENT			
SERVICE STANDARD 25: MEDICAL ASSISTANT SERVICES			
	<p><u>PREAMBLE</u></p> <p><i>Medical Assistants are a group of registered professional healthcare providers within the Malaysian healthcare system and they are governed legally by Act 180, i.e. Medical Assistants (Registration) Act 1977. The title Medical Assistant was changed administratively by the Public Services Department through a circular effective 2nd of July 2009. The change was imperative to reflect the current role, functions and direction of the profession. Medical Assistants (Assistant Medical Officers) are a group of highly trained competent professionals who form an integral part in primary and specialised health services. The scope of services provided encompasses the aspects of promotive, preventive, curative and rehabilitative in health care. It includes the clinical and governance aspects of various disciplines in both medical and public health setting.</i></p> <p><i>The services of the Medical Assistant (Assistant Medical Officers) is an integral component in the integrated services of healthcare as partners that aspires to enhance the quality of life and create a healthy and productive Malaysian nation.</i></p>		
<u>TOPIC 25.1:</u>	<u>ORGANISATION AND MANAGEMENT</u>		
<u>STANDARD 25.1.1</u>	<i>The services of Medical Assistants (Assistant Medical Officers) shall be organised, directed and coordinated with other services to provide professional middle level healthcare uncompromised in terms of quality and standards as required by the relevant authorities.</i>		
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS
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			SURVEYOR RATING
25.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the services of Medical Assistants 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.		

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	<p>EVIDENCE OF COMPLIANCE</p> <ol style="list-style-type: none"> 1. Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body. <input type="checkbox"/> 2. Goals and objectives of the services of Medical Assistants in line with the Facility statements are available, endorsed and dated. <input type="checkbox"/> 3. Evidence of planned review of the above statements. <input type="checkbox"/> 4. These statements are communicated to all staff (orientation programme, minutes of meeting, etc.) <input type="checkbox"/> 5. Achievement of objectives are monitored, reviewed and revised accordingly. <input type="checkbox"/> <p>Facility Comments:</p>			
25.1.1.2 CORE	<p>The organisational structure of the services of Medical Assistants is clearly represented in one or more organisation charts which:</p> <ol style="list-style-type: none"> a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of Service (Chief Medical Assistant), Senior Medical Assistants, Medical Assistants (numbers only), Senior Healthcare Assistants (<i>Pembantu Perawatan Kesihatan, PPK</i>), PPK) and Healthcare Assistants (numbers only). b) is accessible to all staff and clients; c) is revised when there is a major change in any one of the following: <ol style="list-style-type: none"> i) organisation; ii) functions; iii) reporting relationships; iv) staffing patterns. <p>EVIDENCE OF COMPLIANCE</p> <ol style="list-style-type: none"> 1. Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Chief Medical Assistant, all Senior Medical Assistants, Medical Assistants (numbers only), Senior Healthcare Assistants (PPK) and Healthcare Assistants (numbers only). <input type="checkbox"/> 2. At each service level, a unit organisation chart is available which reflects the working relationships between consultants, medical practitioners, Senior <input type="checkbox"/> 			

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		Medical Assistants and Senior Healthcare Assistants (PPK). 3. Organisation chart of the service is endorsed, dated and accessible. <input type="checkbox"/> 4. The organisation chart is reviewed when there is a major change in any of the items (c) (i) to (iv). <input type="checkbox"/>			
		Facility Comments:			
25.1.1.3		Regular staff meetings are held between the Chief Medical Assistant and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the services of Senior Medical Assistants and Senior Healthcare Assistants (PPK). Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.			
	EVIDENCE OF COMPLIANCE	1. Minutes are accessible, disseminated and acknowledged by the staff. <input type="checkbox"/> 2. Attendance list of members with adequate representatives of the service. <input type="checkbox"/> 3. Frequency of meetings as scheduled. <input type="checkbox"/> 4. Discussion and resolutions are implemented. (Problems not solved to be brought forward in the next meeting until resolved.) <input type="checkbox"/>			
		Facility Comments:			
25.1.1.4		The Chief Medical Assistant is involved in the planning, justification and management of the budget and resource utilisation of the services.			
	EVIDENCE OF COMPLIANCE	1. Minutes of Facility-wide management meeting <input type="checkbox"/> 2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc.) <input type="checkbox"/> 3. Approved budget and resources <input type="checkbox"/>			
		Facility Comments:			

