

## SURVEY ITEM &amp; SELF-ASSESSMENT

## SERVICE STANDARD 17C : ALLIED HEALTH PROFESSIONAL SERVICES - DIETETIC SERVICES

**PREAMBLE**

*The Dietetic Services shall provide a high standard of medical nutrition therapy and wellness promotion to inpatients, outpatients and the community in a safe, efficient, effective and caring manner and shall be organised, directed and coordinated with other services in the Facility and community.*

*The scope of dietetic practice shall be provided by dietitians registered with the Malaysian Allied Health Professions Council (where applicable) and shall encompass the following:*

- 1. Individualised patients' nutritional needs as prescribed.*
- 2. Documented Nutrition Care Process:*
  - a) Nutrition assessment*
  - b) Nutrition diagnosis*
  - c) Nutrition intervention*
  - d) Nutrition monitoring and evaluation*
- 3. Standards of professional performance:*
  - a) Provision of services – provides evidence based, safe and quality service to the patients.*
  - b) Communication and application of knowledge – effectively applies knowledge and communicates with others involved in the care of the patient.*
  - c) Application of research – effectively applies, participates in or generates research to enhance practice.*
  - d) Utilisation and management of resources – uses resources effectively and efficiently in practice.*
  - e) Quality in practice – systematically and continuously evaluates the safety, quality and effectiveness of practice and revises practice as needed to incorporate the results of evaluation.*
  - f) Continued competence and professional accountability – engages in lifelong self-development to improve knowledge and enhance professional competency.*

SURVEY ITEM &SELF-ASSESSMENT						
<u>TOPIC</u> <u>17C.1:</u>		<u>ORGANISATION AND MANAGEMENT</u>				
<u>STANDARD</u> <u>17C.1.1</u>		<i>The Dietetic Services shall be provided by dietitians registered with the Malaysian Allied Health Professions Council and shall encompass the provision of total nutritional care requirements of all patients, which includes individualised medical nutrition therapy, based on established standards of practice and professional performance. The services shall also promote wellness and increase awareness of the role of good nutrition in reducing the risk factors of chronic diseases. In some instances, these services may be provided by external sources.</i>				
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17C.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Dietetic Services are clearly documented and measurable that indicates safety, quality and patient centred care. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed and revised as required accordingly and communicated to all staff.					
	EVIDENCE OF COMPLIANCE	1. Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.				
		2. Goals and objectives of the Dietetic Services in line with the Facility statements are available, endorsed and dated.				
		3. Evidence of planned reviews of the above statements.				
		4. These statements are communicated to all staff (orientation programme, minutes of meeting, etc)				
		5. Achievement of goals and objectives are monitored, reviewed and revised accordingly.				
	Facility Comments:					
17C.1.1.2 CORE	There is an organisation chart which:					

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
	a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of Dietetic Services, <u>consultants, medical practitioners</u> and staff of Dietetic Services; b) is accessible to all staff and clients; c) includes off-site services if applicable; d) is revised when there is a major change in any of the following:  i) organisation; ii) functions; iii) reporting relationships; iv) staffing patterns.					
	EVIDENCE OF COMPLIANCE				1. Clearly delineated current organisation chart with line of functions and reporting relationships between the Person In Charge (PIC), Head of Dietetic Services, <u>consultants, medical practitioners</u> and staff of the Dietetic Services.	
					2. Organisation chart of the service is endorsed, dated and accessible.	
					3. The organisation chart is revised when there is a major change in any of the items (d)(i) to (iv).	
	Facility Comments:					
17C.1.1.3 CORE	The dietitian who is the Head of the service shall be responsible for the Dietetic Services.					
	EVIDENCE OF COMPLIANCE	1. Job description of the Head of Dietetic Services				
		2. Monitoring reports on the service				
	Facility Comments:					

