

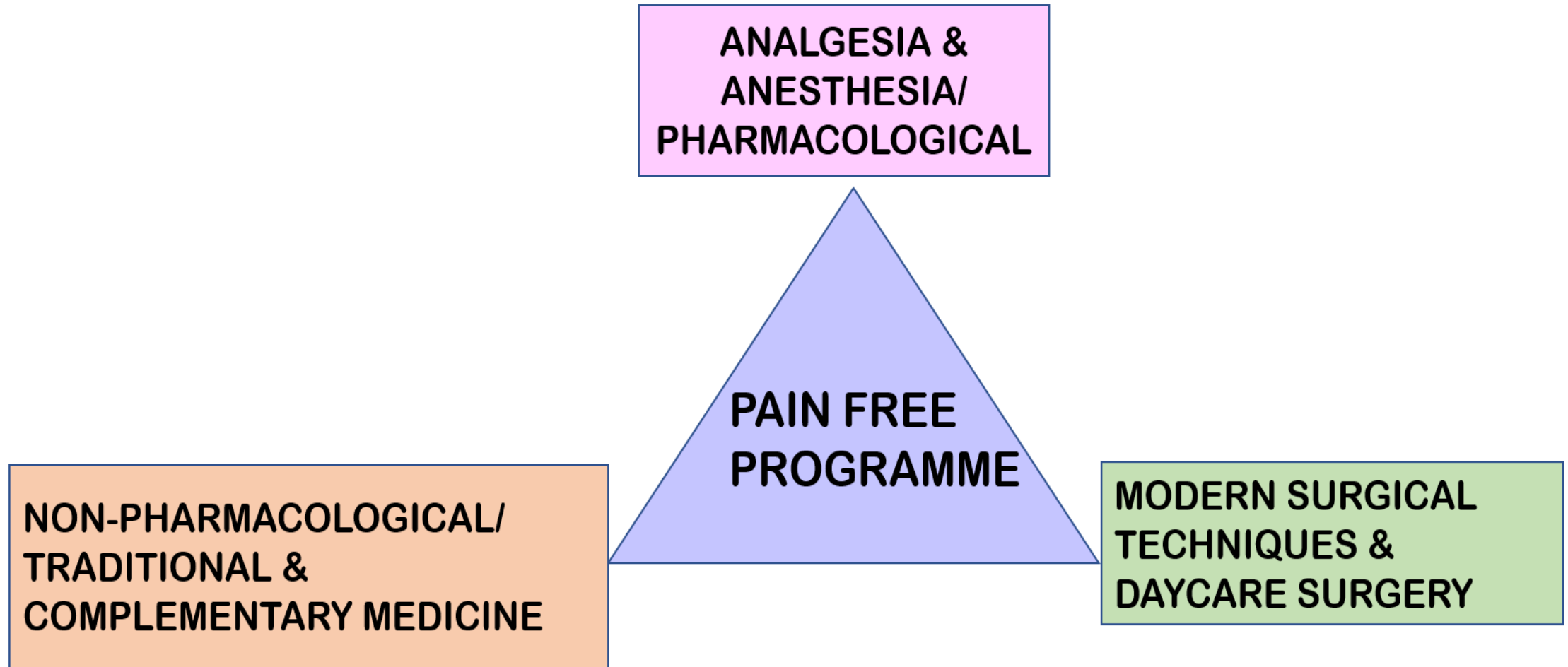


# **PAIN FREE HOSPITAL CONCEPT: HOW TO ACHIEVE**



**PAIN FREE PROGRAMME | KEMENTERIAN KESIHATAN MALAYSIA | UNIT AUDIT KLINIKAL**

# PAIN FREE HOSPITAL CONCEPT



# REQUIREMENTS

## Mandatory:

- ✓ A written policy on pain free program
- ✓ Implement Pain as the 5th Vital Sign
- ✓ Practice standardized treatment protocols for management of acute pain
- ✓ Conduct training for all health care staff on knowledge and skills in pain assessment and management
- ✓ Educate patients and get them actively involved in their own pain management
- ✓ Carry out regular audit of pain assessment and management practices and outcomes
- ✓ Use multi-disciplinary team approach in pain management
- ✓ Incorporate non-pharmacological technique into pain management practices

## Optional:

- ✓ Have a policy and guidelines on Minimally Invasive Surgery
- ✓ Have a policy and guidelines on Day Care Surgery
- ✓ Incorporate T/CM into pain management practices

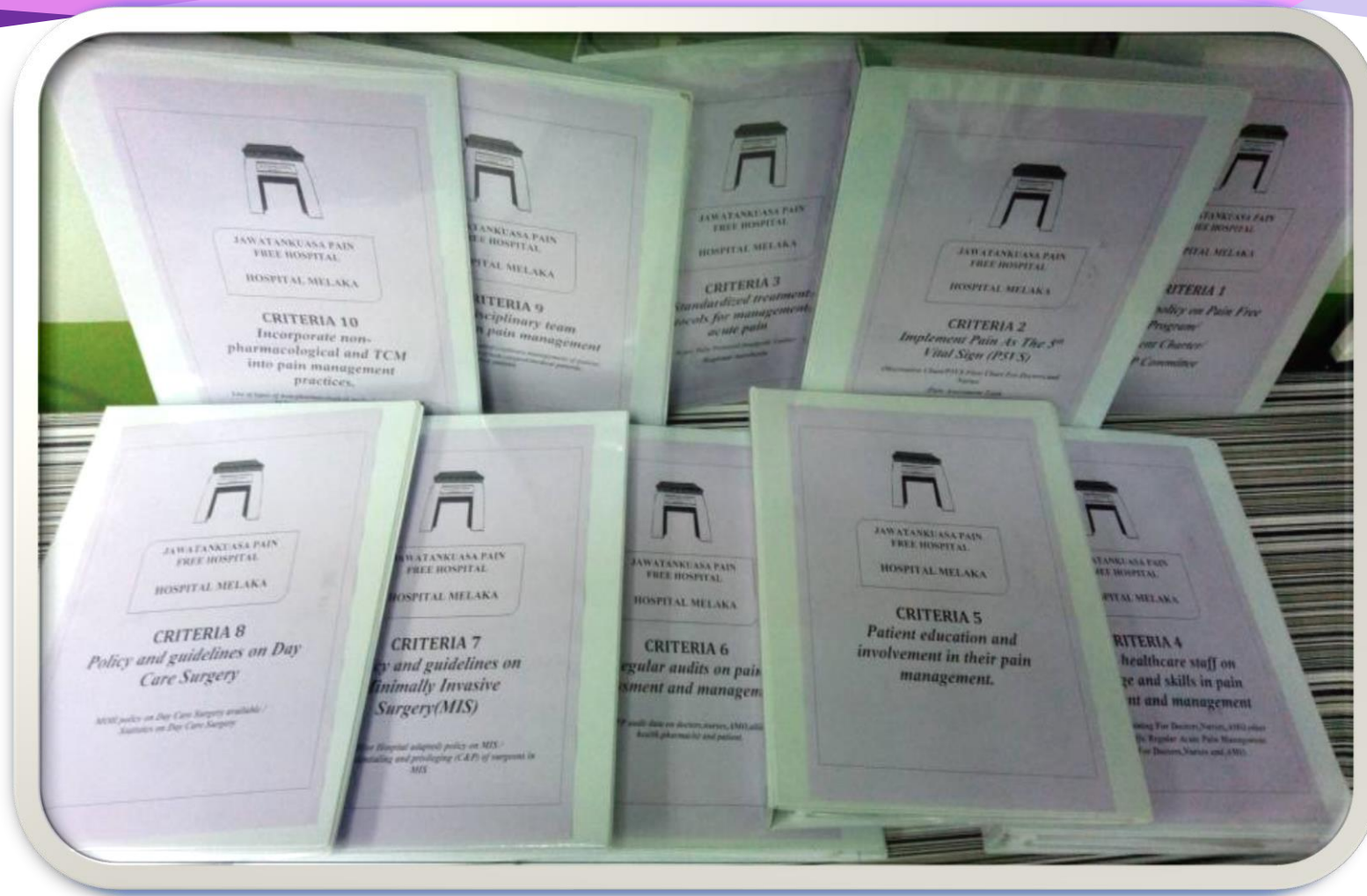
# CRITERIA CHECKLIST FOR PAIN FREE HEALTH CARE FACILITIES ACCREDITATION





# PAIN FREE PROGRAMME MANUAL





# Criteria 1 :

## A written policy on Pain Free Program

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
1.1. PFP Policy incorporated as one of the health care facility's policies (MANDATORY)	An adapted PFP policy is available Hospitals (Quality Unit)	2	Hospital (Quality Unit)  *Hard/softcopy	/2
1.2. Client Charter on Pain management	Must be displayed in patients' contact areas at ETD, clinics, wards.	2  2	<ul style="list-style-type: none"> <li>Availability</li> <li>Appropriateness</li> </ul>	/4



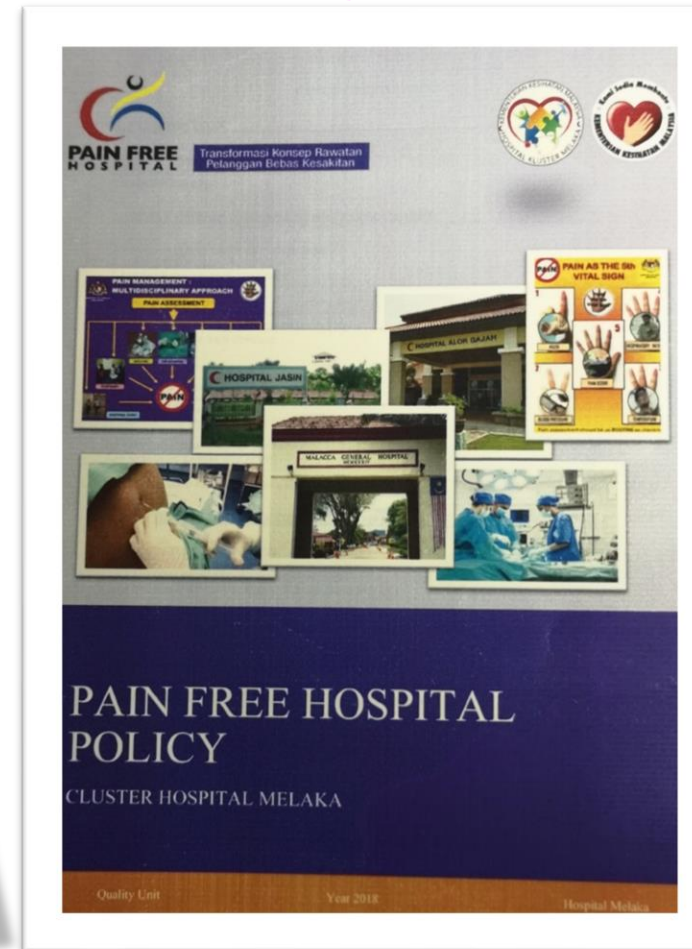
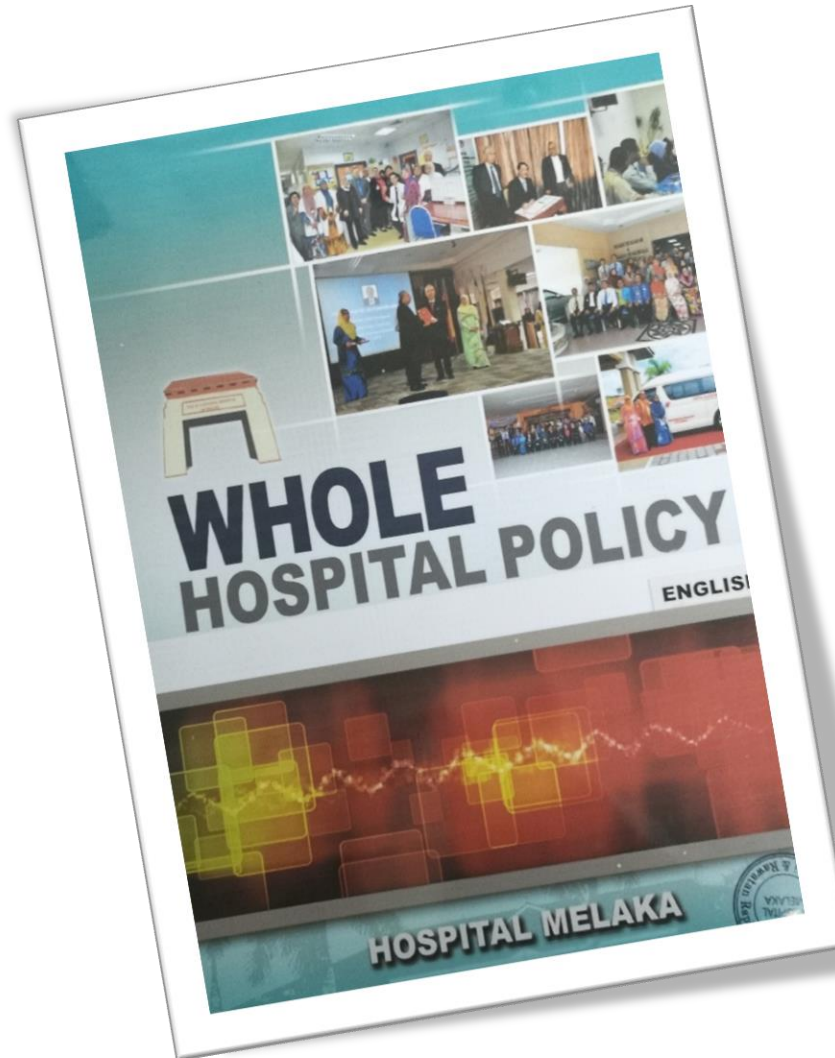
# Criteria 1 : A written policy on Pain Free Program

1.1



# Criteria 1 : A written policy on Pain Free Program

1.1





# Criteria 1 : 1.2

## A Client Charter on Pain Management

1.2

### PATIENT CHARTER

- This health care facility will endeavour to provide you with a pain free experience.
- We pledge to treat pain from all conditions including pain from acute medical conditions, surgery, trauma, cancer and labour.
- Your pain will be given prompt attention and managed within one hour.
- All patients with pain will be assessed and treated by trained professionals; for those with acute pain conditions, we aim to achieve a pain score of less than 4.
- Pain control will be individually tailored using appropriate medications as well as non-pharmacological methods including traditional and complementary medicine.
- Our health care professionals will enquire about your pain and care for your comfort throughout your health care facilities stay.



# Criteria 1 : 1.2

## A Client Charter on Pain Management

### 1.2

#### PIAGAM PELANGGAN

- Fasiliti kesihatan ini akan memastikan anda bebas daripada kesakitan.
- Kami berjanji akan merawat semua keadaan kesakitan termasuk yang berpunca dari penyakit akut perubatan, pembedahan, trauma, kanser dan sakit bersalin.
- Kesakitan anda akan diberi perhatian segera dan dirawat dalam masa satu jam.
- Semua pesakit yang mengalami kesakitan akan dinilai dan dirawat oleh kakitangan profesional terlatih; bagi kesakitan akut, matlamat kami adalah untuk mencapai tahap kesakitan kurang daripada 4.
- Pengurusan kesakitan akan diberi secara individu dengan menggunakan kaedah pemberian ubat dan bukan ubat, termasuk perubatan tradisional dan komplementari.
- Warga profesional kesihatan akan sentiasa memantau tahap kesakitan dan keselesaan anda semasa berada di fasiliti-fasiliti kesihatan

## PIAGAM PELANGGAN

- Hospital ini akan memastikan anda bebas daripada kesakitan.
- Kami berjanji akan merawat semua keadaan kesakitan termasuk yang berpunca dari penyakit akut perubatan, pembedahan, trauma, kanser dan sakit bersalin.
- Kesakitan anda akan diberi perhatian segera dan dirawat dalam masa satu (1) jam.
- Semua pesakit yang mengalami kesakitan akan dinilai dan dirawat oleh kakitangan professional terlatih; bagi kesakitan akut, matlamat kami adalah untuk mencapai tahap kesakitan kurang daripada empat (4).
- Pengurusan kesakitan akan diberi secara individu dengan menggunakan kaedah pemberian ubat dan bukan ubat, termasuk perubatan tradisional dan komplementari.
- Warga kerja kesihatan akan sentiasa memantau tahap kesakitan dan keselesaan anda semasa berada di hospital.