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25.1.1.5	The Chief Medical Assistant is involved in the assignment of staff.																		
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25.1.1.6	All statistics and records pertaining to the services of Medical Assistants shall be maintained and used for managing the services and patient care purposes.																		
	<table border="1"> <tr> <td rowspan="7">EVIDENCE OF COMPLIANCE</td> <td>1. Records are available but not limited to following:</td> <td></td> </tr> <tr> <td>a) workload/census for inpatients and outpatients;</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) annual report;</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) incident and near misses reports;</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) staffing number and staff profile;</td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) staff training records;</td> <td><input type="checkbox"/></td> </tr> <tr> <td>f) data on performance improvement activities, including performance indicators.</td> <td><input type="checkbox"/></td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. Records are available but not limited to following:		a) workload/census for inpatients and outpatients;	<input type="checkbox"/>	b) annual report;	<input type="checkbox"/>	c) incident and near misses reports;	<input type="checkbox"/>	d) staffing number and staff profile;	<input type="checkbox"/>	e) staff training records;	<input type="checkbox"/>	f) data on performance improvement activities, including performance indicators.	<input type="checkbox"/>
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25.1.1.7	The Chief Medical Assistant heads the planning, development and evaluation of the services of Medical Assistants and Healthcare Assistants (PPK).																		
	<table border="1"> <tr> <td rowspan="3">EVIDENCE OF COMPLIANCE</td> <td>1. Chief Medical Assistant's involvement in steering a team in planning, development and implementation of new and existing policies, services and facilities.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Job description of Chief Medical Assistant.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Minutes of meetings of steering committee/team.</td> <td><input type="checkbox"/></td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. Chief Medical Assistant's involvement in steering a team in planning, development and implementation of new and existing policies, services and facilities.	<input type="checkbox"/>	2. Job description of Chief Medical Assistant.	<input type="checkbox"/>	3. Minutes of meetings of steering committee/team.	<input type="checkbox"/>								
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25.1.1.8	<p>There is evidence that the services of Medical Assistants are involved in the development and implementation of new technologies.</p> <table border="1"> <tr> <td rowspan="2">EVIDENCE OF COMPLIANCE</td> <td>1. Evidence of involvement of the Medical Assistants on development and implementation of new technologies. <input type="checkbox"/></td> </tr> <tr> <td>2. Minutes of departmental/management meetings. <input type="checkbox"/></td> </tr> </table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Evidence of involvement of the Medical Assistants on development and implementation of new technologies. <input type="checkbox"/>	2. Minutes of departmental/management meetings. <input type="checkbox"/>					
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25.1.1.9	<p>If the Facility provides clinical experience for student Medical Assistants, there should be a comprehensive documented agreement between the Facility and the educational institution detailing the responsibilities of all parties, which shall include:</p> <p>a) time period; b) liability; c) review of terms of contract; d) accountability for clinical practices.</p> <table border="1"> <tr> <td rowspan="4">EVIDENCE OF COMPLIANCE</td> <td>1. Valid Memorandum of Understanding (MOU) or Agreement <input type="checkbox"/></td> </tr> <tr> <td>2. Ratio of Clinical Instructor (CI) and students commensurate with the number of student (1:15) <input type="checkbox"/></td> </tr> <tr> <td>3. Student allocation roster for each discipline <input type="checkbox"/></td> </tr> <tr> <td>4. Standards and Guidelines for Medical Assistant Education Programme. <input type="checkbox"/></td> </tr> </table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Valid Memorandum of Understanding (MOU) or Agreement <input type="checkbox"/>	2. Ratio of Clinical Instructor (CI) and students commensurate with the number of student (1:15) <input type="checkbox"/>	3. Student allocation roster for each discipline <input type="checkbox"/>	4. Standards and Guidelines for Medical Assistant Education Programme. <input type="checkbox"/>			
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SURVEY ITEM & SELF-ASSESSMENT															
TOPIC 25.2	<u>HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT</u>														
STANDARD 25.2.1	<i>The Medical Assistant Services shall be directed by suitably qualified and experienced Chief Medical Assistant, and adequately staffed by Medical Assistants and Healthcare Assistants to achieve the goals and objectives of the services.</i>														
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25.2.1.1	<p>All Medical Assistants shall be individuals qualified in terms of education, training, experience, certification and registration under the Medical Assistants (Registration) Act 1977 to commensurate with the requirements of the various positions.</p> <table border="1"> <tr> <td rowspan="5">EVIDENCE OF COMPLIANCE</td> <td>1. Records of credentials of Chief Medical Assistant, all Medical Assistants and Healthcare Assistants required to fill up the posts within the services (to match the complexity of the Facility and services), certification/registration and Annual Renewal Certificate [Medical Assistants (Registration) Act 180, 1977].</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Profile of the staff, qualification, experience and overall staffing level.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. List of Medical Assistants with post basic certification in various disciplines.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Training and competency records</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Records on deployment/assignment of Medical Assistants according to experience and specialty training</td> <td><input type="checkbox"/></td> </tr> </table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Records of credentials of Chief Medical Assistant, all Medical Assistants and Healthcare Assistants required to fill up the posts within the services (to match the complexity of the Facility and services), certification/registration and Annual Renewal Certificate [Medical Assistants (Registration) Act 180, 1977].	<input type="checkbox"/>	2. Profile of the staff, qualification, experience and overall staffing level.	<input type="checkbox"/>	3. List of Medical Assistants with post basic certification in various disciplines.	<input type="checkbox"/>	4. Training and competency records	<input type="checkbox"/>	5. Records on deployment/assignment of Medical Assistants according to experience and specialty training	<input type="checkbox"/>			
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25.2.1.2	The Chief Medical Assistant is a member of the Senior Management Team and sits on relevant committees of the Governing Body.														

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	EVIDENCE OF COMPLIANCE	1. Valid appointment letters and Terms of Reference as member of committees stipulated by the Governing Body. <input type="checkbox"/> 2. Minutes of relevant committee meetings <input type="checkbox"/>			
	Facility Comments:				
25.2.1.3		The Chief Medical Assistant shall designate suitably qualified Medical Assistants with delegated responsibilities for delivering of services for each unit.			
	EVIDENCE OF COMPLIANCE	1. Copies of records/duty roster on designated Medical Assistants are assigned to each unit. <input type="checkbox"/> 2. Letters of assignment <input type="checkbox"/> 3. Job description of Senior Medical Assistants <input type="checkbox"/> 4. On-call duty roster of Senior Medical Assistants <input type="checkbox"/>			
	Facility Comments:				
25.2.1.4		Medical Assistants staffing pattern 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 Medical Assistants. c) Contingency plan for staffing (absenteeism, turnover etc.).			
	EVIDENCE OF COMPLIANCE	1. Records on manpower planning and forecast of staffing needs. <input type="checkbox"/> 2. Qualified staff and patient ratio meets the Ministry of Health (MoH) norms. <input type="checkbox"/> 3. Staff credentials and privileges. <input type="checkbox"/>			

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	<p>4. Verification of staffing needs in units as reflected by:</p> <ul style="list-style-type: none"> a) current assigned duty roster; <input type="checkbox"/> b) patient acuity level of care; <input type="checkbox"/> c) skills mix; <input type="checkbox"/> d) written contingency plan for turnover and absenteeism. <input type="checkbox"/> <p>Facility Comments:</p>			
25.2.1.5	<p>There are written and dated specific job descriptions for all Medical Assistants that include:</p> <ul style="list-style-type: none"> a) qualifications, training, experience and certification required for the position; b) lines of authority; c) accountabilities, functions and responsibilities; d) review 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. e) administrative, teaching and clinical functions. <p>EVIDENCE OF COMPLIANCE</p> <ul style="list-style-type: none"> 1. Updated specific job description is available for each staff but not limited to items (a) to (e). <input type="checkbox"/> 2. Job description includes specialisation skills and relevant privileges granted. <input type="checkbox"/> 3. The job description is acknowledged by the staff and signed by the Head of Service/Unit, Chief Medical Assistant and dated. <input type="checkbox"/> <p>Facility Comments:</p>			

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25.2.1.6 CORE	<p>The Chief Medical Assistant shall be responsible for the management, supervision, training and performance appraisal of Healthcare Assistants (PPK). (Not applicable for Sabah and Sarawak)</p> <table border="1"> <tr> <td rowspan="8">EVIDENCE OF COMPLIANCE</td> <td>1. Letters of assignment of Healthcare Assistants</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Job description of Healthcare Assistants according to assigned areas of work.-</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Staff profile of individual Healthcare Assistant and overall staffing level.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Training records and list of Healthcare Assistants with Level 1 and Level 2 Certificate.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Duty roster of Healthcare Assistants in various disciplines.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Written contingency plan for turnover and absenteeism.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. Documented Supervisory Report on Healthcare Assistants.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. Performance appraisal for Healthcare Assistants are completed upon probationary period and as an annual exercise.</td> <td><input type="checkbox"/></td> </tr> </table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Letters of assignment of Healthcare Assistants	<input type="checkbox"/>	2. Job description of Healthcare Assistants according to assigned areas of work.-	<input type="checkbox"/>	3. Staff profile of individual Healthcare Assistant and overall staffing level.	<input type="checkbox"/>	4. Training records and list of Healthcare Assistants with Level 1 and Level 2 Certificate.	<input type="checkbox"/>	5. Duty roster of Healthcare Assistants in various disciplines.	<input type="checkbox"/>	6. Written contingency plan for turnover and absenteeism.	<input type="checkbox"/>	7. Documented Supervisory Report on Healthcare Assistants.	<input type="checkbox"/>	8. Performance appraisal for Healthcare Assistants are completed upon probationary period and as an annual exercise.	<input type="checkbox"/>			
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25.2.1.7 CORE	<p>There is structured orientation programme for all newly appointed Medical Assistants and for those new to specific areas which shall include the followings:</p> <ol style="list-style-type: none"> explanation of the Goals and Objectives, policies and procedures of the Facility, Medical Assistant Services and Healthcare Assistant Services; lines of authority and areas of responsibility; explanation of particular duties and functions; explanation of the methods of assigning specific care and the standards of practice; handover communications; processes for resolving practice dilemmas; information about safety procedures; training in basic/advanced life support techniques; methods of obtaining appropriate resource materials; Annual Renewal Certificate; 																				

