



**HOSPITAL SLIM RIVER,
35800 SLIM RIVER,
PERAK DARUL RIDZUAN.**



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Tarikh : 22 MEI 2018

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Pengarah
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32040 Seri Manjung
Perak Darul Ridzuan.

TUAN,

MAKLUMBALAS LAPORAN MOCK SURVEY EDISI KE 4 HOSPITAL SERI MANJUNG

Dengan hormatnya saya merujuk kepada perkara diatas.

2. Disertakan bersama Laporan Mock Survey Akreditasi Hospital Seri Manjung yang telah dijalankan pada 16 Mei 2018 oleh pasukan audit dari Hospital Slim River.
3. Sebarang pertanyaan lanjut sila hubungi penyelarass akreditasi Dr Normah Bt. Abdullah (Sambungan 3021) / penolong penyelarass akreditasi En Chan Boon Jie (Sambungan 8026). Kerjasama Tuan adalah amat dihargai & diucapkan ribuan terima kasih.

Sekian, terima kasih.

"BERKHIDMAT UNTUK NEGARA"

Saya yang menurut perintah,

.....
Dr. Hj. Mohd Yassim Bin Abdul Rahman
MMC 26048,
Pakar Perubatan Kesihatan Awam Gred Utama C,
Pengarah Hospital,
Hospital Slim River

"PENYAYANG, PROFESIONALISME DAN KERJA BERPASUKAN ADALAH BUDAYA KERJA KITA"



Accredited Hospital By:
Malaysian Society for Quality in Health (MSQH)
6 Disember 2015 – 5 Disember 2019



Certified By:
Intertek Certification International
03 Jun 2016 – 14 Sept 2018

MOCK SURVEY REPORT FOR HOSPITAL SERI MANJUNG, 16/5/2018

Introduction

A team of 10 auditors from various disciplines in healthcare services from Hospital Slim River (HSR) have conducted a mock survey in Hospital Seri Manjung (HSM) on 16.5.18 as per invitation by the Hospital Director of Hospital Seri Manjung. The purpose of this mock survey is to provide additional opinions for the facilities in order to achieve the Malaysian Hospital Accreditation Standards (4th edition). It is also a platform for sharing of knowledge and experience in healthcare services between personnel from both facilities.

Ratings for standards

Compliance codes SC/ PC/ NC/ NA were being used to rate the questionnaires standards based on Malaysian Hospital Accreditation Standards, 4th edition published in 2013.

- a) “SUBSTANTIAL COMPLIANCE” – SC
SC is given when sufficient key elements of the standards are achieved (80% and above)
- b) “PARTIAL COMPLIANCE” – PC
PC is given if a substantial part of the criterion that does not comply with the standard (50% to 79% compliance).
- c) “NON-COMPLIANCE” – NC
NC is given when the facility does not comply with the standard (below 49% compliance).
- d) “NOT APPLICABLE” – NA
NA is used when the criterion/standard is not relevant to the facility

Summary

5 services were audited by the auditors from HSR and the ratings for the corresponding standards are as follows:

- I. Service Standard 6: Patient And Family Rights (6 SC, 9 PC).
- II. Service Standard 12: Ambulatory Care Services – Endoscopy Services (1 SC, 2 PC)
- III. Service Standard 14: Radiology / Diagnostic Imaging Services (9 SC, 2 PC, 1 NA)
- IV. Service Standard 15: Pathology Services (1 SC, 1PC)
- V. Service Standard 23a: Mortuary Services (8 SC, 2 PC, 1 NC)

SERVICE STANDARD 6: PATIENT AND FAMILY RIGHTS

Auditors:

- a) Dr. Shazrin Norshariza Bt. Sharifuddin
Pegawai Perubatan UD44
- b) Matron Lim Chai Ngoh
Penyelia Jururawat U36
- c) Sister Hajar Bt. Mat Nor
Ketua Jururawat U32