**Criteria 1 :**  
**A written policy on Pain Free Program**

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
<b>1.3</b> PFP committee: <ul style="list-style-type: none"> <li>members from all disciplines (refer KKM. 600-28/2/10 JLD2(43))</li> <li>meetings (twice a year)</li> </ul>	Documented evidence in PFP file: <ul style="list-style-type: none"> <li>List of PFP committee members</li> <li>Minutes of meetings</li> <li>Attendance list</li> </ul>	<p><b>1</b></p> <p><b>1</b></p> <p><b>2</b></p>	<ul style="list-style-type: none"> <li>2 call letter/ year <ul style="list-style-type: none"> <li>Hospital</li> </ul> </li> <li>2 Meeting minutes / Year <ul style="list-style-type: none"> <li>Hospital</li> </ul> </li> <li>Valid appointment letter of current committee <ul style="list-style-type: none"> <li>Hospital</li> </ul> </li> </ul>	<p><b>/4</b></p>
<b>TOTAL ACQUIRED</b>				
<b>TOTAL</b>				<b>10</b>

# PAIN FREE PROGRAMME COMMITTEE MEMBERS

## 1.3

### 1.3 Members of PFH Committee from all disciplines :

- List of PFH committee members
- Minutes of meetings
- Attendance list

#### HOSPITAL WITH SPECIALIST

POSITION	
Advisor	Hospital Director
Chairman	Hospital Deputy Director *(as appointed by Hospital Director)
Deputy Chairman 1	Anaesthesiologist/ Surgeon
Deputy Chairman 2	Surgeon/ Any other specialities
Secretary/ Secretariat	Quality Unit Officer
Members	Anaesthesiologist
	All Surgical Disciplines
	O & G Specialist
	Paediatrician
	Physician
	Emergency Physician
	Specialist from other disciplines
	Matron/ Hospital Supervisor
	Sister/ AMO from selected disciplines
	APS Sister or staff nurses
	Pharmacist
	T&CM practitioner (where applicable)
	Physiotherapist
	Occupational Therapist
	Rehabilitation Physician
	Dental officer
	OPD Medical Officer (if applicable)
	Education officer

#### NON-SPECIALIST HOSPITAL

POSITION	
Chairman	Hospital Director
Deputy Chairman	Medical Officer
Secretary/ Secretariat	Quality Unit Officer
Members	Medical Officer
	Matron/ Hospital Supervisor
	Sister
	Nurses
	Assistant Medical Officer
	Pharmacist
	Physiotherapist
	Occupational Therapist
	OPD Medical Officer (if applicable)
	Education officer



# Criteria 2 :

## Implement Pain as 5th Vital Sign (P5VS)

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
2.1 Pain score charted in the vital signs observation form (electronic or paper)	<p>Patient pain orientation done. Pain scores must be documented as for all other vital signs and at reassessment.</p> <p>*Site of pain indicated in the observation chart/ body chart/ clinical notes</p>	<p>0.5 0.5</p> <p>0.5 0.5</p> <p>1</p>	<p>1. Orientation</p> <ul style="list-style-type: none"> <li>• Documented &amp; signed</li> <li>• Patient aware/ Informed</li> </ul> <p>2. Documentation</p> <ul style="list-style-type: none"> <li>• Site of pain indicated</li> <li>• PS written</li> </ul> <p>3. Reassessment</p> <ul style="list-style-type: none"> <li>• Not required or Required &amp; done</li> </ul>	/3

# Criteria 2 : Implement Pain as 5th Vital Sign (P5VS) Patient Pain Orientation





# Criteria 2 : Implement Pain as 5th Vital Sign (P5VS) Patient Pain Orientation

## 2.1



# Criteria 2 : Implement Pain as 5th Vital Sign (P5VS) Patient Pain Orientation

2.1

**HOSPITAL MELAKA**  
**SENARAI SEMAK ORIENTASI PESAKIT DI WAD**

MSQA/AM/105/23  
Kaharun 03 Pind.04/16

Nama Pesakit : \_\_\_\_\_ Wad : \_\_\_\_\_  
No Pendaftaran : \_\_\_\_\_ No Kati : \_\_\_\_\_

Tandakan (✓) apabila orientasi diberi (NA jika tidak berkaitan)

	Ya	Tidak	NA
<b>1 Keperluan Peribadi</b>			
1.1 Keperluan untuk kebersihan diri ( tuala, body shampoo, berus gigi dan lain-lain yang perlu )			
1.2 Bekas air panas/sejuk, cawan, sudu, garfu dan lain-lain yang perlu			
1.3 Diaper ( jika perlu )			
1.4 Ubat dan preskripsi (jika ada dari hospital, klinik swasta, UIN dan lain-lain)			
1.5 Kad rawatan (jika ada)			
<b>2 Struktur Wad</b>			
2.1 Laluan dan pintu kecemasan			
2.2 Bilik air dan tandas			
2.3 Surau			
<b>3 Waktu Melawat ( bagi special area tertakut kepada polisi hospital)</b>			
• 12.30 tengahari - 2.00 petang			
• 4.30 petang - 7.00 petang			
• Kanak-kanak di bawah umur 12 tahun tidak dibenarkan melawat			
<b>4 Waktu Hidangan Makanan</b>			
• Sarapan pagi : 7.30 pagi			
• Makan tengahari : 12.00 tengahari			
• Minum petang : 3.00 petang			
• Makan malam : 6.00 petang			
• Penjaga tidak digalakkan membawa makanan untuk pesakit kecuali untuk diri sendiri			
<b>5 Waktu Pemberian Air Panas</b>			
• Pagi : 10.00 pagi			
• Petang : 4.00 petang			
• Malam : 10.00 malam dan bila diperlukan			
<b>6 Waktu Rondaan Doktor</b>			
• Pagi dan petang serta malam ada rondaan doktor			
• Anda diminta berada di kati semasa rondaan dilakukan			
<b>7 Kegunaan Tandas &amp; Bilik Air Di Dalam Wad</b>			
7.1 Dilarang memakai seluar yang licin			
7.2 Dilarang buang pad dalam mangkuk tandas			
7.3 Buang pad kapas & cecair di dalam tong sampah berplastik kuning			
7.4 Buang sisa makanan di dalam tong sampah berplastik hitam			
<b>8 Kainan</b>			
8.1 Karung bewarna putih : Untuk kainan yang tidak tercemar			
8.2 Karung bewarna merah : Untuk kainan yang tercemar dengan darah, cecair dan lain-lain			
<b>9 Cara Memanggil Jururawat Untuk Bantuan</b>			
9.1 Memanggil terus jururawat			
9.2 Menggunakan nurse call bell yang disediakan jika ada			
9.3 Meminta bantuan anggota yang berada di wad			
<b>10 Keselamatan Harta Benda Pesakit</b>			
10.1 Tidak boleh membawa dan menyimpan barangan berharga di wad seperti :- • Wang yang banyak			

**Hospital ini merupakan Hospital Bebas Kesakitan**

**Perkara**

• Telefon bimbit  
• Dokumen penting seperti kad kredit, kad bank dan lain-lain  
• Barang-barang kemas

10.2 Pihak hospital tidak bertanggungjawab di atas kehilangan atau kerosakan harta benda yang berada di bawah simpanan pesakit/waris

**Peraturan Waris Menunggu Pesakit**

11.1 Waris perempuan sahaja yang dibenarkan menunggu pesakit perempuan

11.2 Hanya seorang sahaja yang dibenarkan menunggu pada satu-satu masa

11.3 Kanak-kanak di bawah umur 12 tahun tidak dibenarkan menunggu

11.4 Cucu bungan sebelum dan selepas menyentuh pesakit dan persekitaran

**Larangan Kepada Pesakit/Waris/Perjaga Yang Menunggu Pesakit**

12.1 Berhenti ururawat jika hendak meninggalkan wad atas urusan peribadi

12.2 Tidak membawa pesakit keluar wad tanpa kebenaran doktor/jururawat

12.3 Merosakkan atau mengambil harta kerajaan

12.4 Tidak dibenarkan mengesac telefon bimbit di dalam wad

**Keselamatan Dalam Wad**

13.1 Awak orang yang tidak dikenali dan beritahu jururawat jika ada keraguan

13.2 Sentiasa naikan pagar kati untuk mengelakkan pesakit tua/kurang upaya/kanak-kanak terjatuh

13.3 Kawasan memuat saluar / kasut yang mudah tergelincir

• Pesakit yang hanya diberi susu ibu sahaja kecuali atas arahan khas dari Pegawai Perubatan

• Tidak dibenarkan membawa susu formula dan puting truam

• Perahan susu ibu (EBM) hendaklah dihandar setiap hari di dalam bekas yang bersih dan di simpan dalam bekas berisik air

• Cucu bungan semasa masuk wad, sebelum dan selepas menyentuh bayi

**Hospital Melaka merupakan Hospital Kluster dan Hospital Bebas Kesakitan**

14.1 Pesakit akan diberikan kemudahan untuk mengambil air sembahyang atau tayamum

14.2 Pesakit akan dibantu oleh sukarelawan dalam urusan makan

14.3 Pesakit akan diberikan kemudahan untuk mengambil air sembahyang atau tayamum

**Proses Discaj**

17.1 Perkara yang perlu dijelaskan dalam perancangan awal discaj (early discharge plan) ialah :-  
• Pesakit akan dihandar ke discaj lounge  
• Pesakit diujuk untuk perkhidmatan perawat Dornier  
• Perakuan penjaga (carer) melibat dalam penjagaan pesakit  
• Bayaran bi hospital  
• Laporan Perubatan (jika ada)  
• Sijil Cuti Sakit (jika perlu)  
• Surat Rujukan (jika perlu)  
• Remaja (jika perlu)  
• Ubat-ubatan (jika perlu)

17.2 Perkara yang perlu dijelaskan dalam perancangan awal discaj (early discharge plan) ialah :-  
• Bayaran bi hospital  
• Laporan Perubatan (jika ada)  
• Sijil Cuti Sakit (jika perlu)  
• Surat Rujukan (jika perlu)  
• Remaja (jika perlu)  
• Ubat-ubatan (jika perlu)

**Nama Pesakit/Perjaga**  
**Nama Pemberi Orientasi**  
**Famili**

Tandatangan:  
Tandatangan:  
Masa





# Criteria 2 : Implement Pain as 5th Vital Sign (P5VS)

## 2.1

20/1/19  
693014

VITAL SIGN	
BP	110/67 mmHg
HR	68 bpm
Temp	37 °C
RR	18 / min
Pain Score	0

If pain score > 4,  
Action...

07 JAN 2019

PAIN SCORE					
0	1	2	3	4	5
NO PAIN	MODERATE			SEVERE PAIN	

If pain score > 4,  
Action.....

40 years old, Malay, gentleman  
NPM1  
ex-drug abuser (taking ganyu)  
fireman

(ATTENTION):  
119 or 100 & team.

only 2 post @ any 1 amputation.

or amputation  
can happen overnight.

after that, we can.

or 1. ram is 0/10  
IV trauma / drug etc.  
2. Gabarantin 300mg total.

in PCAF [6 52  
6 51 } 27mg

VITAL SIGN	
BP	147/87 mmHg
HR	64 bpm
Temp	37.6 °C
RR	15 / min
Pain Score	0 (rest), 2 (movement)

If pain score > 4,  
Action.....

If pain score > 4,  
Action.....



## 2.1

MR: 155      WR: 60  
 BP: 120/80      HR: 71  
 RR: 18      SpO2: 92%

PAIN SCORE					
0	1	2	3	4	5
0	7	8	9	10	UTA

# Criteria 2 : Implement Pain as 5th Vital Sign (P5VS)

2.1

Observation Chart

RN: DOA:

TIME	BP	PULSE	RESP RATE	TEMP	PAIN SCORE	ACTION TAKEN	COMMENTS
4am	115/70	90/min	20	37.8°C	4	47% ENA	PL. Anesth.
8:05 pm	115/70	90/min	20	37.5°C	2	47% ENA	PL. Anesth.
11 pm	119/79	91/min	21	37.4	1	47% ENA	PL. Anesth.
4:4 am	120/80	90/min	20	37.6	1	47% ENA	PL. Anesth.
8:30 am	105/68	80/min	20	37°C	3	47% ENA	PL. Anesth.

Ordinary fo

Pain score column

PAIN ASSESSMENT RULER SEVERITY: How severe is the pain?

Numeric Rating Scale (NRS)

0 1 2 3 4 5 6 7 8 9 10

No Moderate Worst Possib

No Pain Mild Pain Annoying Nagging Discomforting Troublesome Haunting Gruesome Distressing Miserable Agonizing Vicious Cramping Intense Dreadful, Horrible Vicious Cramping Excruciating Unbearable Torture Crushing

Visual Analog Scale (VAS)

DATE TIME VISUAL ANALOG SCALE / PAIN SCORE REMARKS

SPPv.3

PAIN ASSESSMENT CHART

Hospital .....

NAMA: .....

RN: .....

TARIKH: .....

UMUR: .....

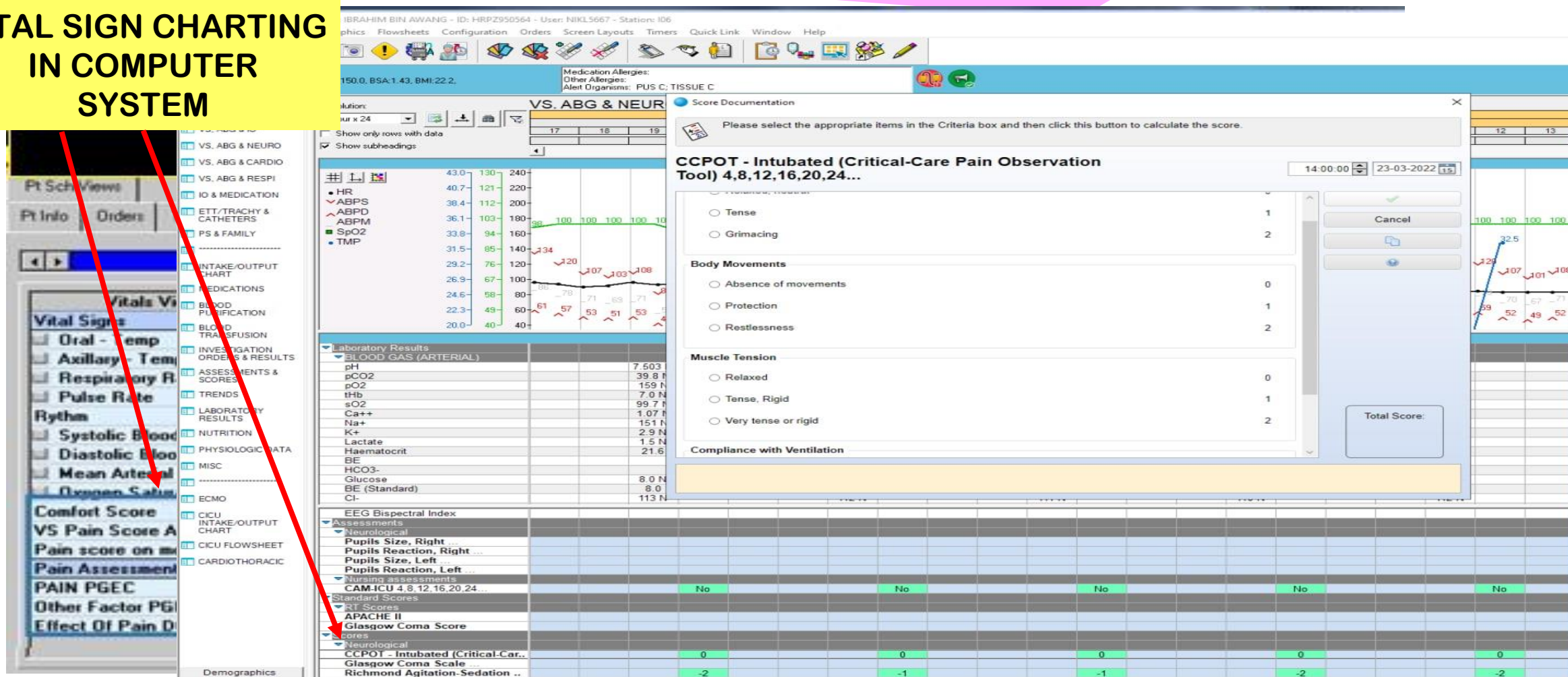
WARD: .....

DIAGNOSIS: .....