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	<p>k) education on Patient and Family Rights; l) education on MSQH standard requirements; m) fire safety and disaster management; n) patient safety; o) staff appraisal procedures for the Medical Assistant Services.</p>								
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25.2.1.8	<p>The Chief Medical Assistant ensures all Medical Assistants and Healthcare Assistants receive evaluation of their performance at the completion of the probationary period and annually.</p>								
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25.2.1.9	<p>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.</p>								
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	4. Training module <input type="checkbox"/>				
	Facility Comments:				
25.2.1.10	There are continuing medical education and Continues Professional Development activities for staff to pursue professional interests and to prepare for current and future changes in practice.				
	EVIDENCE OF COMPLIANCE	1. Training calendar includes in-house/external courses/ workshop/conferences <input type="checkbox"/> 2. Contents of training programme <input type="checkbox"/> 3. Training records on Continuing Medical Education and Continuing Professional Development activities are kept and maintained for each staff. <input type="checkbox"/> 4. Certificate of attendance/degree/post basic training. <input type="checkbox"/>			
	Facility Comments:				
25.2.1.11	Personnel records on training, staff development, leave and others are maintained for every staff. Note: <i>Staff personal record may be kept in Human Resource Department as per Facility policy.</i>				
	EVIDENCE OF COMPLIANCE	1. Staff personal records include: a) staff biodata; <input type="checkbox"/> b) qualification and experience; <input type="checkbox"/> c) evidence of current registration; <input type="checkbox"/> d) training record; <input type="checkbox"/> e) competency record and privileging; <input type="checkbox"/> f) leave record; <input type="checkbox"/>			

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	g)	confidentiality agreement. <input type="checkbox"/>			
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25.2.1.12	In a Facility where Medical Assistant education programmes are conducted, the Chief Medical Assistant shall ensure that there are sufficient skilled clinical instructors with right credentials, experience, certification and privileged to provide clinical guidance and supervision of students.				
	EVIDENCE OF COMPLIANCE	1. Skilled Clinical Medical Assistant Instructors with student ratio are appropriately met (1:15). <input type="checkbox"/> 2. Written evidence that continuous effort has been taken to ensure that sufficient skilled Clinical Instructors are available at all times. <input type="checkbox"/> 3. The Clinical Instructors have the right credentials and are privileged. <input type="checkbox"/> 4. Signed Code of Conduct by Clinical Instructor. <input type="checkbox"/> 5. Minutes of joint meetings between the Chief Medical Assistant and the training college/institution. <input type="checkbox"/>			
	Facility Comments:				

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
25.2.1.13 CORE	<p>The Services of Medical Assistant shall ensure the establishment of a mechanism which includes requirements, methodology and certification for credentialing and privileging for Medical Assistants in specialised areas for specific procedures. The mechanism taken by the Medical Assistants shall adhere to the following:</p> <ul style="list-style-type: none"> a) the written policies and procedures documents the criteria for privileging; b) the decisions made are objective, fair and impartial and consistent with written policies, procedures and criteria; c) the granting of privileges for a specified period of time; d) the allocation of privileges in such a way that each staff functions within a specified area of competence; e) the granting of privileges is approved by the Credentialing and Privileging Committee and certified by the Person In Charge (PIC)/Governing Body. 			
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">EVIDENCE OF COMPLIANCE</p> <ul style="list-style-type: none"> 1. Documented policies and procedures are established to govern the credentialing and privileging processes for Medical Assistants which are not limited to item (a) to (e). <input type="checkbox"/> 2. There is a systematic validation process for each individual staff member of their credentials. <input type="checkbox"/> 3. Skill competency is assessed regularly. <input type="checkbox"/> 4. Formal letters of assignment or certificate of privileging with stipulated timeline are issued and reviewed accordingly. <input type="checkbox"/> 			
	<p>Facility Comments:</p>			

SURVEY ITEM & SELF-ASSESSMENT				
TOPIC 25.3:	<u>POLICIES AND PROCEDURES</u>			
STANDARD 25.3.1	<i>There are written and dated policies and procedures for all services provided by Medical Assistants and Healthcare Assistants. These policies and procedures reflect current standards of services and practice, relevant regulations, statutory requirements and the purposes of the services.</i>			
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
25.3.1.1 CORE	<p>There are written policies and procedures for services provided by Medical Assistants and Healthcare Assistants which are consistent with the overall policies of the Facility, regulatory requirements and current standard practices which include:</p> <ul style="list-style-type: none"> a) policies and procedures, applicable laws and regulations that guide the medical care of all patients; b) policies and procedures that guide the care of high risk patients and high risk services: <ul style="list-style-type: none"> i) Pre Hospital Care; ii) Disaster/Mass Casualty Management; iii) emergency patients; iv) use of resuscitation services; v) administration of blood and blood products; vi) patients on life support/comatose; vii) patients with communicable disease; viii) immune-compromised patients; ix) patients on dialysis; x) care of patients on restraints/violence; xi) high risk medications (Radio-iodine Oncology); xii) substance abuse (Methadone Clinic); xiii) medico legal cases; xiv) forensic services; xv) community psychiatry. 			