Places Audited: Casualty / MOPD / SOPD / LR / SCN / WAD 6

Highlighted Standards: 6 SC, 9 PC

Comments & Suggestions	Rating
<p><u>Standard No:</u> 6.1.1.1</p> <p><u>Comment:</u></p> <p>(C) No specific interpreter is in charge on daily basis – however any available individual will be called to help.</p> <p>(D) Lack of sensitivity and privacy;</p> <ol style="list-style-type: none"> 1. There was no proper partition to secure patient’s privacy during ECG (Casualty). 2. Several beds shared the same curtain (Casualty). 3. Several patients were examined in the same consultation room simultaneously due to shortage of room, and some patient were consulted at the corridor instead of a proper room (Clinics). 4. Curtain was not properly held during examination and therefore patient’s examination was transparent to others. (SOPD). 5. Auditor’s presence was somewhat unwelcome and tensed environment observed (SOPD). <p>(E) Inadequate information with regards to identification of medical personnels.</p> <ol style="list-style-type: none"> 1. Most medical practitioners did not wear their nametags and did not introduce themselves before proceeding with consultation. Therefore patient seems not knowing the doctor who examined them. 2. Only medical practioner in charge was written in the OSCC registry book and name of assistant was unrecorded. 3. Organization chart was not updated with the current staff/medical practitioner <p>(N) Information/policy regarding responsibility of patient and family was not available in some departments. Some department with such information was not updated or exhibited well.</p> <p>(P) Filing system of certain department was not updated and incomplete making it difficult to access any information easily.</p>	<p>PC</p>

Comments & Suggestions	Rating
<p><u>Standard No:</u> 6.1.1.3</p> <p><u>Comment:</u></p> <p>1. Some of the consent forms were noted to be incomplete whereby only medical practitioners' signatures available. 2. There was no standardized flyers/ posters with regards to patient and family rights available in certain departments. Some departments did not exhibit them well.</p>	PC
<p><u>Standard No:</u> 6.1.1.4</p> <p><u>Comment:</u></p> <p>No proper guidance with regards to procedures needing consent in certain departments.</p>	PC
<p><u>Standard No:</u> 6.1.1.5</p> <p><u>Comment:</u></p> <p>Staff were able to explain their responsibilities however there was no proper documentation with regards to courses attended by the staff on patient and family right in certain departments.</p>	SC
<p><u>Standard No:</u> 6.1.3.2</p> <p><u>Comment:</u></p> <p>1. There was no proper partition to secure patient's privacy during ECG (Casualty). 2. Several beds shared the same curtain (Casualty). 3. Several patients were examined in the same consultation room simultaneously due to shortage of room, and some patient were consulted at the corridor instead of a proper room (Clinics). 4. Curtain was not properly held during examination and therefore patient's examination was transparent to others. (SOPD).</p>	PC
<p><u>Standard No:</u> 6.1.5.2</p> <p><u>Comment:</u></p> <p>1. There was no specific area/ room for breast feeding. 2. It was noted that the bed railings were only pulled up upon arrival of auditors. 3. There was no sufficient disable / elderly friendly facilities.</p>	PC

Comments & Suggestions	Rating
<p><u>Standard No:</u> 6.1.5.4</p> <p><u>Comment:</u></p> <p>Facilities which are in remote or isolated areas were monitored well by the security in charge.</p>	SC
<p><u>Standard No:</u> 6.1.6.4</p> <p><u>Comment:</u></p> <ol style="list-style-type: none"> 1. Staff were able to explain their responsibilities however there was no proper documentation with regards to courses attended by the staff on patient and family right in certain departments. 2. Re-tagging was also practiced in LR/SCN in every shift (documented in BHT) 	SC
<p><u>Standard No:</u> 6.1.8.2</p> <p><u>Comment:</u></p> <p>Information with regards to consultation/ outcome/ complication in patient's management were documented in patient's BHT mostly by HO. MO/specialist should double check and counter sign the documentation to ensure appropriate information was given.</p>	SC
<p><u>Standard No:</u> 6.1.8.4</p> <p><u>Comment:</u></p> <ol style="list-style-type: none"> 1. Staff were able to explain their responsibilities however there was no proper documentation with regards to courses attended by the staff on patient and family right in certain departments. 2. Only 39% of SN (in SCN) have post basic certificate. However there is internal program (T&T) among the nurses that is valid for 5years (documentation available) 	SC
<p><u>Standard No:</u> 6.1.10.1</p> <p><u>Comment:</u></p> <ol style="list-style-type: none"> 1. Information with regards to consultation/ outcome/ complication in patient's management were documented in patient's BHT mostly by HO. MO/specialist should double check and counter sign the documentation to ensure appropriate information was given. 	PC