Tarikh Masa Tahap kesakitan (Pain score) Tindakan Kejuruwatan Ubat yang diberi Masa ubat diberi Komen/ Tanda-tangan


# Criteria 2 : Implement Pain as 5th Vital Sign (P5VS)

## VITAL SIGN CHARTING IN COMPUTER SYSTEM





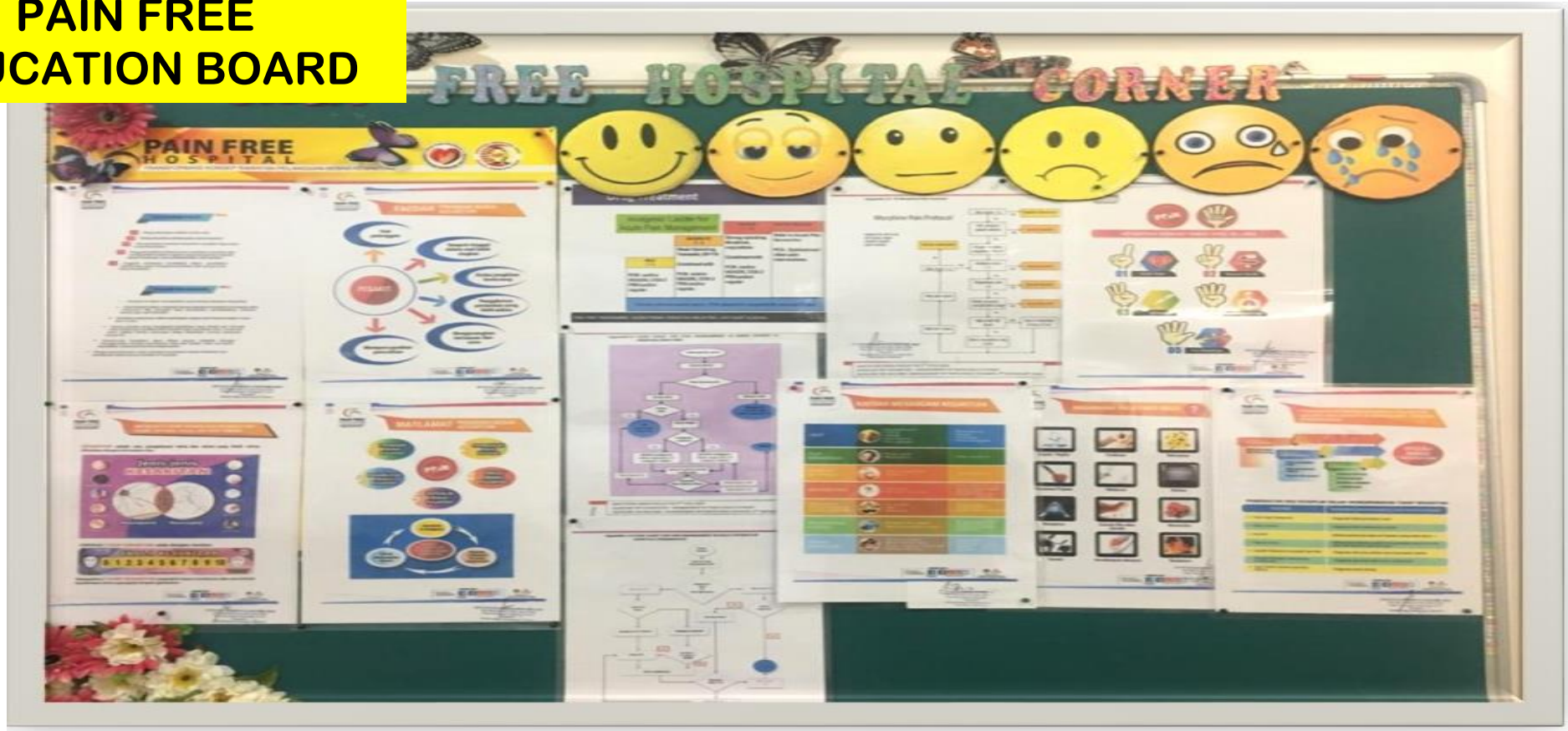
# Criteria 2 : Implement Pain as 5th Vital Sign (P5VS)

Assessment checklist	Comments	Distrib-ution	Comments by Auditor	Final Marks
<b>2.2</b> Flow charts for P5VS (Doctors and Paramedics) are available in ETD, wards or clinics.	Flowcharts must be displayed (either on wall or in specified place e.g. pain free folder)	<b>0.5</b> <b>0.5</b> <b>0.5</b> <b>0.5</b>	1. Nursing flow chart available <ul style="list-style-type: none"> <li>• Able to explain</li> </ul> 2. Doctor flowchart available <ul style="list-style-type: none"> <li>• Able to explain</li> </ul>	<b>/2</b>
<b>2.3</b> Paramedics know about the policy that Pain is the 5 <sup>th</sup> Vital Sign in all clinical areas.	Paramedics should know about the policy statement of Pain Free Hospital. Any Paramedics can be asked about this policy	<b>3</b>	<ul style="list-style-type: none"> <li>• Able to mention at least 3 of the 5 statements</li> </ul>	<b>/3</b>

## Criteria 2 : Implement Pain as 5th Vital Sign (P5VS)

2.2

### PAIN FREE EDUCATION BOARD





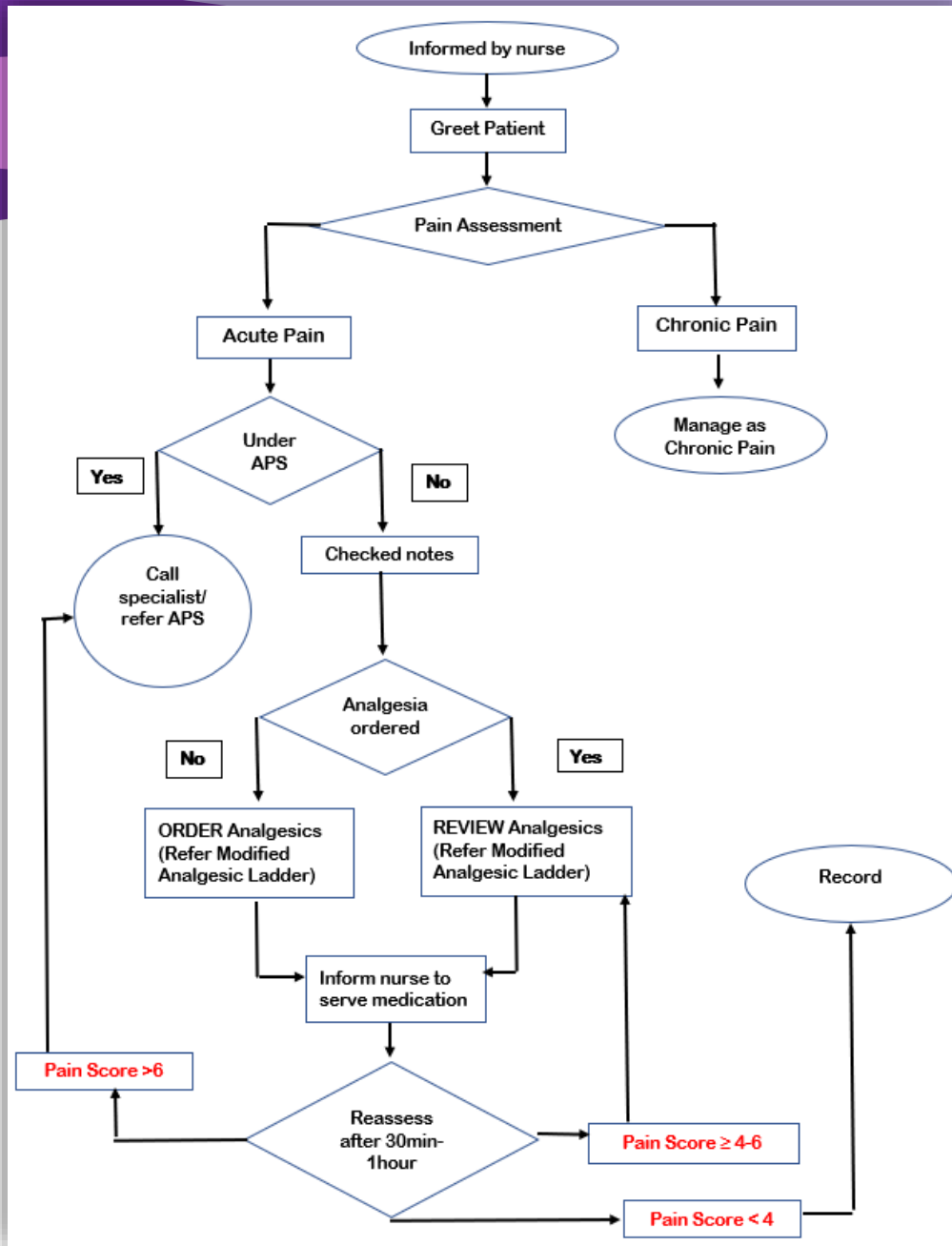
## Criteria 2 : Implement Pain as 5th Vital Sign (P5VS)

2.2

Pain Free  
Hospital  
Education  
Board for  
Staff  
– flow chart

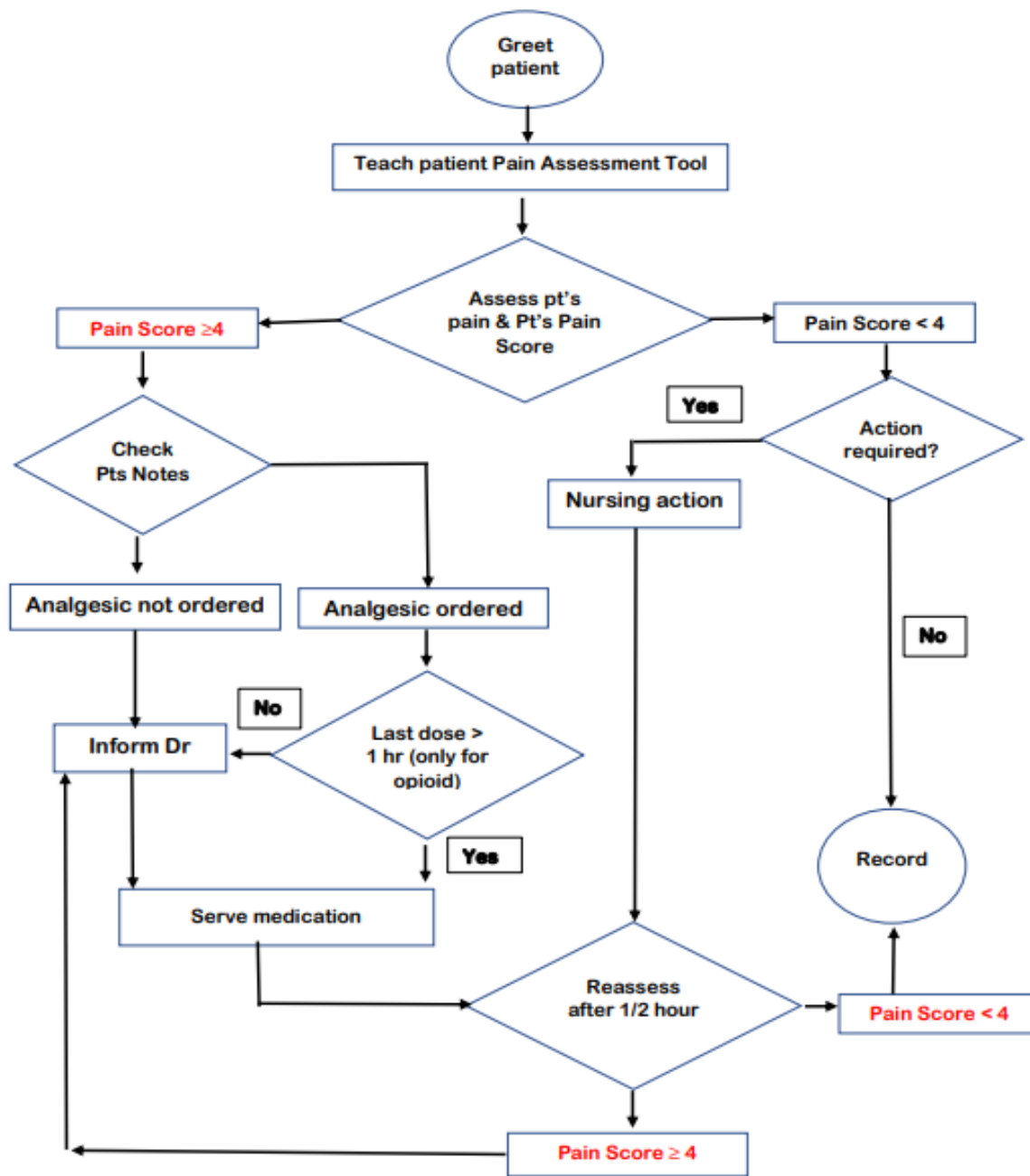


2.2



## Flow chart for Pain Management In Adult Patient In Hospitals (Doctors)

2.2



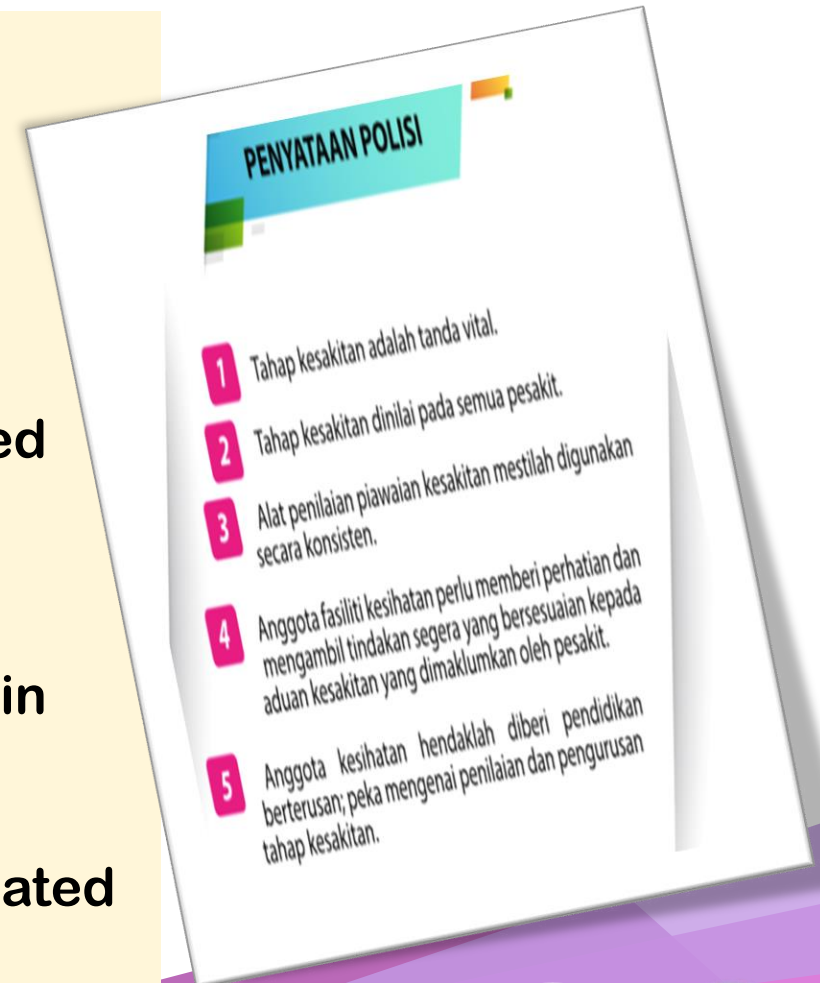
## Flow chart for Pain Management In Adult Patient In Hospitals (Paramedics)

# Criteria 2 : Implement Pain as 5th Vital Sign (P5VS)

## 2.3

### POLICY STATEMENT ON PAIN FREE PROGRAM

- Pain is one of the Vital Signs.
- Pain is assessed in all patients.
- Standardized pain assessment tools must be applied consistently.
- Healthcare providers should listen and respond promptly to patient's report of pain and manage pain appropriately.
- Healthcare facility staff should be continually educated & aware about pain assessment & management.





# Criteria 2 : Implement Pain as 5th Vital Sign (P5VS)

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
<b>2.4</b> Pain scoring is correctly done. *Assess together with criteria 5.2	Ask patient if staff have asked them about their pain and pain score	0.5	<b>Patient or caregiver:</b> 1) <b>able to score (verbal / self-report)</b> <ul style="list-style-type: none"> <li>Staff used a pain ruler</li> <li>Patient understood staff</li> <li>Appropriate documentation</li> </ul> 2) <b>Unable to score (behavioural /observational):</b> Staff (Doctor & Nurse) <ul style="list-style-type: none"> <li>Appropriate tools</li> <li>Appropriate PS</li> <li>Appropriate documentation</li> </ul>	/2
		0.5		
		1		
		0.5		
		0.5		
		1		
<b>TOTAL ACQUIRED</b>				
<b>TOTAL</b>				<b>10</b>

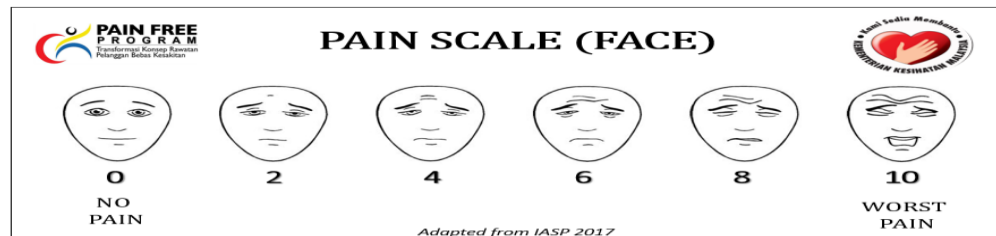
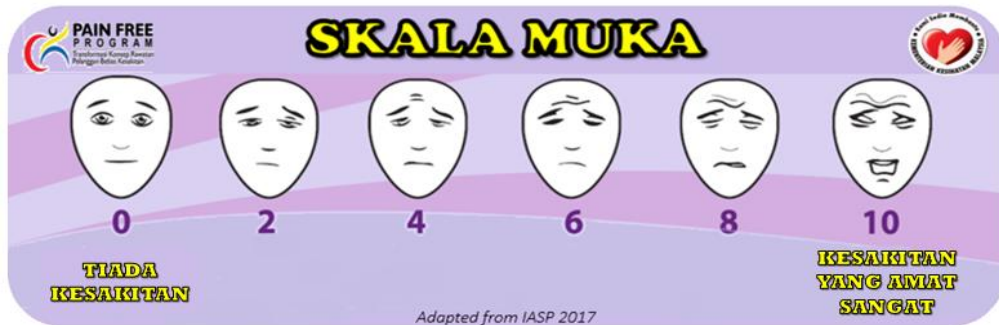
## Criteria 2 : Implement Pain as 5th Vital Sign (P5VS)

2.4



# PAIN ASSESSMENT TOOL

2.4



Category	Scoring		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or sleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console

ITEM	DESCRIPTION	SCORE
Facial expression	Relaxed	1
	Partially tightened (e.g. brow lowering)	2
	Fully tightened (e.g. eyelid closing)	3
	Grimacing	4
Upper limb movements	No movement	1
	Partially bend	2
	Fully bend with finger flexion	3
	Permanently retracted	4
Compliance with mechanical ventilation	Tolerating movement	1
	Coughing but tolerating ventilation for the most of the time	2
	Fighting ventilator	3
	Unable to control ventilation	4





# PAIN ASSESSMENT TOOL

2.4

AGE	SCALE
ADULT	MOH PAIN SCALE
PAEDIATRIC:	
< 1 month	NIPS (Neonatal Infant Pain Scale)
1 month - 4 years	FLACC SCALE
4 - 7 years	FACES SCALE
> 7 years	MOH PAIN SCALE
Language barrier/Cognitively Impaired Patient	FLACC SCALE
Patient ventilated & sedated	CPOT/ BPS
Pain Assessment In Advanced Dementia	PAINAD

# WHEN SHOULD PAIN BE ASSESSED?

**2.4** Pain should be assessed together with other 4 vital signs (blood pressure, heart rate, respiratory rate and temperature)

- 1) Regular at 4 hours interval or upon any special orders.
- 2) On admission of patient
- 3) On transfer-in of patient
- 4) Whenever patient complains of pain.
- 5) During and after any painful procedures (e.g. Wound dressing)
- 6) Reassessment of any painful procedure ( e.g. administration of pain medication or other non-pharmacological interventions)

Pain should be assessed not only just at rest but also on movement and with functions e.g. deep breathing, coughing

# HOW TO USE ASSESSMENT TOOL?

## 2.4

- Greet patient/ Salam
- Inform the purpose: to get the patient's correct pain score for proper treatment
- Show patient the assessment tool and teach patient how to use it, e.g. using the MOH Pain Scale, ask the patient

If '0' = no pain, and 10 = worst pain you can imagine, what is your pain score now?