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS					
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING				
	<p>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.</p>							
	<table border="1"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">EVIDENCE OF COMPLIANCE</td> <td> <ol style="list-style-type: none"> 1. Documented Policies and Procedures, Protocols, Manuals and Guidelines are available to guide Medical Assistants for: <ol style="list-style-type: none"> i. general care of all patients; <input type="checkbox"/> ii. high risk patients as those mentioned in but not limited to (b). <input type="checkbox"/> 2. Policies and procedures are consistent with the regulatory requirements and current standard practices. <input type="checkbox"/> 3. Evidence of periodic review of policies and procedures. <input type="checkbox"/> 4. The policies and procedures are endorsed and dated. <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">Facility Comments:</td> </tr> </table>	EVIDENCE OF COMPLIANCE	<ol style="list-style-type: none"> 1. Documented Policies and Procedures, Protocols, Manuals and Guidelines are available to guide Medical Assistants for: <ol style="list-style-type: none"> i. general care of all patients; <input type="checkbox"/> ii. high risk patients as those mentioned in but not limited to (b). <input type="checkbox"/> 2. Policies and procedures are consistent with the regulatory requirements and current standard practices. <input type="checkbox"/> 3. Evidence of periodic review of policies and procedures. <input type="checkbox"/> 4. The policies and procedures are endorsed and dated. <input type="checkbox"/> 	Facility Comments:				
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Facility Comments:								
25.3.1.2	<p>Policies and procedures are developed by a committee in collaboration with staff, medical practitioners, nursing staff, Management and where required with other external service providers and with reference to relevant sources involved.</p> <p>Cross departmental collaboration is practiced in developing relevant policies and procedures where applicable.</p>							
	<table border="1"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">EVIDENCE OF COMPLIANCE</td> <td> <ol style="list-style-type: none"> 1. Minutes of committee meetings on development and revision on policies and procedures. <input type="checkbox"/> 2. Minutes of meeting with evidence of cross reference with other departments <input type="checkbox"/> 3. Cross departmental policies and procedures, e.g. Inter-Hospital Transfer in which a policy is developed, e.g. between Ambulance and Transport Services (CMA), Portage Services. <input type="checkbox"/> </td> </tr> </table>	EVIDENCE OF COMPLIANCE	<ol style="list-style-type: none"> 1. Minutes of committee meetings on development and revision on policies and procedures. <input type="checkbox"/> 2. Minutes of meeting with evidence of cross reference with other departments <input type="checkbox"/> 3. Cross departmental policies and procedures, e.g. Inter-Hospital Transfer in which a policy is developed, e.g. between Ambulance and Transport Services (CMA), Portage Services. <input type="checkbox"/> 					
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	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
	Facility Comments:					
25.3.1.3	<p>Current policies and procedures are communicated to all staff of the Medical Assistant Services.</p> <table border="1"> <tr> <td style="background-color: #d9ead3;">EVIDENCE OF COMPLIANCE</td> <td> 1. Training and briefing on the current policies and procedures/Minutes of meetings. <input type="checkbox"/> 2. Circulation list and acknowledgement. <input type="checkbox"/> </td> </tr> </table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Training and briefing on the current policies and procedures/Minutes of meetings. <input type="checkbox"/> 2. Circulation list and acknowledgement. <input type="checkbox"/>			
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25.3.1.4 CORE	<p>There is evidence of compliance with policies and procedures.</p> <table border="1"> <tr> <td style="background-color: #d9ead3;">EVIDENCE OF COMPLIANCE</td> <td> 1. Compliance with policies and procedures through: <ul style="list-style-type: none"> a) interview of staff on practices; <input type="checkbox"/> b) verify with observation of practices; <input type="checkbox"/> c) results on audit on practices; <input type="checkbox"/> d) practices in line with established policies and procedures. <input type="checkbox"/> </td> </tr> </table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Compliance with policies and procedures through: <ul style="list-style-type: none"> a) interview of staff on practices; <input type="checkbox"/> b) verify with observation of practices; <input type="checkbox"/> c) results on audit on practices; <input type="checkbox"/> d) practices in line with established policies and procedures. <input type="checkbox"/> 			
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25.3.1.5	<p>Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff of Medical Assistant Services.</p> <table border="1"> <tr> <td style="background-color: #d9ead3;">EVIDENCE OF COMPLIANCE</td> <td> 1. Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site/workstation for staff reference. <input type="checkbox"/> </td> </tr> </table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site/workstation for staff reference. <input type="checkbox"/>			
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	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS							
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING						
25.3.1.6	<p>The Chief Medical Assistant is responsible for the organisation, documentation and implementation of policies and procedures for the Medical Assistant Services.</p> <table border="1"> <tr> <td style="background-color: #d9ead3;">EVIDENCE OF COMPLIANCE</td> <td> 1. Policies and procedures for the Medical Assistant Services are endorsed by the Chief Medical Assistant. <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="background-color: #fce4d6;">Facility Comments:</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	EVIDENCE OF COMPLIANCE	1. Policies and procedures for the Medical Assistant Services are endorsed by the Chief Medical Assistant. <input type="checkbox"/>	Facility Comments:						
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Facility Comments:										
25.3.1.7	<p>The Medical Assistants participate in planning, decision making and formulation of policies of the Facility.</p> <table border="1"> <tr> <td style="background-color: #d9ead3;">EVIDENCE OF COMPLIANCE</td> <td> 1. List of committees where the Chief Medical Assistant is involved. <input type="checkbox"/> 2. Minutes of Management meetings <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="background-color: #fce4d6;">Facility Comments:</td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	EVIDENCE OF COMPLIANCE	1. List of committees where the Chief Medical Assistant is involved. <input type="checkbox"/> 2. Minutes of Management meetings <input type="checkbox"/>	Facility Comments:						
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Facility Comments:										
25.3.1.8 CORE	<p>Medical Assistants practice is in accordance with nationally accepted standards based on current evidences:</p> <ul style="list-style-type: none"> a) initial assessment of patients and immediate intervention deemed necessary where relevant, i.e. triaging of patients for emergency services, pre-hospital care and dialysis patients; b) administering treatment and performing procedures as ordered by the medical practitioners; c) reviewing and reporting changes in the progress of the patient where relevant; d) completing the planned management with proper documentation; e) planning follow up that reflects continuity of care where required; f) patient education which shall be documented, e.g. Outpatient Clinic, Orthopedics, Dermatology and Eye Clinics; Haemodialysis and Asthma patients. 									

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	EVIDENCE OF COMPLIANCE	1. Evidence of implementation and documentation of practices (a) to (f); signed/stamped and dated, e.g. patient's medical records. <input type="checkbox"/>			
		2. Compliance to relevant National Patient Safety Goals. <input type="checkbox"/>			
	Facility Comments:				