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			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17C.1.1.4	The Governing Body shall ensure that Dietetic Services are organised in such a way as to:				
	a) facilitate the provision of dietetic services to patients in the Facility in a safe, efficient, effective and caring manner and with due regards for the needs, dignity and privacy of patients and confidentiality of their personal information;				
	b) assure continuity of care;				
	c) address the professional needs of staff;				
	d) ensure the relevant staff are involved in the formulation of policies and procedures concerning dietetic and nutrition care of the patient appropriate to the scope of services of the Facility.				
	EVIDENCE OF COMPLIANCE	1. The Dietetic Services is organised to cover activities but not limited to items (a) to (d) evidenced through:			
		a) work assignment schedule to ensure service provision;			
		b) number of dietitians commensurate with workload to provide the necessary service;			
		c) nutrition care note in the patient's medical record;			
		d) staff training records;			
e) minutes of meeting					
	f) operational policies and procedure.				
Facility Comments:					
17C.1.1.5	Regular staff meetings are held between the Head of Service and staff <u>with sufficient regularity</u> to discuss issues and matters pertaining to the operations of the Dietetic Services. 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.			
		2. Attendance list of members with adequate representatives of the service.			
		3. Frequency of meetings as scheduled.			

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		4. Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).				
	Facility Comments:					
17C.1.1.6	The Head of Dietetic Services is involved in the planning, justification and management of the budget and resource utilisation for the various activities of the services.					
	EVIDENCE OF COMPLIANCE	1. Minutes of Facility-wide management meeting.				
		2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service.				
		3. Approved budget and resources.				
	Facility Comments:					
17C.1.1.7	The Head of Dietetic Services is involved in the appointment and/OR assignment of the staff.					
	EVIDENCE OF COMPLIANCE	1. Records on staff interview (if applicable)				
		2. Appointment/assignment letter of Head of Service				
		3. Job description of Head of Service				
		4. Records on staff deployment				
		5. Duty roster				
	Facility Comments:					
17C.1.1.8	Appropriate statistics and records shall be maintained in relation to the provision of Dietetic Services and used in managing the services and patient care purposes.					

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	EVIDENCE OF COMPLIANCE	1. Records are available but not limited to the following:			
		a) workload/census;			
		b) annual report;			
		c) accident/incident reports;			
		d) staffing number and staff profile;			
		e) staff training records;			
		f) data on performance improvement activities, including performance indicators.			
	Facility Comments:				
17C.1.1.9	Where Dietetic Services are provided by an external source, there is a written contract between the external service provider and the Facility stating the requirements for the services, including the following:  a) formal lines of communication and responsibility between the external service provider and the Facility; b) personnel providing the services are certified dietitians; c) participation in appropriate committees; d) arrangements for after-hours and emergency services; e) involvement of the external service provider in safety and performance improvement activities of the Facility, as appropriate; f) space, facilities and equipment are provided by the organisation.				
EVIDENCE OF COMPLIANCE	1. Terms of Agreement include all items (a) to (f)				
	2. Compliance with the terms of the agreement evidenced on site.				
Facility Comments:					

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17C.1.1.10	Under the provision of cluster concept, where dietetic service is needed, an arrangement need to be set to esure the continuity of service is given including the following: (where applicable) a. Documentation b. Census Roster					
	EVIDENCE OF COMPLIANCE	Appropriate policy and procedure including items (a) to (c)				
		Compliance with policy and procedure.				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT						
<u>TOPIC 17C.2:</u>	<u>HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT</u>					
<u>STANDARD 17C.2.1</u>	<i>The Dietetic Services shall be directed and adequately staffed by qualified and experienced staff to achieve the goals and objectives of the Dietetic Services. The dietitians shall be provided with continuous professional development to ensure competency and relevancy in their practice.</i>					
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
17C.2.1.1 CORE	The Head and staff of the Dietetic Services shall be individuals qualified by education, training, experience and certification to commensurate with the requirements of the various positions.					
	All dietitians shall be registered following the requirements of the Allied Health Professions Act.					
	EVIDENCE OF COMPLIANCE	1. Records on credentials of Head of Service and staff required to fill up the posts within the service (to match the complexity of the Facility and services) and registration.				
		2. Appointment/assignment letters				
		3. Certification				
		4. Training and competency records				
Facility Comments:						
17C.2.1.2	The authority, responsibilities and accountabilities of the Head of Dietetic Services are clearly delineated and documented.					
	EVIDENCE OF COMPLIANCE	1. Appointment/assignment letter for Head of Service.				
		2. Description of duties and responsibilities				
	Facility Comments:					