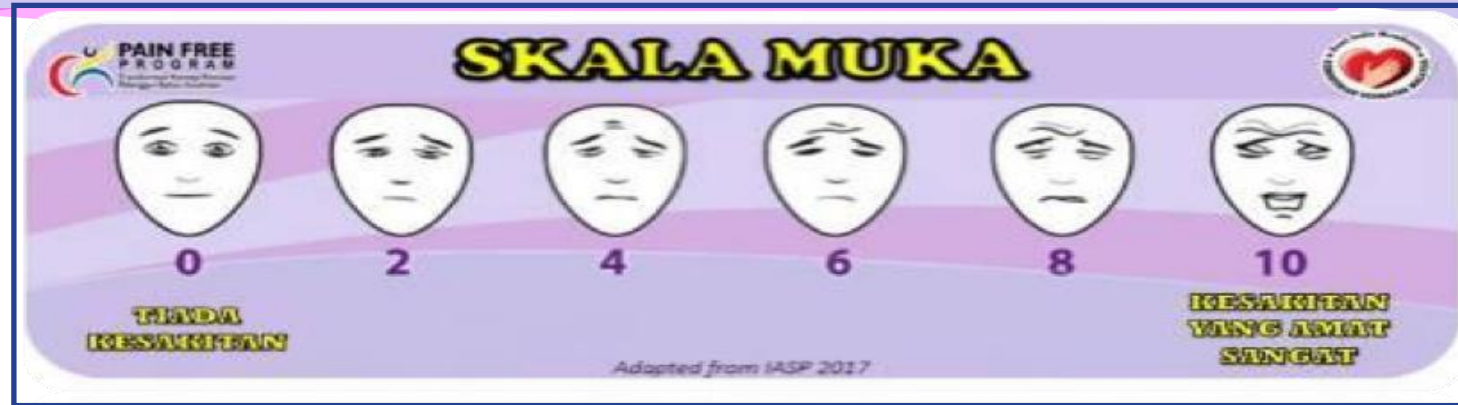
- Give patient time to think and give the pain score-be patient!
- Always use the same Pain Scale on the same patient

Ask the patient : Listen and believe the patient complaint of pain



# IASP FACE SCALE

2.4



Explain to the child that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain

Face 0 very happy because he doesn't hurt at all

Face 2 hurts just a little

Face 4 hurts a little bit more

Face 6 hurts even more

Face 8 hurts a whole lot

Face 10 hurts as much as you can imagine, although you don't have to be crying to feel this bad

Ask the child to choose the face that best described how he is feeling

# FLACC SCALE

## 2.4

- **Observational score**
- **Use for pediatrics patient 1 month to 4 year old,**
- **Also use in adult with language barrier /cognitively impaired**
- **Method:**
  - **Observe behaviour**
  - **Select a score according to behaviour**
  - **Add the score for the total**
  - **Observe for 2-5 min**

Category	Scoring		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or sleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console

# Criteria 3 : Standardized treatment protocols for management of acute pain

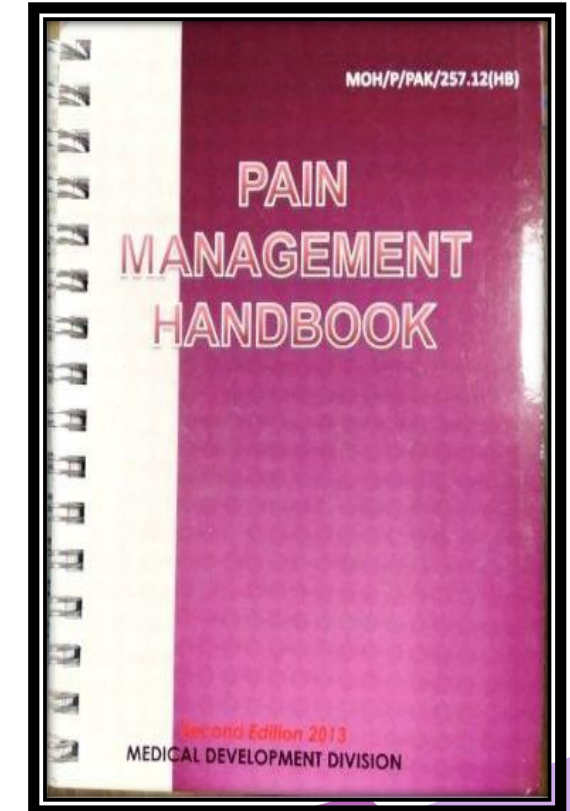
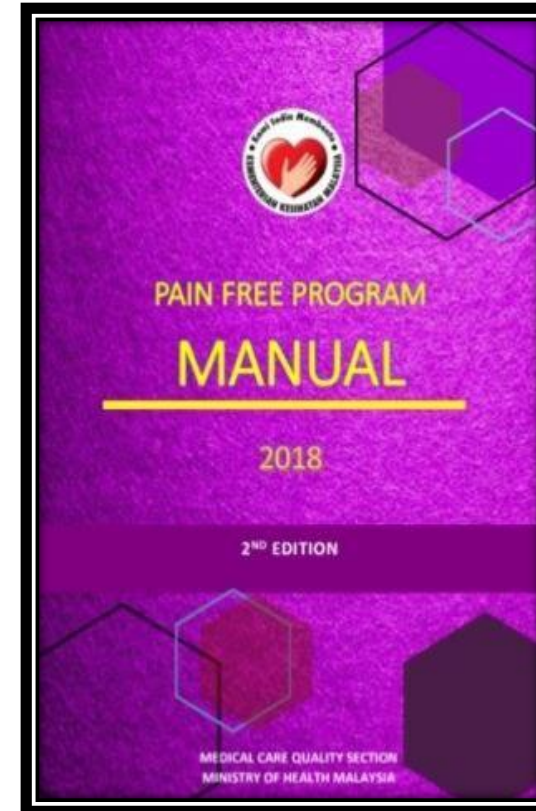
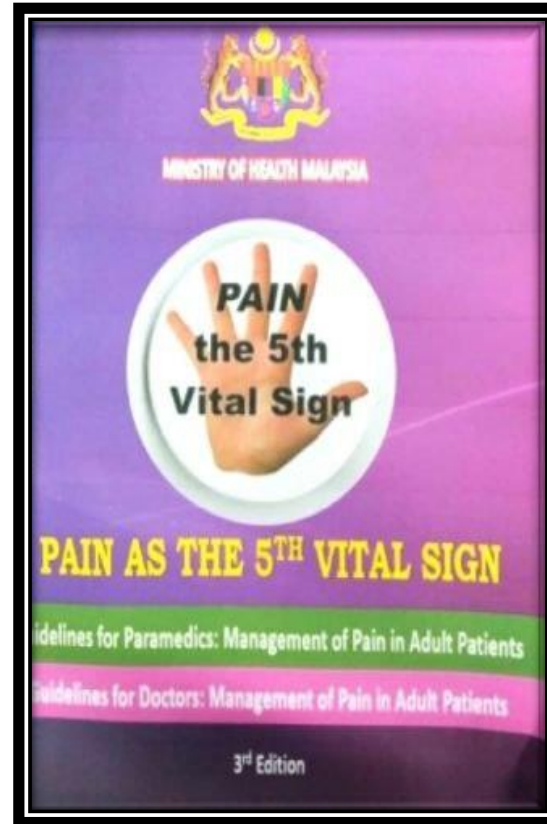
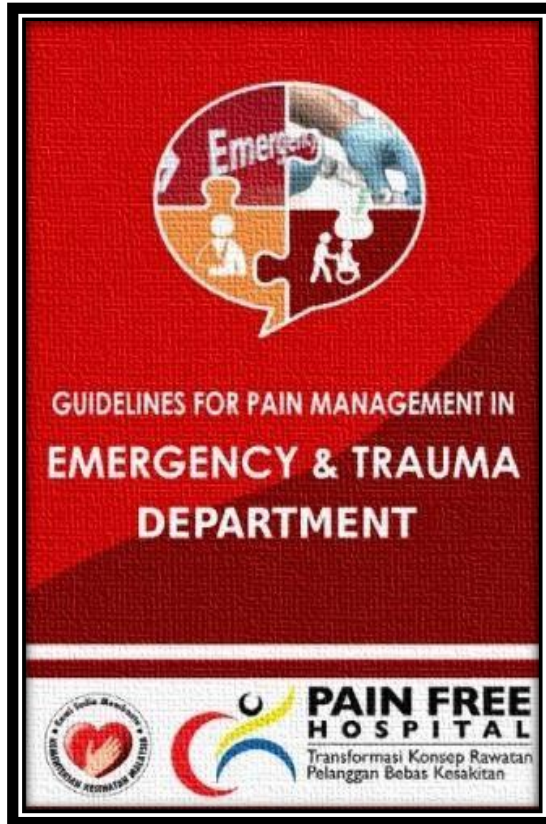
3.1

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
3.1 Acute Pain Management Protocols is available	Protocols must be available in Acute Pain Management folder. Acute Pain Management Handbook should be available for easy reference in all clinical areas	1.5 1.5 -1	<ul style="list-style-type: none"> <li>P5VS handbook</li> <li>Pain Management handbook</li> <li>Discipline specific manual (<i>utk yg ada manual sahaja</i> i.e. ETD/ICU/Geriatric/ Paediatric/ Obstetric, etc)</li> </ul>	/3
		3	<b>3.2 c/d/e</b> <ul style="list-style-type: none"> <li>Discipline specific manual (P5VS handbook/Pain Management handbook/ Primary care/Dental)</li> </ul>	



# Criteria 3 : Standardized treatment protocols for management of acute pain

3.1



# Criteria 3 : Standardized treatment protocols for management of acute pain

3.1



# Criteria 3 : Standardized treatment protocols for management of acute pain

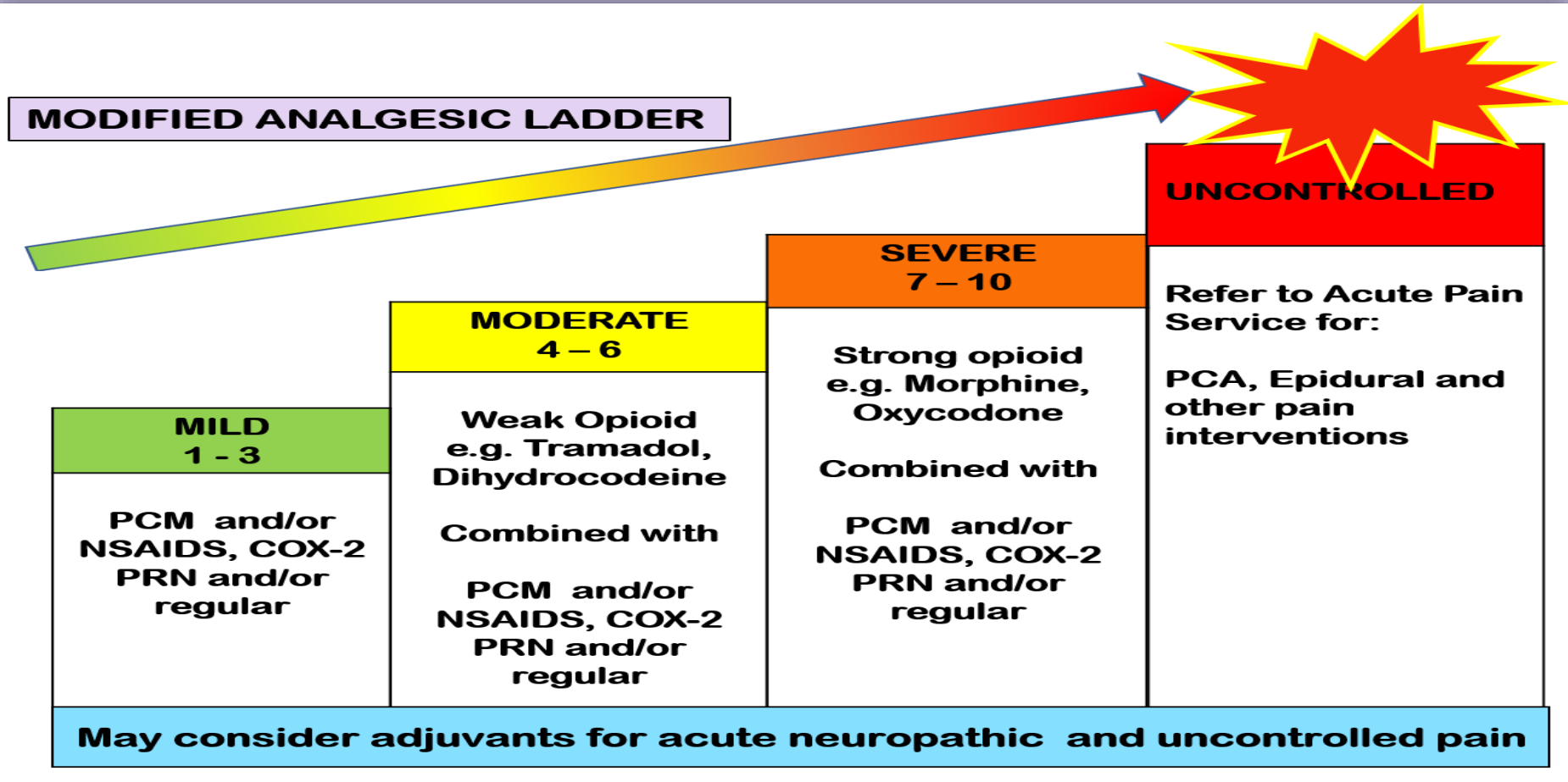
3.2

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
<b>3.2</b> Analgesic ladder for acute pain management is available in all ETD/wards/clinics for HCW reference (T&CM clinic not applicable)	Analgesic ladder should be easily accessible in all ETD/wards and clinics HCW reference (e.g. as poster on the wall or in drug charts or elsewhere, e.g. in folder / pain free corner)	1 1 1  1 1 1	<ul style="list-style-type: none"> <li>• ETD</li> <li>• Wards</li> <li>• Clinics</li> </ul> <b>3.2.c/d/e</b> <ul style="list-style-type: none"> <li>• ETD</li> <li>• Ward</li> <li>• Clinics</li> </ul>	<b>/3</b>



# Criteria 3 : Standardized treatment protocols for management of acute pain

3.2





# Criteria 3 : Standardized treatment protocols for management of acute pain

3.3

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
<b>3.3</b> Regional Analgesia is used as post-op pain management.	Data and records on RA implementation should be available and verified. (Minimum data required up to two (2) months before audit day – refer Pain Free Manual)	4 2 0	<ul style="list-style-type: none"> <li>• Available &amp; complete</li> <li>• Available but incomplete</li> <li>• Unverified data</li> </ul>	/4
TOTAL ACQUIRED				
TOTAL				10

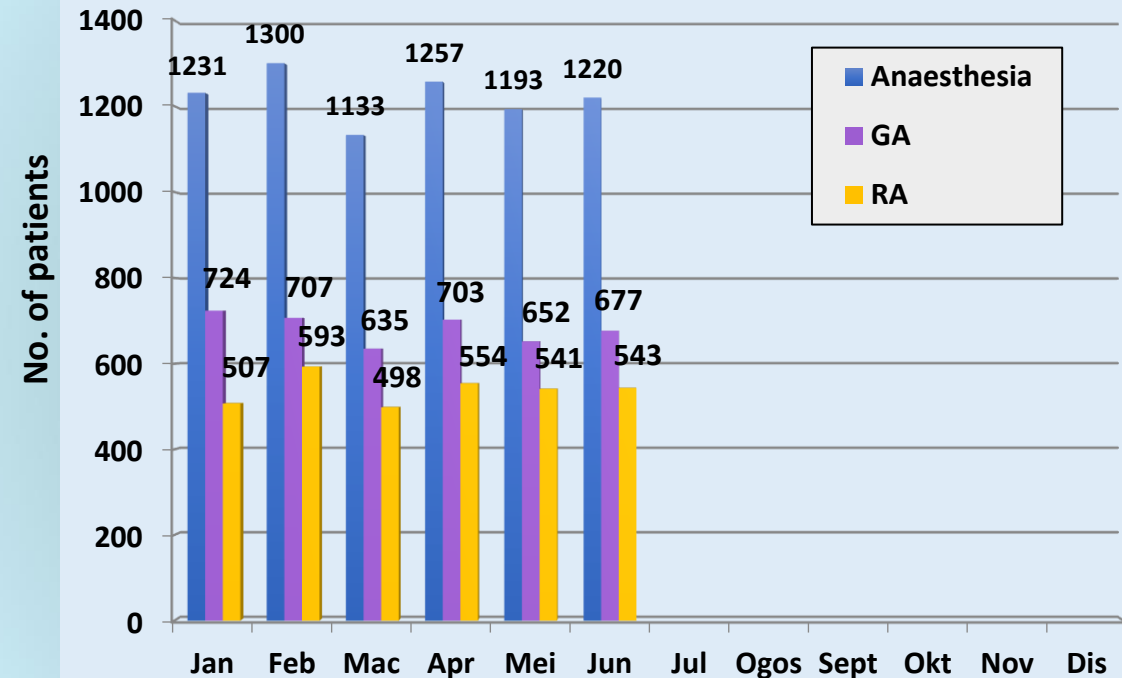
# Criteria 3 : Standardized treatment protocols for management of acute pain