SURVEY ITEM & SELF-ASSESSMENT																	
TOPIC 25.4:	<u>FACILITIES AND EQUIPMENT</u>																
STANDARD 25.4.1	<i>There are adequate and appropriate facilities and equipment for providing safe and efficient medical assistants' services according to standards set by the relevant authorities and regulatory requirements.</i>																
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS														
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING													
25.4.1.1	There are adequate and appropriate facilities and equipment with proper utilisation of space to allow the Medical Assistants to carry out their services safely and efficiently.																
	<table border="1"> <tr> <td rowspan="5">EVIDENCE OF COMPLIANCE</td> <td>1. Adequate and proper utilisation of space.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Appropriate type of equipment to match the complexity of the Medical Assistant Services.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Adequate facilities and equipment for Medical Assistants at each assigned patient care area for safe care. (e.g. defibrillators, emergency cart, hand washing facilities etc.)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Easy access and clear exit routes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Absence of overcrowding</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Facility Comments:</td> </tr> </table>	EVIDENCE OF COMPLIANCE	1. Adequate and proper utilisation of space.	<input type="checkbox"/>	2. Appropriate type of equipment to match the complexity of the Medical Assistant Services.	<input type="checkbox"/>	3. Adequate facilities and equipment for Medical Assistants at each assigned patient care area for safe care. (e.g. defibrillators, emergency cart, hand washing facilities etc.)	<input type="checkbox"/>	4. Easy access and clear exit routes	<input type="checkbox"/>	5. Absence of overcrowding	<input type="checkbox"/>	Facility Comments:				
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	5. Absence of overcrowding	<input type="checkbox"/>															
Facility Comments:																	
25.4.1.2	Medical Assistants are provided with sufficient supplies and equipment at all times, including appropriate personal protective equipment.																
	<table border="1"> <tr> <td rowspan="5">EVIDENCE OF COMPLIANCE</td> <td>1. Adequate equipment and supplies.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Equipment are replaced in a planned and systematic manner.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Stock inventory including personal protective equipment are according to par level.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Accessibility of critical equipment and consumables at all times.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Equipment has valid Planned Preventive Maintenance (PPM)</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Facility Comments:</td> </tr> </table>	EVIDENCE OF COMPLIANCE	1. Adequate equipment and supplies.	<input type="checkbox"/>	2. Equipment are replaced in a planned and systematic manner.	<input type="checkbox"/>	3. Stock inventory including personal protective equipment are according to par level.	<input type="checkbox"/>	4. Accessibility of critical equipment and consumables at all times.	<input type="checkbox"/>	5. Equipment has valid Planned Preventive Maintenance (PPM)	<input type="checkbox"/>	Facility Comments:				
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	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
25.4.1.3	Facilities which provide training shall have specific areas for training and rooms for tutorial.					
	<table border="1"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">EVIDENCE OF COMPLIANCE</td> <td>1. Availability of training/tutorial areas/rooms. <input type="checkbox"/></td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. Availability of training/tutorial areas/rooms. <input type="checkbox"/>
	EVIDENCE OF COMPLIANCE				1. Availability of training/tutorial areas/rooms. <input type="checkbox"/>	
Facility Comments:						

SURVEY ITEM & SELF-ASSESSMENT							
TOPIC <u>25.5:</u>	<u>SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES</u>						
STANDARD <u>25.5.1</u>	<i>The Chief Medical Assistant shall ensure the provision of quality performance and safety of patients with the staff involvement in continuous safety and performance improvement activities of the Medical Assistant Services.</i>						
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS				
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING			
25.5.1.1	<p>There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance. The process includes:</p> <ul style="list-style-type: none"> 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 <p>Innovation is advocated.</p>						
	<table border="1"> <tr> <td style="text-align: center; vertical-align: middle;">EVIDENCE OF COMPLIANCE</td> <td> <ul style="list-style-type: none"> 1. Planned performance improvement activities include (a) to (f) <input type="checkbox"/> 2. Records on performance improvement activities. <input type="checkbox"/> 3. Minutes of performance improvement meetings. <input type="checkbox"/> 4. Performance improvement studies. <input type="checkbox"/> 5. Records of innovation if available. <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">Facility Comments:</td> </tr> </table>	EVIDENCE OF COMPLIANCE	<ul style="list-style-type: none"> 1. Planned performance improvement activities include (a) to (f) <input type="checkbox"/> 2. Records on performance improvement activities. <input type="checkbox"/> 3. Minutes of performance improvement meetings. <input type="checkbox"/> 4. Performance improvement studies. <input type="checkbox"/> 5. Records of innovation if available. <input type="checkbox"/> 	Facility Comments:			
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Facility Comments:							
25.5.1.2	The Chief Medical Assistant has assigned the responsibilities for planning, monitoring and managing safety and performance improvement activities to appropriate individual/personnel within the respective services.						

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	EVIDENCE OF COMPLIANCE	1. Minutes of meetings <input type="checkbox"/> 2. Letter of assignment of responsibilities <input type="checkbox"/> 3. Job description <input type="checkbox"/>			
	Facility Comments:				
25.5.1.3 CORE	The Chief Medical Assistant shall ensure that the staff are trained and complete incident reports (where applicable) which are promptly reported, investigated, discussed 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.				
	EVIDENCE OF COMPLIANCE	1. System for incident reporting is in place, which include: <ul style="list-style-type: none"> a) Training of staff <input type="checkbox"/> b) Policy on incident reporting <input type="checkbox"/> c) Methodology of incident reporting <input type="checkbox"/> d) Register/records of incidents <input type="checkbox"/> 2. Completed incident reports <input type="checkbox"/> 3. Root Cause Analysis <input type="checkbox"/> 4. Corrective and preventive action plans <input type="checkbox"/> 5. Remedial measure <input type="checkbox"/> 6. Minutes of meetings <input type="checkbox"/> 7. Acknowledgment by Chief Assistant Medical Officer and PIC/Hospital Director <input type="checkbox"/> 8. Feedback given to staff regarding incident reporting. <input type="checkbox"/>			
	Facility Comments:				

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS				
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING			
25.5.1.4 CORE	<p>The Medical Assistant Services shall conduct tracking and trending of the following specific performance indicators:</p> <ul style="list-style-type: none"> i. Number of fire drill that has been carried out by the hospital in the corresponding year: <ul style="list-style-type: none"> a. Fire Drill at hospital level: Once a year b. Tabletop Exercise at hospital level: Twice a year (Once in 6 month) ii. Dispatch and Ambulance Preparedness of Primary Responses (Target: ≥90%) iii. Percentage of Medical Assistants in Emergency Services trained in Advanced Life Support (ALS) (Target: Non-specialist hospital: ≥30% Specialist hospital: ≥50%) iv. Percentage of Medical Assistants with post basic qualification and advance training in relevant disciplines. Target: ≥ 50% (for staff with at least 3 years working experience) v. Peak Flow Rate (PEFR) Implementation for Asthma Patients in Asthma Bay by Medical Assistant (Target: >80% number of all asthma patients with Pre and Post PEFR treated in Asthma Bay) 						
	<table border="1"> <tr> <td style="background-color: #d9ead3;">EVIDENCE OF COMPLIANCE</td> <td> <ul style="list-style-type: none"> 1. Specific performance indicators monitored. <input type="checkbox"/> 2. Reports on Fire Drill and Table Top Exercise <input type="checkbox"/> 3. Remedial measures taken where appropriate <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="background-color: #fce4d6;">Facility Comments:</td> </tr> </table>	EVIDENCE OF COMPLIANCE	<ul style="list-style-type: none"> 1. Specific performance indicators monitored. <input type="checkbox"/> 2. Reports on Fire Drill and Table Top Exercise <input type="checkbox"/> 3. Remedial measures taken where appropriate <input type="checkbox"/> 	Facility Comments:			
EVIDENCE OF COMPLIANCE	<ul style="list-style-type: none"> 1. Specific performance indicators monitored. <input type="checkbox"/> 2. Reports on Fire Drill and Table Top Exercise <input type="checkbox"/> 3. Remedial measures taken where appropriate <input type="checkbox"/> 						
Facility Comments:							
25.5.1.5	Feedback on results of safety and performance improvement activities are regularly communicated to the staff.						