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17C.2.1.3 CORE	Sufficient numbers of registered dietitians (where applicable) and support staff with appropriate qualifications are employed to meet the need of the services. Relevant support staff shall work only under the supervision of registered dietitians.				
EVIDENCE OF COMPLIANCE	1. Number of qualified staff and qualification should commensurate with workload.				
	2. Staffing pattern ( Staff Assignment )				
	3. 2 Duty roster				
	4. 3. Census and statistics				
Facility Comments:					
17C.2.1.4	There are written and dated specific job descriptions for all categories of staff that include:  a) qualifications, training, experience and certification required for the position; b) lines of authority; c) accountability, functions and responsibilities, d) reviewed when required and when there is a major change in any of the following: i) nature and scope of work; ii) duties and responsibilities; iii) general and specific accountabilities; iv) qualifications required and privileges granted; v) staffing patterns; vi) Statutory Regulations.  e) administrative and clinical functions.				
EVIDENCE OF COMPLIANCE	1. Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).				
	2. Job description includes specialisation skills.				
	3. The job description is acknowledged by the staff and signed by the Head of Service and dated.				
Facility Comments:					
17C.2.1.5	Personnel records on training, staff development, leave and others are maintained for every staff.				

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	<b>Note:</b> Staff personal record may be kept in Human Resource Department as per Facility policy.				
	EVIDENCE OF COMPLIANCE	1. Staff personal records include:			
		a) staff biodata;			
		b) qualification and experience;			
		c) training record;			
		d) competency record and privileging;			
		e) leave record;			
		f) confidentiality agreement.			
	Facility Comments:				
17C.2.1.6	There is a structured orientation programme where new staff are briefed on their services, operational policies and relevant aspects of the Facility to prepare them for their roles and responsibilities.				
	EVIDENCE OF COMPLIANCE	1. Policy requiring all new staff to attend a structured orientation programme.			
		2. Records on structured orientation programme			
		3. Orientation Brief			
		4. List of attendance			
	Facility Comments:				
17C.2.1.7	There is evidence of training needs assessment and staff development plan which provides the knowledge and skills required for staff to maintain competency in their current positions and future advancement.				

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	EVIDENCE OF COMPLIANCE	1. Training needs assessment is carried out and gaps identified.				
		2. A staff development plan based on training needs assessment is available.				
		3. Training schedule/calendar is in place.				
		4. Training module				
	Facility Comments:					
17C.2.1.8	There are continuing education activities for staff to pursue professional interests and to prepare for current and future changes in practice.					
	EVIDENCE OF COMPLIANCE	1. Continuing education activities and schedule				
		2. Contents of training programme and records in specialised dietetic care, e.g. cardiac, renal, diabetes, paediatrics, intensive care, burns, cancer, nutrition support.				
		3. Training records on continuing education activities are kept and maintained for each staff.				
		4. Certificate of attendance/degree/post basic training.				
	Facility Comments:					
17C.2.1.9	Staff receive evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility.					
	EVIDENCE OF COMPLIANCE	1. Performance appraisal for staff is completed upon probationary period and as an annual exercise.				
	Facility Comments:					
17C.2.1.10	In a Facility where education programmes are conducted, the Facility shall ensure that there are sufficient skilled trained staff to provide clinical supervision of students.					

	CRITERIA FOR COMPLIANCE:			SELF RATING	SURVEYOR FINDINGS	
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	EVIDENCE OF COMPLIANCE	1. Letter of appointment – Local Preceptor/ Clinical Instructor.				
		2. Memorandum of Understanding with training institution				
		3. Adequate number of clinical instructor to students - Dietitian : Student ratio (1:3-4)				
		4. Qualification and training records of local preceptor				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT						
<b>TOPIC 17C.3: <u>POLICIES AND PROCEDURES</u></b>  <b>STANDARD 17C.3.1</b> <i>There are written and dated policies and procedures for all activities of the Dietetic Services. These policies and procedures reflect current standards of dietetics services and practice, relevant regulations, statutory requirements, and the goals and objectives of the Dietetic Services.</i>						
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17C.3.1.1 <b>CORE</b>	There are written policies and procedures for the Dietetic Services which are consistent with the overall policies of the Facility, regulatory requirements and current standard practices. These policies and procedures are signed, authorised and dated. There is a mechanism for and evidence of a periodic review at least once in every three years.					
	EVIDENCE OF COMPLIANCE	1. Documented policies and procedures for the service.				
		2. Policies and procedures are consistent with regulatory requirements and current standard practices.				
		3. Evidence of periodic review of policies and procedures.				
		4. The policies and procedures are endorsed and dated.				
Facility Comments:						
17C.3.1.2	Policies and procedures are developed by a committee in collaboration with staff, medical practitioners, Management and where required with other external service providers and with reference to relevant sources involved. Cross departmental collaboration is practised in developing relevant policies and procedures where applicable.					
	EVIDENCE OF COMPLIANCE	1. Minutes of committee meetings on development and revision on policies and procedures.				
		2. Minutes of meeting with evidence of cross reference with other departments				
		3. Documented cross departmental policies				
	Facility Comments:					