## 3.3

Table 1: No. of anaesthetics administered according to techniques

General anaesthesia (GA)	2931
Spinal anaesthesia (SA)	2433
Epidural anaesthesia (EA)	27
Combined spinal and epidural (CSE)	256
Combined general and regional anaesthesia (CGRA)	103
Plexus blockade	70
Others	14
<b>Total</b>	<b>5873</b>

- Excludes LA or spinal given by surgeons, include all peripheral OT complexes e.g. maternity OT
- Epidural anaesthesia (includes caudal)
- Spinal anaesthesia includes single shot and continuous techniques
- Combined general and regional anaesthesia (any form of regional techniques)
- Plexus blockade (upper and lower limbs)
- Others (include monitored sedation provided by anaesthetists)



# Criteria 3 : Standardized treatment protocols for management of acute pain

3.3

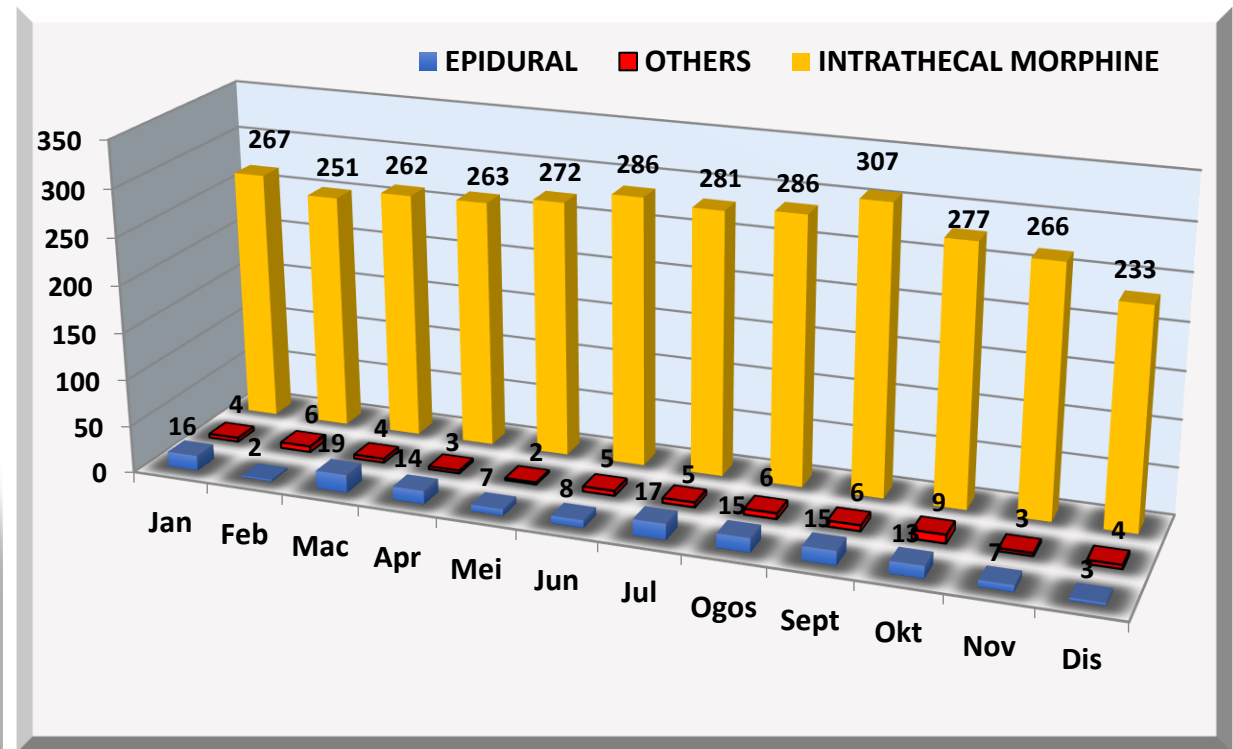
Spinal anaesthesia	1381
Epidural anaesthesia	5
CSE	29
Others	3
<b>Total</b>	<b>1515</b>

**Table 6: No. of cases under Regional Anesthesia and Analgesia**

Total Number of Nerve Blocks	104
Done with ultrasound	15
Done with nerve stimulator	72
Number of Nerve Blocks for anaesthesia	42
Number of Nerve Blocks for analgesia	76
Number of Upper Limb Blocks	7
Done with ultrasound	21
Done with nerve stimulator	7
Number of Lower Limb Blocks	-
Done with ultrasound	-
Done with nerve stimulator	-
Number of Trunk Blocks	3
Paravertebral	7
Lumbar Plexus	-
TAP Blocks	-
Others	-
<b>A) During block performance</b>	
Poor needle visualization	-
failed block	-
technical difficulty	-
Horner's Syndrome	-
vascular puncture	-
failed stimulation	-
inadequate spread	-
anatomical variation	-
phrenic nerve	-
others	-

No. of patients



**Criteria 4 : Train all healthcare staffs on knowledge an skills in pain assessment and management**

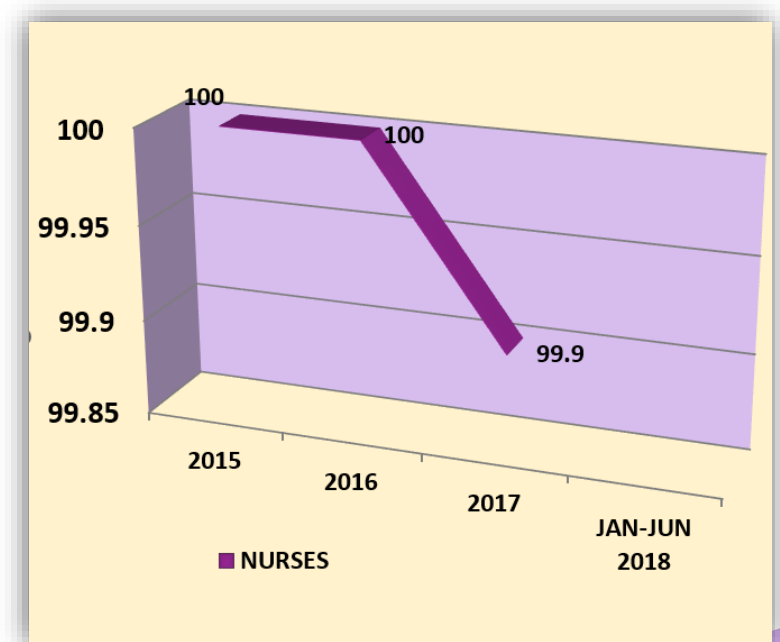
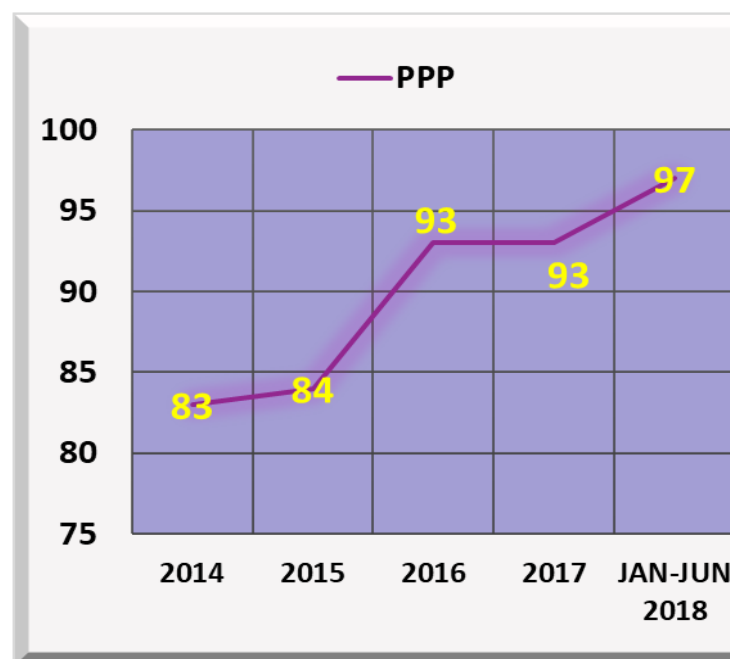
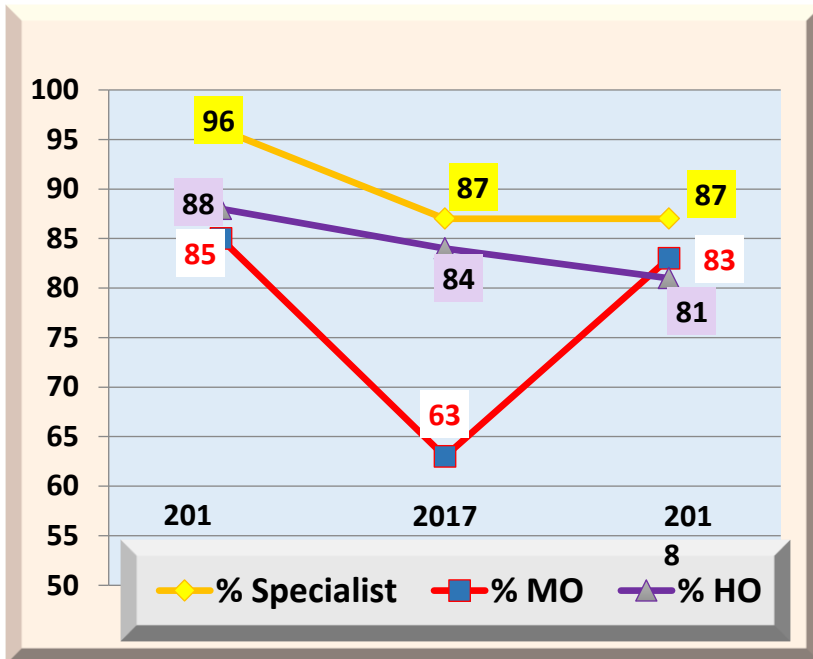
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# Criteria 4 : Train all healthcare staff on knowledge an skills in pain assessment and management

4.1

## PERCENTAGE OF TRAINED DOCTORS, AMO & NURSES



# Criteria 4 :

## Train all healthcare staffs on knowledge an skills in pain assessment and management

### 4.1

SENARAI NAMA KAKITANGAN YANG TELAH MENJALANI LATIHAN 'PAIN AS 5<sup>TH</sup> VITAL SIGN' DAN PFH HOSPITAL TUANKU FAUZIAH

JABATAN /UNIT/WAD/KLINIK : OBSTETRIK DAN GINEKOLOGI

	NAMA	JAWATAN / GRED	PAIN AS 5 <sup>TH</sup> VITAL SIGN		TARIKH KURSUS / LATIHAN
			YA	TIDAK	
1.	Dato' Dr. Zaridah Bt. Shaffie	Pakar Perunding Jusa B	✓		CME 8/3/2017 & 3/10/2018
2.	Dr. Noor Aini Bt. Harun	Pakar O&G Jusa C	✓		TOT 2-3/8/2018
3.	Dr. Mohd. Nizar B. Bidin	Pakar O&G Jusa C	✓		CME 25/10/2018
4.	Dr. Che Adilah bt Che Soh	Pakar O&G UD 56	✓		CME 25/10/2018
5.	Dr. Nur Zaiti bt Md Arshad	Pakar O&G UD 52	✓		CME 25/10/2018
6.	Dr. Maizuriati Bt. Abd. Rahman	Pegawai Perubatan UD54	✓		TOT 2-3/8/2018
7.	Dr. Seleswari a/p Subramaniam	Pegawai Perubatan UD48	✓		CME 25/10/2018
8.	Dr. Krystle Liew Tsu Lin	Pegawai Perubatan UD48	✓		CME 25/10/2018
9.	Dr. Nurul Izyani bt Hj Rosley	Pegawai Perubatan UD48	✓		CME 11/4/2017
10.	Dr. Muhammad Amir Zakwan b Mohd Yusof	Pegawai Perubatan UD48	✓		CME 25/10/2018
11.	Dr. Nor Aishah bt Yusuf	Pegawai Perubatan UD48	✓		CME 11/4/2017
12.	Dr. Nur Sakinah bt Akmar	Pegawai Perubatan UD44	✓		CME 25/10/2018
13.	Dr. Mohd Akmal bin A. Rahman	Pegawai Perubatan UD44	✓		CME 25/10/2018
14.	Dr. Najwa bt Abd Rahim	Pegawai Perubatan UD44	✓		CME 11/4/2017
15.	Dr. Syifaa bt. Mohamed Radzi	Pegawai Perubatan UD44	✓		CME 25/10/2018
16.	Dr. Khadijah bt Mohd Nizam	Pegawai Perubatan UD44	✓		CME 25/10/2018
17.	Dr. Izzati Afifah bt Azmi	Pegawai Perubatan UD44		✓	CME 25/10/2018
18.	Dr. Syafawati bt Razali	Pegawai Perubatan UD44	✓		CME 25/10/2018
19.	Dr. Nurul Izati bt Abdul Manap	Pegawai Perubatan UD44	✓		CME 25/10/2018
20.	Dr. Vidhya A/P Vijayan	Pegawai Perubatan UD44	✓		CME 25/10/2018

SENARAI NAMA KAKITANGAN YANG TELAH MENJALANI LATIHAN 'PAIN AS 5<sup>TH</sup> VITAL SIGN' DAN PFH HOSPITAL TUANKU FAUZIAH

BIL	NAMA	JAWATAN/GRED	PAIN AS 5 <sup>TH</sup> VITAL SIGN PFH		TARIKH
			YA	TIDAK	
1	S.POOVANESWERY A/P SUPPIAH	U44	/		10-10-18
2	LIM AI CHOO	U41	/		10-10-18
3	SITI KOLIJAH SALLEH	U32	/		10-10-18
4	ZALEHA BAKAR	U14	/		10-10-18
5	AZWANI RAMLI	U19	/		10-10-18
6	MAS ASA ROZALAI	U19	/		10-10-18
7	NOOR HAYATI OMAR	U19	/		10-10-18
8	ZALINA ROMLI	U19	/		10-10-18
9	AZMIRA HARIZAN	U19	/		10-10-18
10	ROHAIZA MD YUSOF	U19	/		10-10-18
11	WAN SURİYATI WAN YUSOF	U19	/		10-10-18
12	SHUZILAWATI YUSOF	U24KUP	/		10-10-18
13	ROSIDAH AMEED SIPOD	U24KUP	/		10-10-18
14	RAZINAH@HASNIZAH BT LAI AH NGAN	U24 KUP	/		10-10-18
15	SALMAH MAT	U32KUP	/		10-10-18
16	SOLEHAH NAN	U32KUP	/		10-10-18
17	AZULIA DESA	U32KUP	/		10-10-18
18	RAMLAH DIN	U32KUP	/		10-10-18
19	AYU AZRINA ISA	U32KUP	/		10-10-18
20	NORHASLUNDA BT AZIMAT	U32TBK	/		10-10-18

# Criteria 4 : Train all healthcare staffs on knowledge an skills in pain assessment and management

Assessment checklist	Comments	Distrib-ution	Comments by Auditor	Final Marks
4.2 Regular Acute Pain Management courses for nurses, AMO and doctors.	<p>Data and records on the Acute Pain Management courses conducted and number of doctors, AMO, nurses and allied health personnel trained in Acute Pain should be available</p> <ul style="list-style-type: none"> <li>For new application: Data of training at least 1 - 3 years after formation of PFH committee at the hospital</li> </ul>	<p>5 3 1</p> <p>5 3 1</p>	<p>a. Specialist hospital</p> <ul style="list-style-type: none"> <li>Available &amp; Verified</li> <li>Available &amp; Partially Verified</li> <li>Available &amp; Unverified</li> </ul> <p>b. Non-specialist Hospital &amp; Clustered will share lead hospital workshop data</p> <ul style="list-style-type: none"> <li>Available &amp; Verified</li> <li>Available &amp; Partially Verified</li> <li>Available &amp; Unverified</li> </ul>	/5
TOTAL ACQUIRED				
TOTAL				10





## Criteria 4 :

# Train all healthcare staff on knowledge and skills in pain assessment and management

4.2

ACUTE PAIN SERVICE  
TARIKH : 18/3/2017  
TEMPAT : SOPO  
MASA : 300 - 500 pm.