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
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	EVIDENCE OF COMPLIANCE	1. Results on safety and performance improvement activities are accessible to staff. <input type="checkbox"/> 2. Evidence of feedback via communication on results of performance improvement activities through continuing medical education activities /meetings. <input type="checkbox"/> 3. Minutes of service/unit/committee meetings <input type="checkbox"/>			
	Facility Comments:				
25.5.1.6		Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.			
	EVIDENCE OF COMPLIANCE	1. Documentations on performance improvement activities and performance indicators. <input type="checkbox"/> 2. Policy statement on anonymity on patients and providers involved in performance improvement activities <input type="checkbox"/>			
	Facility Comments:				

SURVEY ITEM & SELF-ASSESSMENT	
<p>TOPIC <u>25.6:</u></p>	<p><u>SPECIAL REQUIREMENTS</u></p> <p><i>Medical Assistants play roles of specially trained healthcare staff providing a high standard of care for inpatients (where relevant) and ambulatory care to the community in specific clinical disciplines. Medical Assistants also coordinate with other services to provide support for the Environmental and Safety Services of the Facility. The most common areas that Medical Assistants are involved include the following:</i></p> <ol style="list-style-type: none"> 1. <i>Role in Environmental and Safety Services</i> 2. <i>Role as Fire Safety Officer</i> 3. <i>Role in External / Internal Disaster Management</i> 4. <i>Role in Clinical Supervision</i> 5. <i>Roles in Specific Clinical Services</i>
<p>STANDARD <u>25.6.1</u></p>	<p><u>Role in Environmental and Safety Services</u></p> <p><i>The Chief Medical Assistant shall assign designated Medical Assistant to oversee the activities related to Environmental and Safety Services, working in collaboration with the Head of Environmental and Safety Services and coordinated by appropriate Committees as to provide optimum support to the objectives of the Facility in terms of the safety needs of the Facility, patients, staff and visitors.</i></p>

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
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25.6.1.1	<p>The role of assigned Medical Assistant shall address but not limited to the following:</p> <ol style="list-style-type: none"> a) Occupational Safety and Health b) Fire Safety c) Disaster Management <ol style="list-style-type: none"> i) External Disaster ii) Internal Disaster d) Hazardous Material and Recyclable Waste Management e) Security Services f) Vector and Pest Control <p><i>*(a), (e) & (f) where applicable</i></p>			

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
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	EVIDENCE OF COMPLIANCE	1. Operational policies of the Environmental and Safety Services address activities (a) to (f). <input type="checkbox"/> 2. Terms of reference on the role and responsibilities of assigned Medical Assistant to address activities (a) to (f). <input type="checkbox"/>			
	Facility Comments:				
25.6.1.2		There is clear evidence of coordination and cooperation amongst the various Medical Assistants pertaining to Environmental and Safety Services. Records on the coordination meetings and discussions shall be kept and made accessible to relevant staff when required.			
	EVIDENCE OF COMPLIANCE	1. Minutes of meetings of the coordination meetings. <input type="checkbox"/>			
	Facility Comments:				
25.6.1.3 CORE		The assigned Medical Assistant to the Environmental and Safety Services are appropriately qualified, trained, experienced and/or certified where required.			
	EVIDENCE OF COMPLIANCE	1. Attendance to relevant training. <input type="checkbox"/> 2. Staff training records <input type="checkbox"/>			
	Facility Comments:				

SURVEY ITEM & SELF-ASSESSMENT					
STANDARD	Role as Fire Safety Officer				
25.6.2	The Person In Charge (PIC) of the Facility shall ensure the appointment of the Chief Medical Assistant to the Facility's Fire Safety Committee and as the designated Fire Safety Officer for the Facility as per Circular from Director General of Health Services Malaysia [KKM.600.27/14/39 JLD 2(55)]				
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
25.6.2.1 CORE	The Chief Medical Assistant shall be assigned as a permanent member to the Facility's Fire Safety Committee and as the Fire Safety Officer for the Facility.				
	EVIDENCE OF COMPLIANCE	1. Letter of assignment of Chief Medical Assistant as member of Fire Safety Committee and Fire Safety Officer with Terms of Reference. <input type="checkbox"/> 2. Appropriate training and experience as Fire Safety Officer. <input type="checkbox"/>			
	Facility Comments:				
25.6.2.2 CORE	The Chief Medical Assistant who is the Fire Safety Officer shall prepare, implement and review the Fire Prevention and Surveillance Plan.				
	EVIDENCE OF COMPLIANCE	1. Fire Prevention and Surveillance Plans that have been endorsed and dated by the Person In Charge (PIC). <input type="checkbox"/>			
	Facility Comments:				
25.6.2.3	The Chief Medical Assistant who is the Fire Safety Officer shall organise and implement training for fire safety coordinators, firefighting and rescue team members and other personnel involved.				

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	EVIDENCE OF COMPLIANCE	1. Fire Safety training schedules <input type="checkbox"/> 2. Certification/list of attendance <input type="checkbox"/>			
	Facility Comments:				
25.6.2.4	Fire drills are conducted at least once a year based on the fire prevention and control plan.				
	EVIDENCE OF COMPLIANCE	1. Reports on fire drills <input type="checkbox"/> 2. Identifying shortfalls <input type="checkbox"/> 3. Minutes of meetings of pre and post drills <input type="checkbox"/> 4. Remedial actions planned and implemented. <input type="checkbox"/>			
	Facility Comments:				
25.6.2.5	The Fire Safety Officer shall coordinate manpower to help in rescuing and evacuation of victims and equipment to a safer area.				
	EVIDENCE OF COMPLIANCE	1. List of identified personnel for the purpose. <input type="checkbox"/> 2. Evidence of appropriate training to the selected personnel. <input type="checkbox"/>			
	Facility Comments:				
25.6.2.6 CORE	The Fire Safety Officer shall conduct Fire Audit in the wards/units regularly.				
	EVIDENCE OF COMPLIANCE	1. Audit Schedules <input type="checkbox"/> 2. List of Auditors <input type="checkbox"/> 3. Reports of audits <input type="checkbox"/>			
	Facility Comments:				

SURVEY ITEM & SELF-ASSESSMENT	
STANDARD 25.6.3	<p>Role in External / Internal Disaster Management <i>The Chief Medical Assistant plays a critical role in emergency preparedness and shall be assigned to oversee the activities related to External and Internal Disaster Management, working in collaboration with the Head of Services within the Facility and other relevant agencies. He shall coordinate appropriate Committees as to provide optimum support to the objectives of the Facility in terms of Reduce Damages and Deaths, Reduce Personal Suffering, Speed Recovery and Protect Victims in the event of a disaster.</i></p>