Comments & Suggestions	Rating
<p>2. Some of the consent forms were noted to be incomplete whereby only medical practitioners' signatures available.</p> <p>3. Some patients' BHTs were incomplete with no patient's name/ RN/ IC.</p>	
<p><u>Standard No: 6.2.1.1</u></p> <p><u>Comment:</u></p> <p>A. No proper guidance with regards to procedures needing consent in certain departments.</p> <p>B. Explanation prior to taking consent from patient done mostly by HO and documented well in the BHT. However there was no countersign by MO/ specialist.</p>	PC
<p><u>Standard No: 6.2.1.3</u></p> <p><u>Comment:</u></p> <p>Information with regards to consultation/ outcome/ complication in patient's management were documented in patient's BHT mostly by HO. MO/specialist should double check and counter sign the documentation to ensure appropriate information was given.</p>	SC
<p><u>Standard No: 6.2.1.4</u></p> <p><u>Comment:</u></p> <p>No proper guidance with regards to procedures needing consent in certain departments.</p>	PC
<p><u>Standard No: 6.2.1.5</u></p> <p><u>Comment:</u></p> <p>Information with regards to consultation/ outcome/ complication in patient's management were documented in patient's BHT mostly by HO. MO/specialist should double check and counter sign the documentation to ensure appropriate information was given.</p>	PC

SERVICE STANDARD 12: AMBULATORY CARE SERVICES – ENDOSCOPY SERVICES

Auditors:

- a) En. Mohd. Rifdzan B. Mohd. Padil
Penolong Pegawai Perubatan U32
- b) En. Chan Boon Jie
Pegawai Sains (Mikrobiologi) C44
- c) Cik Krisna Veni Karruppanan
Pegawai Farmasi UF44

Highlighted Standards: 2 PC & 1 SC

Comments & Suggestions	Rating
<p><u>Standard No:</u> 12.4.1.1</p> <p><u>Comment:</u></p> <ol style="list-style-type: none"> 1. Rating from NC to PC. Dangerous drugs were stored in a storage box (however without alarm buzzer) but not secured in a proper container (placed in an envelope). 2. No proper storage cabinet for clean scopes. Application for storage cabinet have been submitted to hospital management. 3. Currently there are only 3 functioning scopes (1 OGDS & 2 colonoscopy), with no service interruption. <p><u>Suggestion:</u></p> <ol style="list-style-type: none"> 1. Suggestion for DDA storage box. <ul style="list-style-type: none"> • To store the DDA in a proper labelled container. • To fix alarm buzzer for the storage box. Recommended battery type alarm buzzer could be installed. • To relocate the storage box near the counter for better monitoring by staffs. 2. Storage cabinet required. 3. To increase number of scopes in order to improve efficiency of service. 	PC
<p><u>Standard No:</u> 12.4.1.2.d</p> <p><u>Comment:</u></p> <p>Rating from NC to PC. Equipment are well maintained but not placed in a proper storage cabinet. Application for storage cabinet have been submitted to hospital management.</p> <p><u>Suggestion:</u></p> <p>Storage cabinet is required.</p>	PC

Comments & Suggestions	Rating
<p data-bbox="164 233 477 268"><u>Standard No:</u> 12.4.1.4</p> <p data-bbox="164 306 310 342"><u>Comment:</u> List of competent personnel handling specialized equipments approved by Person In Charge (PIC) was available but not up to date.</p> <p data-bbox="164 453 334 489"><u>Suggestion:</u> Updated list of competent users approved by PIC for endoscope equipment is needed.</p>	SC

SERVICE STANDARD 14: RADIOLOGY / DIAGNOSTIC IMAGING SERVICES

Auditors:

- a) En. Mohd. Rushdi B. Ghazali
Juru X-Ray U36
- b) Pn Masitoh Bt. Saad
Juru X-Ray U32

Highlighted Standards: 3 PC, 1 NA & 9 SC

Komen & Cadangan	Rating
<p><u>Standard No:</u> 14.1.1.9</p> <p><u>Komen:</u> Satu 'Incident Reporting' telah dilaporkan dan dihantar ke Unit Kualiti pada 19.4.2017 mengenai seorang wanita muda datang untuk pemeriksaan X-Ray Vertebra Lumbar tanpa mendapat pengesahan 'Last Menstrual Period' (LMP) terlebih dahulu. Sehingga kini tiada maklumbalas diterima daripada Unit Kualiti untuk tindakan seterusnya. Langkah pencegahan telah dilakukan dengan menghantar memo ke semua jabatan.</p> <p><u>Cadangan:</u> Suatu tindakan susulan seperti RCA (Root Cause Analysis) perlu dilakukan untuk mengelakkan perkara ini daripada berulang lagi.</p>	PC
<p><u>Standard No:</u> 14.3.1.10</p> <p><u>Komen:</u> Tindakan Pembetulan telah dibuat.</p> <p><u>Cadangan:</u> -</p>	SC
<p><u>Standard No:</u> 14.3.1.16</p> <p><u>Komen:</u> Tindakan Pembetulan telah dibuat.</p> <p><u>Cadangan:</u> -</p>	SC
<p><u>Standard No:</u> 14.4.1.1</p> <p><u>Komen:</u> Pergerakan tiub X-Ray di dalam bilik pemeriksaan X-Ray adalah terhad</p>	PC

Komen & Cadangan	Rating
<p>disebabkan lokasi pemasangan rel pergerakan tiub X-Ray di kedudukan tepi bahagian siling.</p> <p><u>Cadangan:</u> Satu surat permohonan pengubahsuaian lokasi rel tiub X-Ray mengikut panduan 'GOOD ENGINEERING PRACTICE' (GEP) hendaklah dibuat ke pihak Pengurusan.</p>	
<p><u>Standard No:</u> 14.4.1.7</p> <p><u>Komen:</u> Tindakan Pembetulan telah dibuat.</p> <p><u>Cadangan:</u> -</p>	SC
<p><u>Standard No:</u> 14.4.1.11</p> <p><u>Komen:</u> Tindakan Pembetulan telah dibuat.</p> <p><u>Cadangan:</u> -</p>	SC
<p><u>Standard No:</u> 14.4.1.12</p> <p><u>Komen:</u> NA – Perkhidmatan tidak ditawarkan.</p> <p><u>Cadangan:</u> -</p>	NA
<p><u>Standard No:</u> 14.5.1.7</p> <p><u>Komen:</u> Tindakan Pembetulan telah dibuat.</p> <p><u>Cadangan:</u> -</p>	SC
<p><u>Standard No:</u> 14.6.1.1.a</p> <p><u>Komen:</u> Tindakan Pembetulan telah dibuat.</p>	SC

Komen & Cadangan	Rating
<p><u>Standard No:</u> 14.6.1.1.c</p> <p><u>Komen:</u> Tindakan Pembetulan telah dibuat.</p>	SC
<p><u>Standard No:</u> 14.6.4.1.</p> <p><u>Komen:</u> Tindakan Pembetulan telah dibuat.</p>	SC
<p><u>Standard No:</u> 14.6.4.2.</p> <p><u>Komen:</u> Sebaiknya lampu fluorescent (Cahaya putih) dalam bilik gelap hendaklah dipastikan terpadam semasa membuka Hooper Filem untuk mengelakkan filem X-ray daripada terdedah kepada cahaya.</p> <p><u>Cadangan:</u> Satu surat permohonan pemasangan 'Interlock' dalam bilik gelap hendaklah dibuat ke pihak Pengurusan.</p>	PC
<p><u>Standard No:</u> 14.6.5.6</p> <p><u>Komen:</u> Tindakan Pembetulan telah dibuat.</p>	SC

SERVICE STANDARD 15: PATHOLOGY SERVICES

Auditor:

- a) En. Chan Boon Jie
Pegawai Sains (Mikrobiologi) C44

Highlighted Standards: 1 PC & 1 SC

Comments & Suggestions	Rating
<p><u>Standard No:</u> 15.3.1.3</p> <p><u>Comment:</u> Documents & policies are up to date. However few documents/ statistics displayed on notice board were only signed but not dated.</p> <p><u>Suggestion:</u> Date of approval for information being displayed is needed.</p>	SC
<p><u>Standard No:</u> 15.4.1.8</p> <p><u>Comment:</u> PC. Temperature may have improved compared to previous survey as split unit of air conditioner have been installed. However ventilation and air quality is still sub-optimal especially in microbiology unit where exhaust fan releasing air into the ceiling space. It is also hazardous to staffs because the working area of bacteriology is congested. TB samples are being handled and processed at the same location. The person in charge (PIC) have prepared a proper plan to relocate the TB laboratory & intallation of suitable ducting.</p> <p><u>Suggestion:</u> Immediate action should be taken. Ducting up to the roof could be installed to exhaust the air to the atmosphere. Processing area for TB sample may be relocate to more spacious area & suitable location where exhaust with HEPA filtered air could be releaset to the atmosphere.</p>	PC

SERVICE STANDARD 23A: MORTUARY SERVICES

Auditors:

- a) Dr. Mohammad Hudzaifah B. Ridzuan
Pegawai Perubatan UD44
- b) En. Nik Abdullah Sani B. Nik Mud
Penolong Pegawai Perubatan U29

Highlighted Standards: 1 NC, 2 PC & 8 SC

Comments & Suggestions	Rating
<p><u>Standard No:</u> 23A.2.1.2</p> <p><u>Comment:</u> Rating from PC to SC. Letter of appointment sudah dimiliki.</p>	SC
<p><u>Standard No:</u> 23A.2.1.4</p> <p><u>Comment:</u> Rating from PC to SC. All staff already went for structured orientation programme & all were briefed regarding their service & policies.</p>	SC
<p><u>Standard No:</u> 23A.3.1.1</p> <p><u>Comment:</u> Rating from PC to SC. All documented policies & procedures for mortuary service are in place.</p>	SC
<p><u>Standard No:</u> 23A.3.1.3</p> <p><u>Comment:</u> Rating from PC to SC. Policies & procedures are updated, authorized, signed & reviewed.</p>	SC
<p><u>Standard No:</u> 23A.3.1.11</p> <p><u>Comment:</u> Rating from PC to SC. Mortuary service staff have been assigned as safety officer.</p>	SC
<p><u>Standard No:</u> 23A.4.1.1</p> <p><u>Comment:</u> Rating from PC to SC. The mortuary is accessible from an outside entrance. During previous survey there was a blockage at the main entrance.</p>	SC

Comments & Suggestions	Rating
<p><u>Standard No:</u> 23A.4.1.3</p> <p><u>Comment:</u> Rating from PC to SC. There are appropriate reception for body & storage now well organized with functioning freezer.</p>	SC
<p><u>Standard No:</u> 23A.4.1.5</p> <p><u>Comment:</u> Inadequate power supply & socket.</p> <p><u>Suggestion:</u> There is on-going effort to apply for upgrade present & shall be continued to ensure that standard could be achieved.</p>	PC
<p><u>Standard No:</u> 23A.4.1.6</p> <p><u>Comment:</u> No designated areas for reception & handling of decomposed bodies.</p> <p><u>Suggestion:</u> There is on-going effort to apply for upgrade present & shall be continued to ensure that standard could be achieved.</p>	NC
<p><u>Standard No:</u> 23A.4.1.8</p> <p><u>Comment:</u> Lack of appropriate staff facilities i.e: changing room, shower & resting area for staff.</p> <p><u>Suggestion:</u> There is on-going effort to apply for upgrade present & shall be continued to ensure that standard could be achieved.</p>	PC
<p><u>Standard No:</u> 23A.4.1.13</p> <p><u>Comment:</u> Rating from PC to SC. Logbook & maintenance records are well displayed.</p>	SC

- REPORT END -