BIL	NAMA	JAWATAN	NO IC	TITANGAN
1	ABDUL HADI BIN MOHD ARIS	PPS UD41	860906333799	
2	MOHAMAD QUAIDI BIN MOHAMAD SAGALI	PPS UD41	910127095119	
3	MUHAMMAD ASHRAF BIN AHMAD	PPS UD41	920119026329	
4	MUHAMMAD FAIZ BIN MAHYUDIN	PPS UD41	920124055373	
5	SAN CHEE WEI	MO	850121-01-3113	
6	AMIRUN JEWAN BIN AVANAB JAWAR	PPS UD41	91060610-6355	
7	AZZLIHA SHAFENI BT RAMLI	PPS UD41	861025402550	
8	DYANA NABILA BINTI MUHAMMAD	PPS UD41	900429-01-5129	
9	MARUDITHA BINTI HANLUSSALAM	PPS UD41	910922145314	
10	MUHAMMAD HAFIZ R. MOHD	MO	900528025621	
11	MUHAMMAD FADME BIN HASMIM	PPS UD41	910215-02-6279	
12	MOHD SYAFIQ BIN SHAHBUDIN	MO UD44	880915265129	
13	IZZATUL SYAZWANI BINTI ISMAIL	MO	890901-02-5764	
14	MOHD SHAMSUDIN A. LATIFUL AHDIDIN	MO	860401-02-5769	
15	AMIRUL BUKHARI IDRIS	MO	840812055719	
16	FARHAN ASKAR AMER	PPS UD41	910311-09-5098	
17	HEIDAH BINTI HASAN	PPS UD41	901031025066	
18	JUNIS AKAR BINTI AB HAMID	PPS UD41	910620095010	
19	KU AFINA JAWANI BT KU CHAPPEL	PPS UD41	920916025882	
20	MOHAMAD ZAKUAN B. ABD. RAHMAN	PPS UD41	901027075079	
21	NABILA BINTI MOHD KUSHAIRI	PPS UD41	910925095068	
22	PANITHEAN DEVI ASOGAG	PPS UD41	891029-09-5765	
23	ANASTASYA BIR KUNAVESARAN	MO	881231-08-5581	
24	ASMA ABD. RAZAK	MO	860727326420	
25	NORIN AZWA SHAMUDUDIN	MO	841018-08-5396	
26				
27				
28				
29				
30				

### Continuous training of hospital staff

- CNE and CME on P5VS – department level/Hospital Level
- Orientation lecture on P5VS – HO and new staffs
- APS course for doctors and paramedics
- Training of Trainer (TOT) of PFH





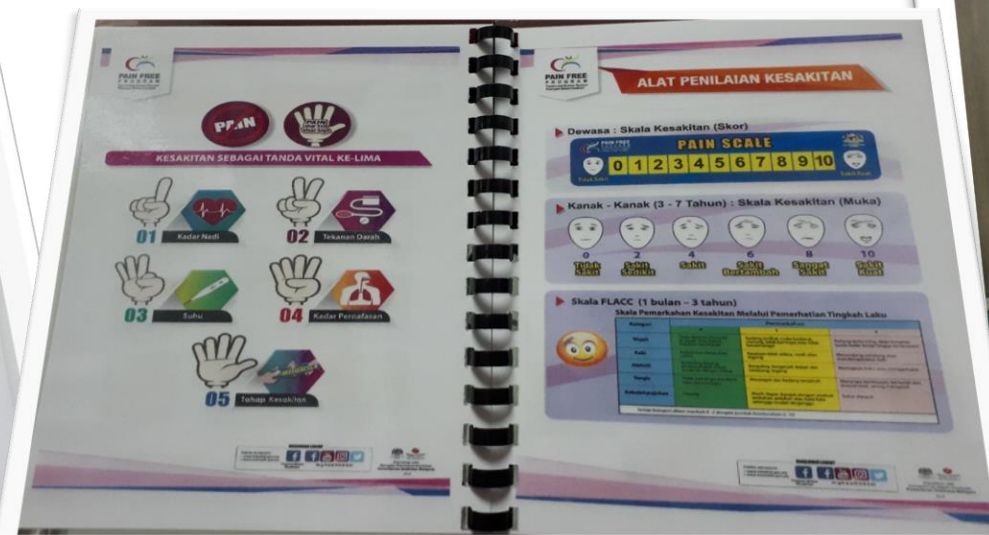
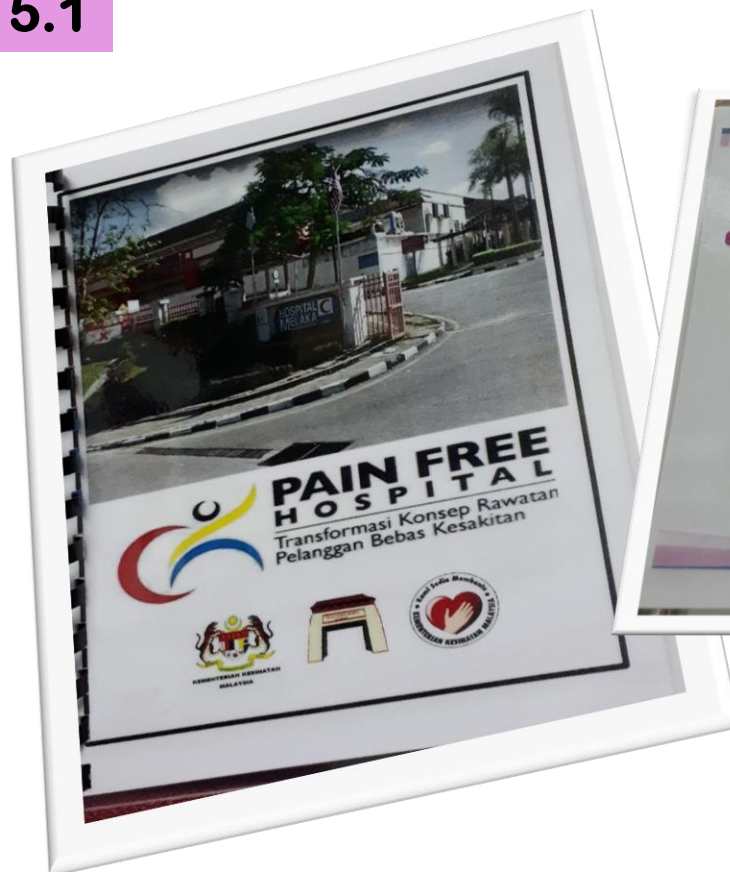
# Criteria 5 :

## Patient education and involvement in their pain management

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
<b>5.1</b> Patient information sheets/posters/videos or other educational materials	Should be available at all patient's contact areas (e.g. ETD, clinics, wards, murals, etc).	<b>1</b>  <b>1</b>	<ul style="list-style-type: none"> <li>• Availability of Information sheets/posters/ videos</li> <li>• Location appropriate</li> </ul>	<b>/2</b>

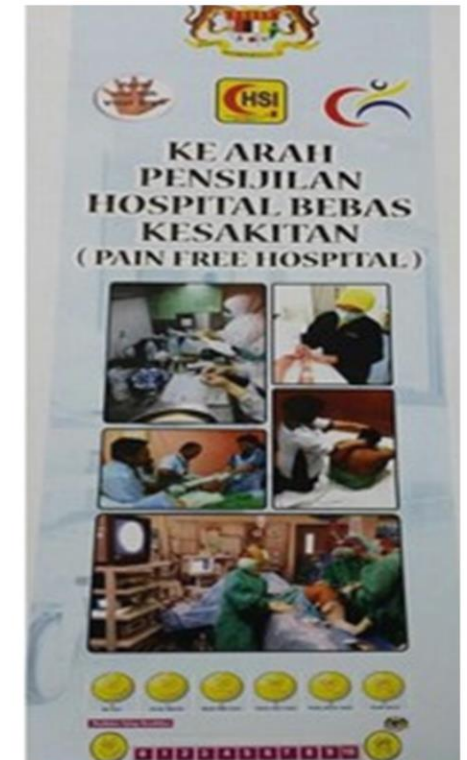
# Criteria 5 : Patient education and involvement in their pain management

5.1



# Criteria 5 : Patient education and involvement in their pain management

5.1





# Criteria 5 : Patient education and involvement in their pain management

5.1





# Criteria 5 : Patient education and involvement in their pain management

5.1



# Criteria 5 : Patient education and involvement in their pain management

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
5.2 Patient feedback on pain score, treatment and options	Any patient or care giver can be asked if they have been educated about pain and pain management techniques.	0.5	<ul style="list-style-type: none"> <li>Able to tell a pain score</li> </ul>	/3
		0.5	<ul style="list-style-type: none"> <li>Able to identify the tool used</li> </ul>	
		0.5	<ul style="list-style-type: none"> <li>The first teaching was upon admission or at other appropriate time</li> </ul>	
		0.5	<ul style="list-style-type: none"> <li>Non pharmacological technique offered/ read /seen</li> </ul>	
		0.5	<ul style="list-style-type: none"> <li>Oral, injectable or suppository analgesic, nerve block, PCA/ Epidural/ Entonox/surgery offered /read /seen</li> </ul>	
		0.5	<ul style="list-style-type: none"> <li>Satisfied with pain management</li> </ul>	
<b>TOTAL ACQUIRED</b>				
<b>TOTAL</b>				<b>5</b>



# Criteria 5 : Patient education and involvement in their pain management

5.2



# Criteria 6 :

## Regular audits on pain assessment and management

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
6.1 Survey and audit data on doctors, nurses, AMO, allied health, pharmacist and patient (Refer appendix 1, appendix 2 & appendix 5)	<p>Data collected and analyzed on yearly basis and records of all audit(s) are available, including results and follow-up actions. Survey performance:</p> <ul style="list-style-type: none"> <li>Patients survey performance (≥80%)</li> <li>Staff survey AMO, allied health, pharmacist (≥80%)</li> <li>Doctors' audit (≥80%)</li> <li>NNA (≥90%)</li> </ul>	<p>20</p> <p>20</p> <p>20</p> <p>20</p>	<p><b>New certification or renew</b>  <math>\left[ \frac{\text{year 1} \pm \text{year 2} \pm \text{year 3}}{1 \text{ to } 3} \right]</math></p> <ul style="list-style-type: none"> <li>Patients survey <ul style="list-style-type: none"> <li>○ ≥ 80%</li> <li>○ &lt; 80%</li> </ul> </li> <li>Staff survey/ AMO, allied health, pharmacist <ul style="list-style-type: none"> <li>○ ≥ 80%</li> <li>○ &lt; 80%</li> </ul> </li> <li>Doctors' audit <ul style="list-style-type: none"> <li>○ ≥ 80%</li> <li>○ &lt; 80%</li> </ul> </li> <li>NNA <ul style="list-style-type: none"> <li>○ ≥ 90%</li> <li>○ &lt; 90%</li> </ul> </li> </ul>	/8



# Criteria 6 :

## Regular audits on pain assessment and management

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
6.2 Review of pain management by doctors	Doctors' clinical practice <ul style="list-style-type: none"> <li>Knowledge</li> <li>Technique of assessment</li> <li>Documentation</li> <li>Management</li> </ul>	1 1 1 1 1 1 1 1	<ul style="list-style-type: none"> <li>Policy &amp; Client Charter</li> <li>Pain assessment</li> <li>Morphine protocols</li> <li>Tools</li> <li>Documentation/BHT/EMR</li> <li>Understand analgesic ladder</li> <li>Drug dose &amp; - reassessment</li> <li>Side effects of analgesic</li> <li>Opioid overdose management &amp; resuscitation</li> </ul>	/9
6.3 Knowledge assessment for pharmacist in pain management		1 1 1	<ul style="list-style-type: none"> <li>Drug dose &amp; - reassessment</li> <li>Pain analgesic ladder</li> <li>Side effects of analgesic</li> </ul>	/3
TOTAL ACQUIRED				
TOTAL				20

# MANAGEMENT OF ACUTE PAIN

Acute pain management is classified into:

1. Non-pharmacological
2. Pharmacological



# NON PHARMACOLOGICAL APPROACHES

Physiotherapy approaches	<ul style="list-style-type: none"><li>▪ Rest, Immobilization, Cold compression, Elevation (RICE)</li><li>▪ TENS</li><li>▪ Heat/ Cold pack</li><li>▪ Stretching exercise</li><li>▪ Strengthening exercise</li></ul>
Physiological approaches	<ul style="list-style-type: none"><li>▪ Explanations and reassurance</li><li>▪ Address anxiety</li><li>▪ Breathing relaxation</li><li>▪ Counselling</li></ul>
Traditional & Complementary medicine	<ul style="list-style-type: none"><li>▪ Acupuncture</li><li>▪ Massage/ Aromatherapy</li><li>▪ Music</li></ul>
Occupational Therapy	<ul style="list-style-type: none"><li>▪ Modification of activities of daily living, play, leisure and work</li></ul>

# PHARMACOLOGICAL APPROACH

- Analgesic medication can be broadly classified into opioid and non-opioids
- Non-opioids include Paracetamol, NSAIDs, COX2-inhibitors
- Opioid can further classified into weak opioids (Tramadol, Codeine, Dihydrocodeine) and strong opioids (Morphine, Oxycodone, Pethidine, Fentanyl)
- Other adjuvant medications, used mainly in the management of neuropathic pain, include antidepressants (amitriptyline, duloxetine) and anticonvulsants (carbamazepine, gabapentin, pregabalin)



# MANAGEMENT OF SIDE EFFECTS

**Side effect of Opioids administration:**

- **Nausea & vomiting : common**
- **Respiratory depression : uncommon & life-threatening**

# MANAGEMENT OF SIDE EFFECTS

## Nausea & vomiting

### Treatment options:

- Metoclopramide 10-20 mg stat and 6 hourly
- Odansentron 8 mg IV stat and 8H if necessary
- Granisetron 2 mg IV stat and 8H if necessary
- Haloperidol 1 mg BD IV or 1.5 mg BD oral
- Dexamethasone 4 MG IV stat

Pain treatment should be continued

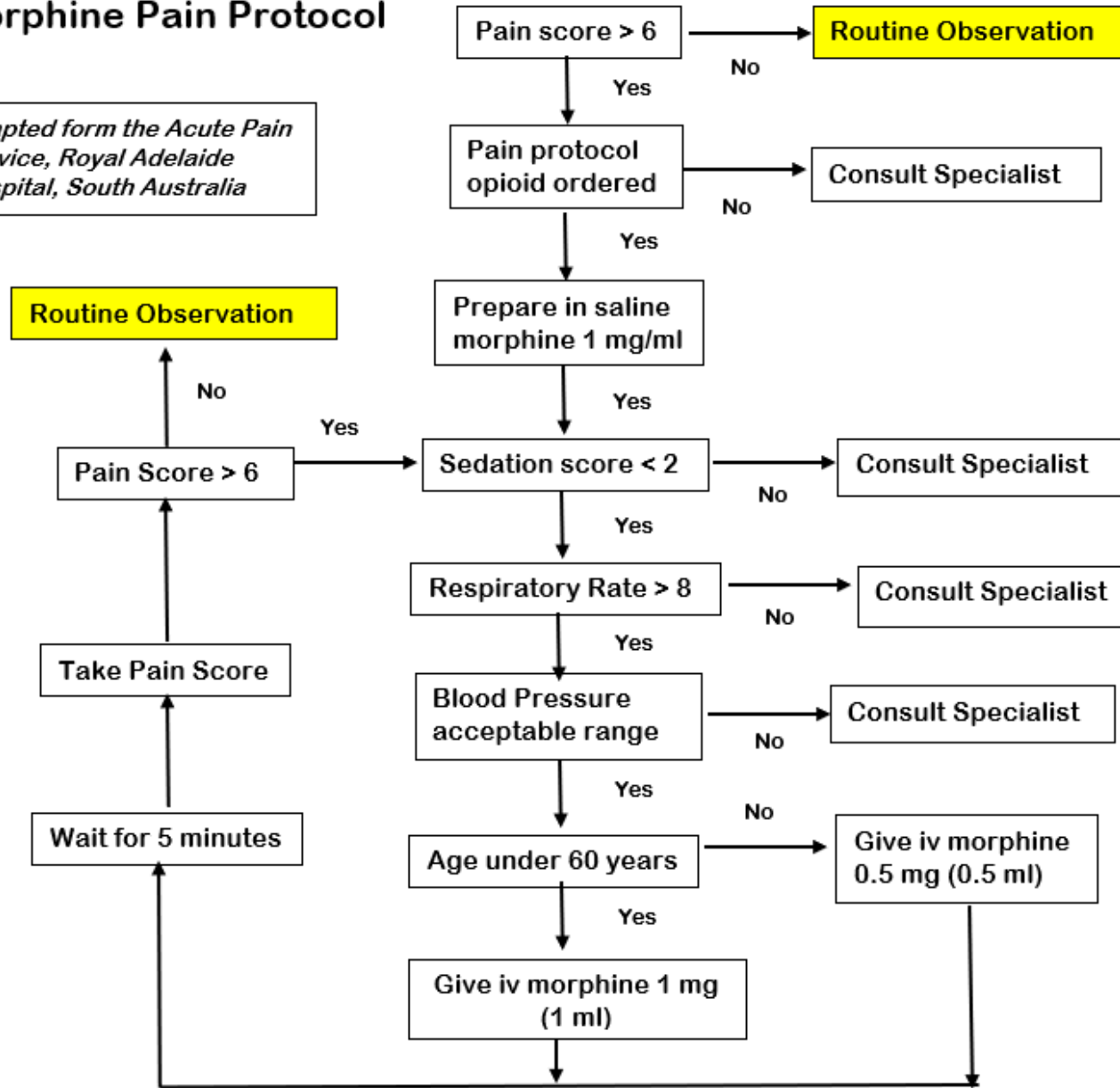
# MANAGEMENT OF SIDE EFFECTS

## Respiratory depression

- Varying degree of respiratory depression can occur
- Uncommon side effect following appropriate dosage of opioids
- Occurrence of respiratory depression is **always associated with sedation**
- Risk is minimal if strong opioids are titrated to its effect and are used appropriately for pain relief (e.g. not to help patient to sleep or to calm down agitated patients)
- Rare in patient who are on chronic opioids use (e.g. patient on morphine for cancer pain)
- Presence of pin-point pupil usually confirms opioid induced respiratory depression.

## Morphine Pain Protocol

*Adapted from the Acute Pain Service, Royal Adelaide Hospital, South Australia*





# SEDATION SCORE

SCORE	SEDATION LEVEL	CLINICAL FINDINGS
0	None	Patient is awake and alert
1	Mild	Occasionally drowsy, easy to rouse, can stay awake once awoken
2	Moderate	Constantly drowsy, still easy to rouse, unable to stay awake
3	Severe	Somnolent, difficult to rouse, severe respiratory depression
S	Sleep	Patient asleep

# MANAGEMENT OF SIDE EFFECTS

## Pethidine in Acute Pain Management

- Popular analgesic in hospital
- Not recommended in post operative pain relief or in chronic or recurrent pain conditions because of the active metabolite, norpethidine, which can be accumulate in the body with prolonged used of high doses, and in renal impairment and give rise to convulsions.
- Pethidine is thought to have a higher addiction potential when compared to other opioid.