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
25.6.3.1	The Person In Charge (PIC) of the Facility shall ensure the assignment of the Chief Medical Assistant as the secretary of the External/Internal Disaster Management Committee (where applicable).					
	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #D9EAD3; width: 10%; text-align: center;">EVIDENCE OF COMPLIANCE</td> <td style="background-color: #D9EAD3;"> 1. Valid appointment letters and Terms of Reference as member of committees stipulated by the Governing Body. <input type="checkbox"/> 2. Minutes of relevant committee meetings <input type="checkbox"/> </td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. Valid appointment letters and Terms of Reference as member of committees stipulated by the Governing Body. <input type="checkbox"/> 2. Minutes of relevant committee meetings <input type="checkbox"/>
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Facility Comments:						
25.6.3.2 CORE	The Chief Medical Assistant shall coordinate in the preparation, implementation and review of the External/Internal Disaster Management Policy.					
	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #D9EAD3; width: 10%; text-align: center;">EVIDENCE OF COMPLIANCE</td> <td style="background-color: #D9EAD3;"> 1. The Internal/External Disaster Management Plans that has been endorsed and dated by the Person In Charge (PIC). <input type="checkbox"/> </td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. The Internal/External Disaster Management Plans that has been endorsed and dated by the Person In Charge (PIC). <input type="checkbox"/>
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Facility Comments:						

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
25.6.3.3	The Chief Medical Assistant shall organise and implement training for internal/external disaster management teams.					
	<table border="1"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">EVIDENCE OF COMPLIANCE</td> <td> 1. Internal/External Disaster Management Training schedules <input type="checkbox"/> 2. Certification/list of attendance <input type="checkbox"/> </td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. Internal/External Disaster Management Training schedules <input type="checkbox"/> 2. Certification/list of attendance <input type="checkbox"/>
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Facility Comments:						
25.6.3.4	Internal / External Disaster drills are conducted at least once a year.					
	<table border="1"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">EVIDENCE OF COMPLIANCE</td> <td> 1. Reports on disaster drills <input type="checkbox"/> 2. Identifying shortfalls <input type="checkbox"/> 3. Minutes of meetings of pre and post drills <input type="checkbox"/> 4. Remedial actions planned and implemented. <input type="checkbox"/> </td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. Reports on disaster drills <input type="checkbox"/> 2. Identifying shortfalls <input type="checkbox"/> 3. Minutes of meetings of pre and post drills <input type="checkbox"/> 4. Remedial actions planned and implemented. <input type="checkbox"/>
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Facility Comments:						
25.6.3.5 CORE	The Chief Medical Assistant shall coordinate manpower to help in rescuing and evacuation of victims and equipment to a safer area.					
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Facility Comments:						

SURVEY ITEM & SELF-ASSESSMENT	
<p>STANDARD 25.6.4</p>	<p><u>Role in Clinical Supervision</u></p> <p><i>The Chief Medical Assistant shall ensure clinical supervision is carried out as part of best practice to facilitate and develop the knowledge and competence of individual practitioners in order to provide high quality care and safety among patients, public, staff and service users. Supervision’s objectives are “normative” (e.g. quality control), “restorative” (e.g. encourage emotional processing) and “formative” (e.g. maintaining and facilitating supervisees’ competence, capability and general effectiveness).</i></p> <p><i>Reference:</i> <i>Milne (2007) defined clinical supervision as: "The formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops and evaluates the work of colleague/s. The main methods that supervisors use are corrective feedback on the supervisee’s performance, teaching and collaborative goal-setting. It therefore differs from related activities, such as mentoring and coaching, by incorporating an evaluative component.</i></p>

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
<p>25.6.4.1 CORE</p>	<p>The Chief Medical Assistant shall carry out clinical supervision rounds periodically in an appropriate time frame to facilitate and develop the knowledge and competence of individual practitioners in order to provide high quality care and safety among patients, public, staff and service users.</p>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e0f2f7; width: 10%; text-align: center; vertical-align: middle;">EVIDENCE OF COMPLIANCE</td> <td style="padding: 5px;"> 1. An approved supervisory schedule/roster for a year <input type="checkbox"/> 2. Records/reports on supervision in clinical areas <input type="checkbox"/> 3. Evidence of review on records/reports on supervision in clinical areas by management. <input type="checkbox"/> </td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. An approved supervisory schedule/roster for a year <input type="checkbox"/> 2. Records/reports on supervision in clinical areas <input type="checkbox"/> 3. Evidence of review on records/reports on supervision in clinical areas by management. <input type="checkbox"/>
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Facility Comments:						
<p>25.6.4.2</p>	<p>The Chief Medical Assistant shall ensure that the clinical practice of the Medical Assistants is according to the standard operating procedures.</p>					

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
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	EVIDENCE OF COMPLIANCE	1. Standard operating procedures and guidelines relevant to the clinical practice <input type="checkbox"/>			
		2. Evidence of adherence to the standard operating procedures. <input type="checkbox"/>			
		3. Records of non-adherence and the remedial actions. <input type="checkbox"/>			
	Facility Comments:				

SURVEY ITEM & SELF-ASSESSMENT

STANDARD
25.6.5**Roles in Specific Clinical Services**

The Medical Assistant Services shall also coordinate with other services such as clinical services, nursing services or independently in the Facility to provide a high standard of inpatient care (where relevant) and ambulatory/outpatient services covering appropriateness of clinical care in the following specific disciplines:

1. *Emergency & Trauma Services and Pre Hospital Care*
2. *Haemodialysis Services*
3. *Community Psychiatry Services*
4. *Hospital Psychiatry Services*
5. *Intensive Care Services and Hemodynamic Services*
6. *Orthopaedic Services*
7. *Ophthalmology Services*
8. *Otorhinolaryngology Services*
9. *Peri-Anaesthesia and Anaesthetic Services (Sabah & Sarawak)*
10. *Forensic/Mortuary Services*
11. *Invasive and Non-Invasive Cardiac Laboratory*
12. *Neurophysiology Services*
13. *Urology Services*
14. *Cardiothoracic Surgery Services*
15. *Neurology Services - Sleep Laboratory*
16. *Hand & Microsurgery Services*
17. *Hepatobiliary Surgery Services*
18. *Plastic Surgery Services*
19. *Dermatology Services*
20. *Rehabilitation Medicine Services*
21. *Oncology Services*
22. *Nuclear Medicine Services*
23. *Respiratory Medicine Services*
24. *Endoscopy Services*

In addition to the above, the Medical Assistant Services also conduct teaching and training, research and audit activities where applicable.