# MANAGEMENT OF SIDE EFFECTS

## Naloxone

- Pure opioid antagonist
- Doses for treating opioid induced respiratory depression:
  - Adult: 0.1-0.4 mg IV/IM/SC; IV dose may be repeated every 1-2 minutes
  - Paediatric: 0.01mg/kg IV (maximum 0.4 mg), repeat every 2 minutes.
- Available in ampoules of 0.4 mg/ ml (adult dose) and 0.02 mg/ ml (paediatric dose)
- Should be available in every emergency trolley

# MANAGEMENT OF SIDE EFFECTS

## Naloxone

The half-life of naloxone is 45-60 minutes; this is important to know because when used to antagonize respiratory depression due to morphine, the effect of naloxone may wear out before the effect of morphine (half-life 3-4 hours). Therefore, after treating morphine-induced respiratory depression, the patient has to be monitored closely for at least 4 hours, to monitor potential risk of re-depression.



## Criteria 6 : Staff knowledge and assessment

6.2



## Criteria 6 : Staff knowledge and assessment

6.2





# Criteria 6 : Staff knowledge and assessment

6.2



# Criteria 6 : Staff knowledge and assessment

6.2





# Criteria 7 :

## Policy and guidelines on Minimal invasive surgery

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
<b>7.1</b> MOH (or Hospital adapted) policy on MIS	Should be available in hospital policy and surgical-based disciplines departments policy	1 1 1	<ul style="list-style-type: none"> <li>• Hospital (verified &amp; Indexed)</li> <li>• Ward</li> <li>• Clinics</li> </ul>	/3
<b>7.2</b> Training, credentialing and privileging (C&P) of surgeons in MIS	Evidence: File C&P for MIS with list of surgeons privileged with MIS procedures	2 2 0 0	<ul style="list-style-type: none"> <li>• Hospital</li> <li>• Department</li> <li>• Expired validated date</li> <li>• not verified</li> </ul> <p>*in listed/ individual format &amp; appropriate validity and verified</p>	/4

# Criteria 7 :

## Policy and guidelines on Minimal invasive surgery

document down

### **SURGICAL DEPARTMENT: MINIMALLY INVASIVE SURGERY (MIS) POLICY**

#### **SURGICAL DEPARTMENT POLICY FOR MINIMALLY INVASIVE SURGERY**

##### **Introduction**

Minimally Invasive Surgery (MIS) or Minimal Access Surgery (MAS) has proven to be advantageous in many surgical procedures. MIS is defined as a surgical technique which involves minimal trauma of access in performing the surgery. This is achieved by reducing the size of incisions to the minimal to access the site of the surgical procedure. This is usually done by putting the trocars and ports at the incision sites and surgery is achieved by means of long instruments inserted through these small ports.

The advantages of MIS includes minimal post operative pain, excellent cosmetics, minimal post operative adhesions, faster post operative recovery and excellent customer satisfaction. Despite its advantages, MIS may be associated with certain post operative complications and injuries, especially if the surgeon is not appropriately trained. MIS skills are different from open surgery skills where there is a significant loss in visual and tactile feedback. This skills need to be specifically learnt and the learner may need special instructions and training in order to gain proficiency in these skills.

There is a rapid adoption of MIS in the world now due to the numerous advantages both to the hospital and the clients. In order to develop and nurture MIS in KKM hospitals, a hospital policy is needed to govern the various aspects in the implementation of MIS in KKM hospitals.



# Criteria 7 :

## Policy and guidelines on Minimal Invasive Surgery

### Surgical department policy for Minimal Invasive Surgery

- **Definition:** A surgical technique which involves minimal trauma of access in performing the surgery.
- Minimal Invasive Surgery = Minimal Access Surgery (MAS)
- Has proven to be advantageous in many surgical procedures
- Achieved by reducing the size of incision to minimal to access the site of surgical procedures
- Usually done by putting the trocars and ports at the incision sites and surgery is achieved by means of long instruments inserted through these small ports.

# Criteria 7 :

## Policy and guidelines on Minimal Invasive Surgery

### Advantages of Minimal Invasive Surgery:

- Minimal post operative pain
- Excellent cosmetics
- Minimal post operative adhesion
- Faster post operative recovery
- Excellent customer satisfaction

### Disadvantages of Minimal Invasive Surgery:

- May be associated with certain post operative complications and injuries (especially if the surgeon not properly trained)



# Criteria 7 :

## Policy and guidelines on Minimal invasive surgery

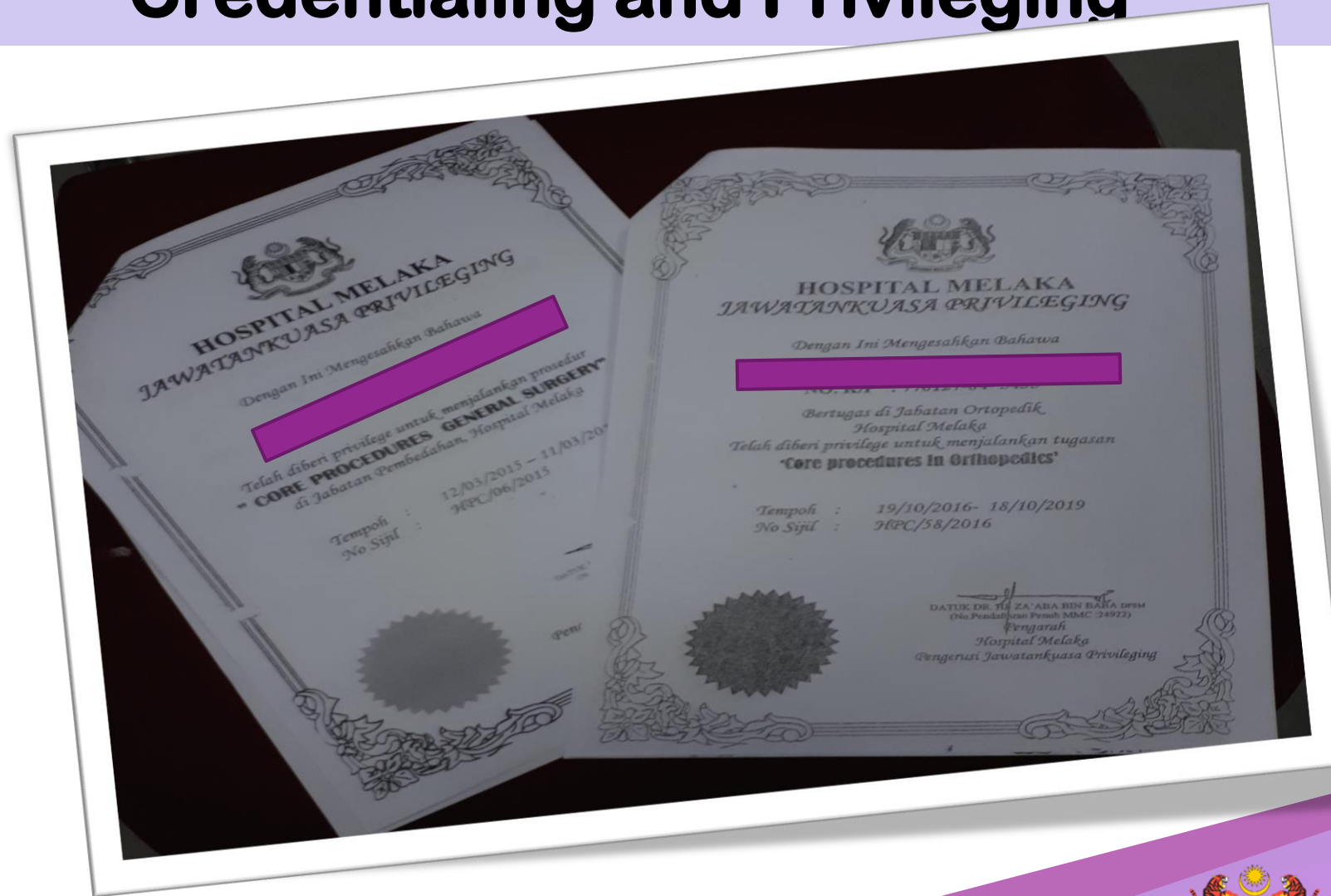
### The policy

#### Promotion of MIS:

- The hospital should undertake to promote MIS
- Various surgical department should be encouraged to sent surgeons for training in MIS whether local or abroad.
- The hospital should endeavour the support of training of surgeon in MIS in term of financial support and granting of leave for surgeons in MIS to participate in training
- The hospital should participate in all Ministry initiated programs that promote MIS

# Criteria 7 : Credentialing and Privileging

7.2



# Criteria 7 : Policy and guidelines on Minimal invasive surgery

7.3

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
7.3 Data on MIS	Data and records on MIS procedures for different discipline are available	3          -1	Any MIS procedure under Surgery, Orthopaedics (to confirm the type of procedure with HOS), CTS, O&G and others       Unverified data from any one department	/3
TOTAL ACQUIRED				
TOTAL				10

# Criteria 7 : Policy and guidelines on Minimal invasive surgery

7.3

HOSPITAL TUANKU FAUZIAH  
MINIMAL INVASIVE SURGERY  
YEAR 2017  
ORTHOPAEDIC DEPARTMENT

BIL	TYPE OF SURGERY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1.	ACL RECONSTRUCTION									2				2
	- With meniscus repair												1	1
	- With menisectomy													
	- With meniscus repair + menisectomy		1											1
	- With PCL recon				1									1
	- With PCL Recon + meniscus repair		1											1
2.	DIAGNOSTIC KNEE ARTHROSCOPY					1						1		2
	- With debridement										1	1	1	3
	- With microfracture													
3.	KNEE ARTHROSCOPY + SCREW FIXATION OF TIBIA													
4.	ANKLE ARTHROSCOPY													
	- With ligament repair													
5.	Shoulder arthroscopy													1
	- With Bursectomy				1									
	TOTAL	0	2	0	2	1	0	0	0	2	1	2	2	12

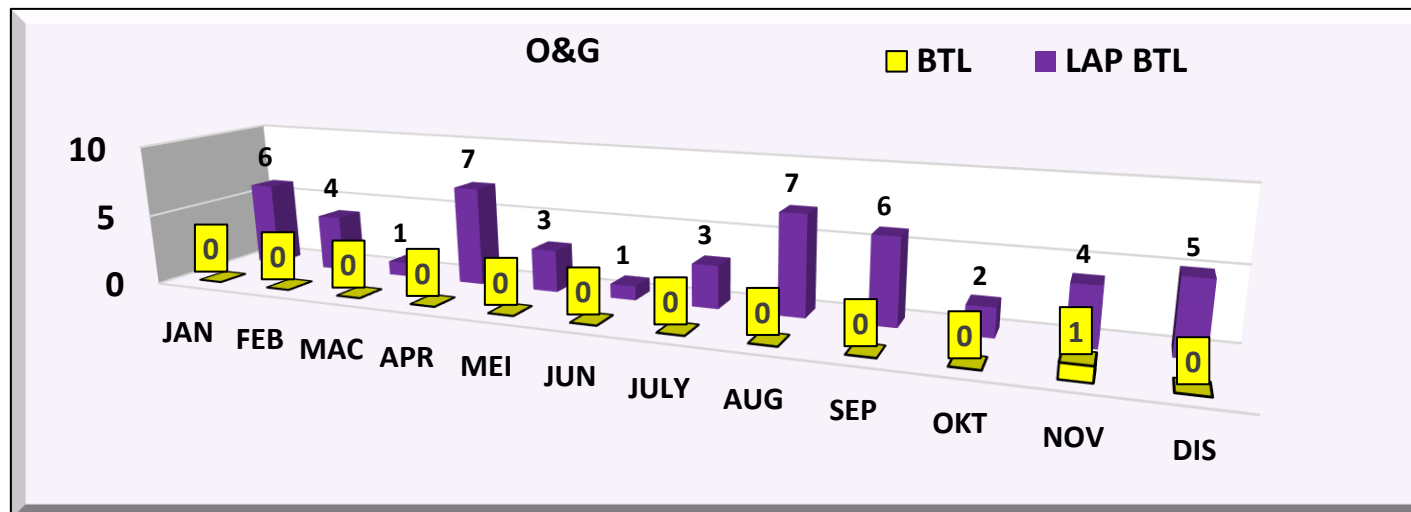
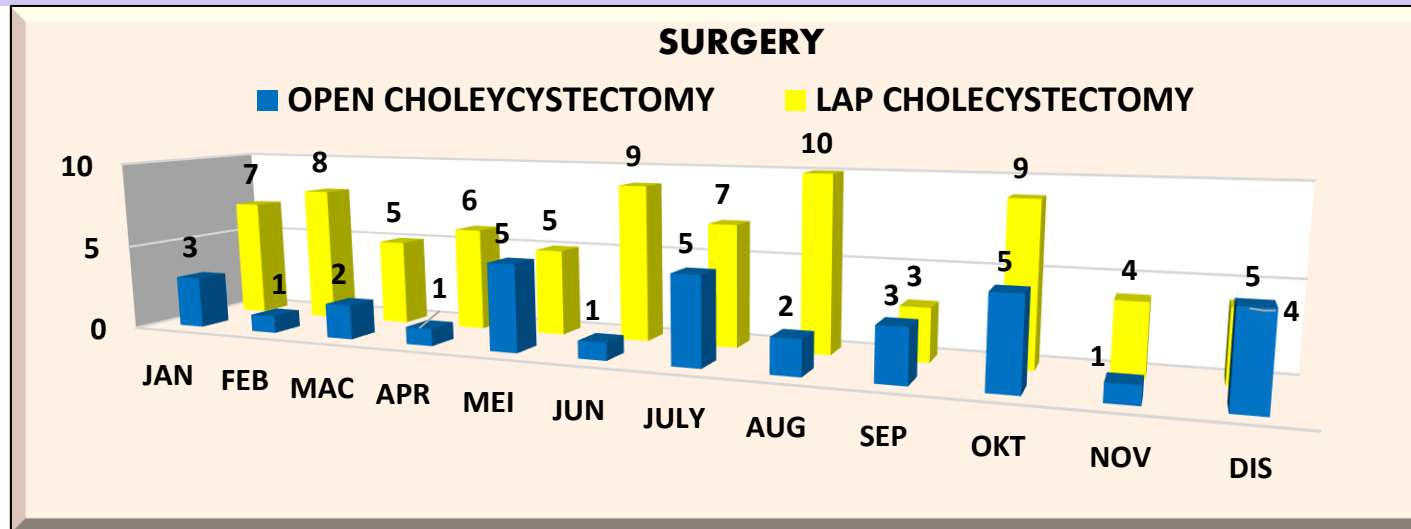
HOSPITAL TUANKU FAUZIAH  
MINIMAL INVASIVE SURGERY  
YEAR 2018  
ORTHOPAEDIC DEPARTMENT

TYPE OF SURGERY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
ACL RECONSTRUCTION		1	1			2							4
- With meniscus repair	1			1							1		3
- With menisectomy	1												1
- With meniscus repair + menisectomy							1						1
- With PCL Recon + meniscus repair													
DIAGNOSTIC KNEE ARTHROSCOPY			1				2	4		1			8
- With debridement		2					1						3
- With microfracture		1											1
KNEE ARTHROSCOPY + SCREW FIXATION OF TIBIA										1			1
ANKLE ARTHROSCOPY											1		1
- With ligament repair													
TOTAL	2	4	2	1	0	2	4	4	0	2	2	0	23



# Criteria 7 : Policy and guidelines on Minimal Invasive Surgery -Data on MIS

7.3



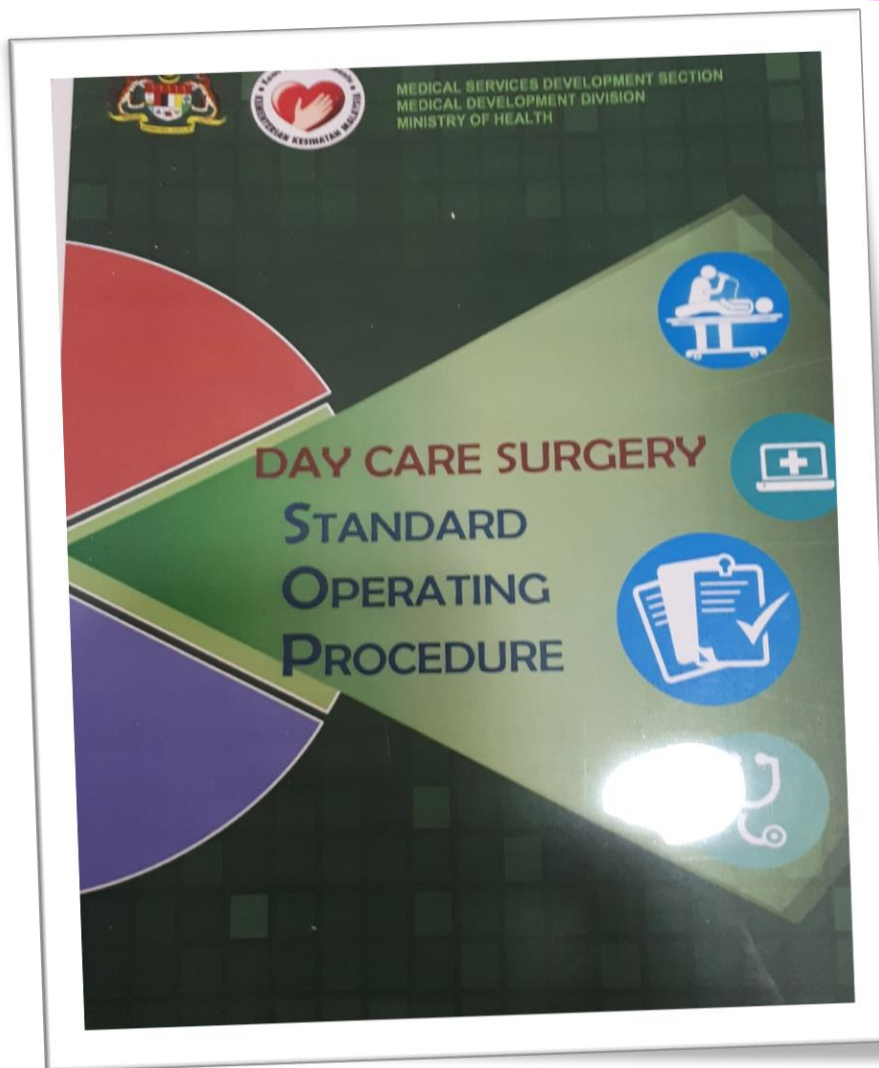
# Criteria 8 :