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
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25.6.5.1 CORE	<p>The Chief Medical Assistant shall ensure that appropriately qualified and competent Medical Assistants are deployed as per requirements of the specialised services.</p> <p><u>1. Emergency & Trauma Services and Pre Hospital Care</u></p> <ul style="list-style-type: none"> i) All Medical Assistants shall be trained in Basic Life Support (BLS) within two (2) months after being placed in the Emergency Services ii) All Medical Assistants in the Emergency Services shall continuously participate in Advanced Life Saving and Trauma Programme [Malaysian Trauma Life Support (MTLS)/Advanced Trauma Life Support (ATLS)/Advanced Cardiac Life Support (ACLS)/Pediatric Advanced Life Support (PALS)] or any advanced programme done by Emergency Services within two (2) years after being placed in the Emergency Services. <p><u>2. Haemodialysis Services</u></p> <ul style="list-style-type: none"> i) All Medical Assistants assigned to work in Hemodialysis Unit should undergo at least three (3) months of tagging and shall be trained in Basic Life Support (BLS) within two (2) months after being placed in the Hemodialysis Unit. <p><u>3. Psychiatry Services</u></p> <ul style="list-style-type: none"> i) All Medical Assistants shall attend post basic (Advanced Dip in Mental Health Care) within three (3) years posted to a Psychiatric Unit/Department. Medical Assistants who assist in Electro convulsive therapy (ECT) shall possess a post basic certificate in Peri Anaesthesia/Anaesthesia <p><u>4. Anaesthesia and Intensive Care Services</u></p> <ul style="list-style-type: none"> i) All Medical Assistants shall be trained in Basic Life Support (BLS) within one (1) year after being placed in the Anaesthesia and Intensive Care Services. ii) All Medical Assistants who works more than three (3) years in the Anaesthesia and Intensive Care Services should attend post basic training in Peri-Anaesthesia or Advance Diploma Intensive Care (Technology) or Anaesthesia (Sabah & Sarawak) iii) All Medical Assistants (Intensive Care Technologists, Anaesthetic Assistant and 			

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
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	<p>Technologists) who work more than three (3) years in the Anaesthesia and Intensive Care Services shall be credentialed at the Ministry of Health (MOH) level by National Credentialing Committee.</p> <p>iv) All Medical Assistants shall be privileged at the hospital level after completion of log books (within 6 months – 12 months) after being placed in the Anaesthesia and Intensive Care Services.</p> <p>5. <u>Orthopaedic, Ophthalmology and Otorhinolaryngology Services</u></p> <p>i) All Medical Assistants shall participate in Departmental/State/National level orthopaedic courses or any post basic programme organised by the Ministry of Health.</p> <p>ii) All Medical Assistants shall be trained in Basic Life Support (BLS) within three (3) months after being placed in the Ophthalmology Services especially those who are involved in Fundus photo Angiogram procedures.</p> <p>iii) All Medical Assistants shall attend post basic course in Ophthalmic Nursing within two (2) years of being posted in the Ophthalmology Services</p> <p>6. <u>Neurophysiology/Neurophysiology Services</u></p> <p>i) All Medical Assistants assigned to work in the specialist department should undergo at least three (3) months of tagging and attend a post basic course in Neurophysiology Clinical within three (3) years.</p> <p>7. <u>Cardiothoracic Surgery Services</u></p> <p>i) All Medical Assistants assigned to work in Cardiothoracic Unit should undergo at least three (3) months of tagging and shall be trained in Basic Life Support (BLS) within two (2) months after being placed in the Cardiothoracic Surgery Department/Unit.</p> <p>8. <u>Endoscopy Services</u></p> <p>i) All Medical Assistants shall be trained in Gastrointestinal Endoscopy at least two (2) months after being placed in the Endoscopy Unit.</p> <p>ii) All Medical Assistants assigned to work in an endoscopic unit should undergo</p>			

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS				
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	<p>at least three (3) months of tagging and attend a post basic course in Endoscopy Clinical within three (3) years.</p> <p>iii) All Medical Assistants in the Endoscopy Unit shall continuously participate in any programme organised by the Malaysian Society of Gastrointestinal and Hepatobilliary.</p>						
	<table border="1"> <tr> <td style="background-color: #d9ead3;">EVIDENCE OF COMPLIANCE</td> <td> <ol style="list-style-type: none"> Written policies on the specific requirements for specialised training for Medical Assistants. <input type="checkbox"/> Records of training/tagging log books of Medical Assistants. <input type="checkbox"/> Post Basic Certificates <input type="checkbox"/> Reports of Chief Medical Assistant's supervision of Medical Assistants deployed to specific clinical disciplines. <input type="checkbox"/> Documentation on remedial actions found during the supervision and audit on clinical practice. <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">Facility Comments:</td> </tr> </table>	EVIDENCE OF COMPLIANCE	<ol style="list-style-type: none"> Written policies on the specific requirements for specialised training for Medical Assistants. <input type="checkbox"/> Records of training/tagging log books of Medical Assistants. <input type="checkbox"/> Post Basic Certificates <input type="checkbox"/> Reports of Chief Medical Assistant's supervision of Medical Assistants deployed to specific clinical disciplines. <input type="checkbox"/> Documentation on remedial actions found during the supervision and audit on clinical practice. <input type="checkbox"/> 	Facility Comments:			
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25.6.5.2 CORE	<p><u>Forensic Services/Mortuary Services</u></p> <p>The Chief Medical Assistant shall ensure that Medical Assistants working in the Forensic Services have adequate experience in the services before being allowed to work independently and they are made aware of medico legal implications that may arise in the course of their work.</p> <p>All Medical Assistants assigned to work in the Forensic Services of non-specialist facility should undergo at least two (2) weeks of attachment in a specialist facility.</p>						
	<table border="1"> <tr> <td style="background-color: #d9ead3;">EVIDENCE OF COMPLIANCE</td> <td> <ol style="list-style-type: none"> Records on attachment training in facility with specialist services <input type="checkbox"/> Approval by the relevant authority to confirm that the Medical Assistants allowed to work independently in the Forensic Services of non-specialist facility. <input type="checkbox"/> </td> </tr> <tr> <td colspan="2">Facility Comments:</td> </tr> </table>	EVIDENCE OF COMPLIANCE	<ol style="list-style-type: none"> Records on attachment training in facility with specialist services <input type="checkbox"/> Approval by the relevant authority to confirm that the Medical Assistants allowed to work independently in the Forensic Services of non-specialist facility. <input type="checkbox"/> 	Facility Comments:			
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			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
25.6.5.3	All Medical Assistants in the Forensic Services shall work under supervision for at least three (3) months before being allowed to work independently.					
	<table border="1"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">EVIDENCE OF COMPLIANCE</td> <td> 1. Records of probationary period of all Medical Assistants <input type="checkbox"/> 2. Approval by the relevant authority in allowing the Medical Assistants to work independently. <input type="checkbox"/> </td> </tr> </table>				EVIDENCE OF COMPLIANCE	1. Records of probationary period of all Medical Assistants <input type="checkbox"/> 2. Approval by the relevant authority in allowing the Medical Assistants to work independently. <input type="checkbox"/>
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