## Policy and guidelines on Day Care Surgery

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
8.1 MOH policy on Day Care Surgery available	<p>Should be available in surgical-based departments. (Mandatory)</p> <ul style="list-style-type: none"> <li>• Operation Theater</li> <li>• Anesthesia Clinic</li> <li>• Surgical Base Department , Wards&amp; clinic</li> </ul>	<p>1</p> <p>0.5</p> <p>0.5</p> <p>0.5</p> <p>0.5</p>	<ul style="list-style-type: none"> <li>• Hospital (verified &amp; Indexed)</li> <li>• Daycare</li> <li>• OT</li> <li>• Department</li> <li>• Clinics</li> </ul>	/3

# Criteria 8 : Policy and guidelines on Day Care Surgery

8.1



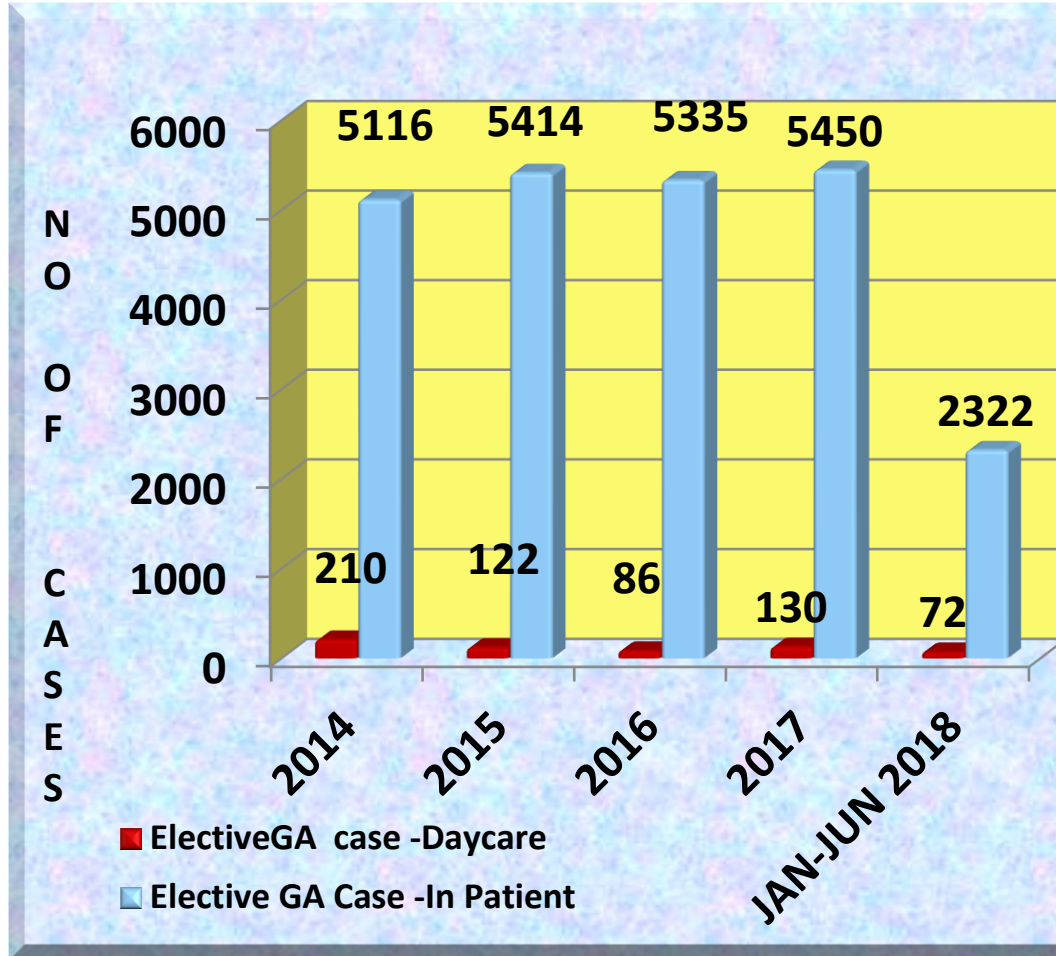
# Criteria 8 : Policy and guidelines on Day Care Surgery

Assessment checklist	Comments	Distrib-ution	Comments by Auditor	Final Marks														
8.2 Day Surgery data of cases under Anesthesia	<p>Data of cases should be available (hospital wide target <math>\geq 20\%</math>).</p> <p>Minimal requirement:</p> <table><tr><td>%</td><td>Score</td></tr><tr><td>0</td><td>0</td></tr><tr><td><math>\leq 5</math></td><td>0.5</td></tr><tr><td><math>\leq 10</math></td><td>1</td></tr><tr><td><math>\leq 15</math></td><td>1.5</td></tr><tr><td><math>&lt; 20</math></td><td>2</td></tr><tr><td><math>\geq 20</math></td><td>3</td></tr></table>	%	Score	0	0	$\leq 5$	0.5	$\leq 10$	1	$\leq 15$	1.5	$< 20$	2	$\geq 20$	3	3	<p>Total number of elective Day Care surgical cases under anaesthesia)</p> <p>_____ x100%</p> <p>Total number of elective cases by respective surgical procedures. (Day Care surgery cases + total elective of the discipline involved in Day Care)</p>	/3
%	Score																	
0	0																	
$\leq 5$	0.5																	
$\leq 10$	1																	
$\leq 15$	1.5																	
$< 20$	2																	
$\geq 20$	3																	



# Criteria 8 : Policy and guidelines on Day Care Surgery-Data of Daycare

8.2



JUMLAH "DAY CARE UNDER GA" WAD PEMBEDAHAN PEREMPUAN PADA TAHUN 2018

BULAN	HERNIO PLASTY	EXCISION BIOPSY	TOTAL
JANUARY	-	-	-
FEBRUARY	-	1	1
MARCH	-	1	1
APRIL	-	4	4
MAY	-	2	2
JUNE	-	2	2
JULY	-	4	4
AUGUST	1	6	7
SEPTEMBER	-	4	4
OCTOBER	-	2	2
NOVEMBER	-	4	4
DECEMBER	-	-	-
TOTAL	1	30	31

*Latifah Mohd. Razvi*  
10/01/19

## Criteria 8 : Policy and guidelines on Day Care Surgery

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
8.3 Day surgery data collection	Should be available in Day Care monthly data collection	2 1  2 1	<ul style="list-style-type: none"> <li>Documentation on phone review being done                             <ul style="list-style-type: none"> <li>○ <math>\geq 80\%</math></li> <li>○ <math>&lt;80\%</math></li> </ul> </li> <li>Patient satisfied with Day Care service                             <ul style="list-style-type: none"> <li>○ <math>\geq 80\%</math></li> <li>○ <math>&lt;80\%</math></li> </ul> </li> </ul>	/4
TOTAL ACQUIRED				
TOTAL				10

# Criteria 9 : Multidisciplinary team approach in pain management

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
<b>9.1</b> Evidence indicating multidisciplinary management of patient: <ul style="list-style-type: none"> <li>• Pre-operative/ non-surgical/ medical patients</li> <li>• Post-operative patients</li> </ul>	Patients' records managed by APS team, physiotherapists, pharmacists, other disciplines by referral	0.5 0.5 0.5 0.5 -0.5	<ul style="list-style-type: none"> <li>• APS / Anaes Clinic</li> <li>• Pharmacy</li> <li>• Occ Therapy</li> <li>• Physio</li> <li>• Data not verified by HOD</li> </ul> <p>*Data 1-3 years.</p>	/2



# Criteria 9 : Multidisciplinary team approach in pain management

9.1





# Criteria 9 : Multidisciplinary team approach in pain management

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
(cont)	Data and records of Multidisciplinary ward rounds or case discussions.	3	<p><b>1. Non-IT Hospital</b> Documentation of case discussion (virtually / physically) in the presence of i) Primary Team ii) Anaesthetist/ Anaes MO/ Palliative Specialist iii) pharmacist iv) Allied Health / other departments / Hospital Director</p> <p>(3 or more) &amp; signed.</p> <p><b>OR</b></p> <p><b>2. IT Hospital</b> Documentation of case discussion (virtually / physically) in the presence of i) Primary Team ii) Anaesthetist/ Anaes MO/ Pain Specialist iii) pharmacist iv) Allied Health / other departments / Hospital Director</p> <p>(3 or more) &amp; presented in a list format (each case discussion &amp; management accessible in EMR system)</p>	/3
<b>TOTAL ACQUIRED</b>				
<b>TOTAL</b>				<b>5</b>

# Criteria 9 : Multidisciplinary team approach in pain management

## 9.1

DEPARTMENT OF ANAESTHESIA AND INTENSIVE CARE  
HOSPITAL TUANKU FAUZIAH, KANGAR, PERLIS  
MULTIDICIPLINARY TEAM ROUND REPORT

DATE	19 Disember 2017
TIME	800 Am - 1040Am
ANAE TEAM	1. DR AFIGAH 2. DR HAULAH 3. 4. 5.
PHARMACIST	1. -
PHYSIOTHERAPIST	1. EN SHAUM
APS NURSE	1. SN NORFAZILAH BT. ABD 2. 3.
TOTAL CASE	PCA : ITM : EPIDURAL : BLOCK : S/CM :

APS NURSE SIGNATURE  
NORFAZILAH BT. ABDUL RASHID  
JURURAWAT U29

SISTER SIGNATURE



SUMMARY

BIL	PT'S NAME	RN	AGE	WARD	APS MODE	PAIN SCORE	REMARKS
1.	RUZINA KAMLEE	37572	57	K1	PCA F	7/8	CH PAIN. DEU. CONT
2.	MAZSARAH BT MAJID	37454	17	T2	ORAL	4/7	CA PAIN. CONT MX.
3.	KOSLI B. NAYAN	35573	49	K2	ORAL	2/4	CH PAIN. CONT MX.
	MAIDAH BT RAMLEE	37783	37	T3	PCA m	1/1	CONT MX.
	AD AKMAL IIRFAN	37852	10	D2	PCA m	4/4	CONT MX.
	ABU HASAN	37803	25	OB2	ITM	0/0	CONT MX.
	MORDIN	37833	27	OB1	ITM	0/0	CONT MX.
	IBRAHIM	37873	32	OB1	ITM	0/0	CONT MX.
		3776	46	T3	SCB	0/2	Ⓚ APS.
	2DL1	37418	18	4F	CSE	0/1	Ⓚ APS.
	MOTHO SHARIF	37489	19	GF	SCBB	2/3	Ⓚ APS.
	ASA	37752	36	OB2	ITM	0/4	Ⓚ APS.
		37130	63	GF	CSE	0/4	Ⓚ APS.
	KAMLEE	37577	26	OB2	ITM	0/0	Ⓚ APS.
	AL WAHAB	37730	32	OB2	EM	0/0	Ⓚ APS.
	SHARMINI MOTHO	37596	17	OB2	ITM	0/3	Ⓚ APS.
19							
20							

**Criteria 10 : Incorporate Non pharmacological and T&CM into pain management practices**

<b>Assessment checklist</b>	<b>Comments</b>	<b>Distribution</b>	<b>Comments by Auditor</b>	<b>Final Marks</b>
List of types of non-pharmacological methods and or application of T/CM methods in pain management.	Information and evidence of types of non-pharmacological techniques used. • Data and records of cases (e.g. massage, acupuncture, needling therapy) • Written evidence in nursing report/any clinical documenta-tion • Physiotherapist, Occupational Therapist report • T&CM referral and report	<b>2.5</b>          <b>2.5</b>	<ul style="list-style-type: none"> <li>Data and records of cases offered non-pharmacological methods or T&amp;CM referral and report (e.g. massage or soft tissue manipulation, acupuncture, needling therapy)</li> <li>Written evidence of non-pharmacological technique offered and documented (passing over notes / observation chart) to patient when indicated</li> </ul>	/5
<b>TOTAL ACQUIRED</b>				
<b>TOTAL</b>				<b>5</b>



# EXAMPLES OF NURSING ACTION AND OTHER NON DRUG TECHNIQUES FOR PAIN MANAGEMENT

	ACTION
Check possible causes of pain	Blocked urinary catheter Swollen intravenous site Uncomfortable position of patient
Reassurance	Explanation about the cause of the pain Information about the analgesia that you are going to give
Relaxation technique	Deep breathing Meditation
Topical application	Heat therapy Ice / cold pack / cryotherapy
Touch therapy	Massage
Distraction technique	Reading Listening to music /radio Watching TV

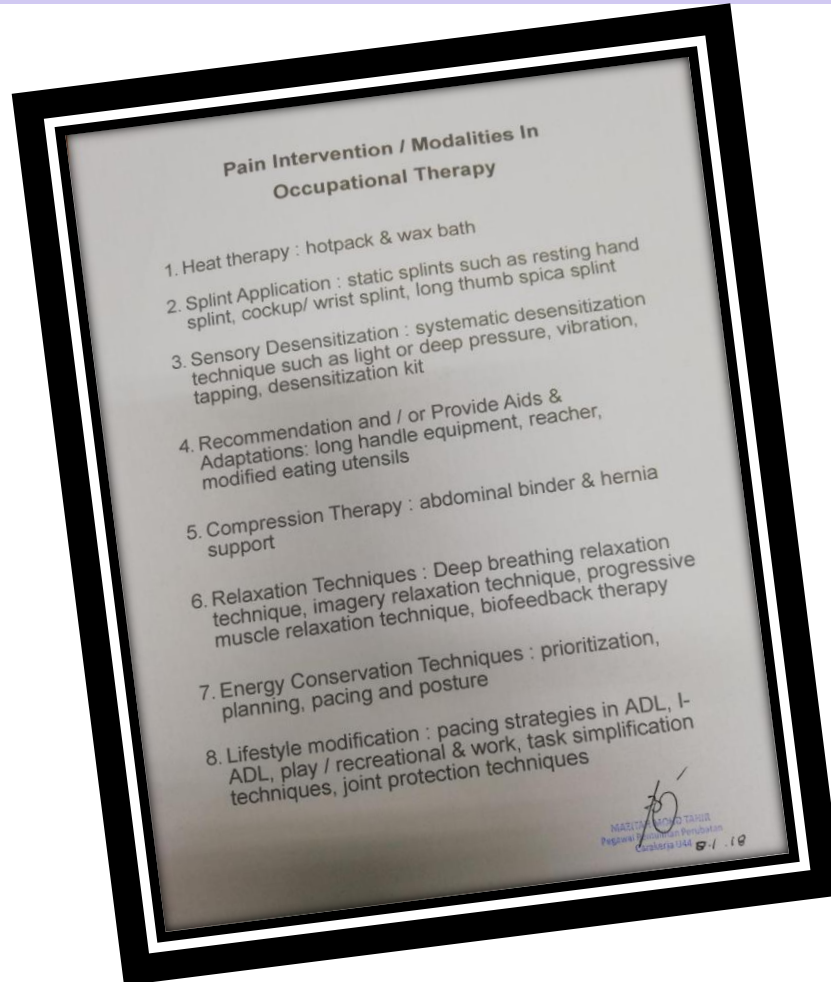




# Criteria 10 :

## Incorporate Non pharmacological and T&CM into pain management practices

10



**MODALITIES GIVEN FOR PAIN Management – Occupational THERAPY**

# Criteria 11:

## Involvement of State Health Department

Assessment checklist	Comments	Distribution	Comments by Auditor	Final Marks
<b>11.1</b> A written policy on pain free program	An adapted PFP policy is available at State Health Department (Quality Unit)		State Health Department (Quality Unit)	<b>/2</b>
PFP committee: members from all disciplines (refer KKM.600-28/2/10JLD2(43) meetings twice a year)	Documented evidence in PFP file: <ul style="list-style-type: none"> <li>List of PFP committee members</li> <li>Minutes of meetings</li> <li>Attendance list</li> </ul>	<b>1</b> <b>1</b> <b>1</b>	<ul style="list-style-type: none"> <li>2 call letter/ year</li> <li>2 Meeting minutes / year</li> <li>Valid appointment letter of current committee</li> </ul>	<b>/3</b>
<b>TOTAL ACQUIRED</b>				
<b>TOTAL</b>				<b>5</b>



# Assessment of Data





# Certification



- Passing rate – 80%
- 70 - 79% - conditional certification.



# THANK YOU



PAIN FREE PROGRAMME | KEMENTERIAN KESIHATAN MALAYSIA | UNIT AUDIT KLINIKAL