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17C.3.1.3	The dietary requirements of a patient shall be documented in a nutrition care plan which includes nutrition assessment, nutrition diagnosis, nutrition intervention, nutrition monitoring and evaluation in consultation with the medical practitioners and communicated to the nurses.					
	EVIDENCE OF COMPLIANCE	1. Nutrition Dietetic care notes in patient's medical records				
	Facility Comments:					
17C.3.1.4	There shall be a policy to address emergency resuscitation in the event of any life threatening situations and the Emergency Resuscitation Team can be alerted immediately, e.g. Code Blue.					
	EVIDENCE OF COMPLIANCE	1. Policy for Code Blue within the service area				
		2. Flow chart and contact number of Code Blue made available and accessible.				
	Facility Comments:					
17C.3.1.5	Current policies and procedures are communicated to all staff.					
	EVIDENCE OF COMPLIANCE	1. Training and briefing on the current policies and procedures/Minutes of meetings				
		2. Circulation list and acknowledgement				
	Facility Comments:					
17C.3.1.6 CORE	There is EVIDENCE OF COMPLIANCE with policies and procedures and standards of practice.					

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
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	EVIDENCE OF COMPLIANCE	1. Compliance with policies and procedures through: a) interview of staff on practices; b) verify with observation on practices; c) results of audit on practices; d) practices in line with established policies and procedures.			
	Facility Comments:				
17C.3.1.7	All outpatients seeking consultation/treatment to the Dietetic Services shall be referred by a medical practitioner.				
	EVIDENCE OF COMPLIANCE	1. Facility policy on referral to allied health services by medical practitioner 2. Referral letter/referral form written by medical practitioner 3. All patients/clients are registered in the manual register book or electronic system 4. Patient's medical records			
	Facility Comments:				
17C.3.1.8	Prescription of therapeutic diets , and enteral and parenteral feeding shall be performed by the dietitian in consultation with the referring medical practitioner.				
	EVIDENCE OF COMPLIANCE	1. Referral letter from referring medical practitioner. 2. Patient's medical records			
	Facility Comments:				
17C.3.1.9	A current diet manual is available to Dietitian.to the medical practitioners, food services staff and nursing staff. The diet manual shall include a description of diets provided by the services, including as reference for all therapeutic diets and those to suit religious and cultural preferences.				

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	EVIDENCE OF COMPLIANCE	1. Current Hospital diet manual			
	Facility Comments:				
17C.3.1.10	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff.				
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.				
	2. Clinical Practice Guidelines				
Facility Comments:					



SURVEY ITEM & SELF-ASSESSMENT						
<b>TOPIC 17C.4:</b>		<b><u>FACILITIES AND EQUIPMENT</u></b>				
<b>STANDARD 17C.4.1</b>		<b><i>Appropriate facilities and equipment shall be available for the efficient operation of the Dietetic Services.</i></b>				
	CRITERIA FOR COMPLIANCE:			SELF RATING	SURVEYOR FINDINGS	
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
17C.4.1.1	There is appropriate access to the facility, adequate facilities and equipment with proper utilisation of space to enable staff to carry out their professional, teaching and administrative functions.					
	EVIDENCE OF COMPLIANCE	1. Adequate and proper utilisation of space.				
		2. Appropriate type of equipment to match the complexity of services- Assessment tools and education tools.				
		3. Easy access and clear exit routes				
	Facility Comments:					
17C.4.1.2	There shall be a room to ensure privacy and easily accessible to provide dietary consultation to the patients.					
	EVIDENCE OF COMPLIANCE	1. Dietitian's consultation room				
	Facility Comments:					
17C.4.1.3	There is documented evidence that equipment complies with relevant national/international standards and current statutory requirements.					
	EVIDENCE OF COMPLIANCE	1. Testing, commissioning and calibration records (certificates or stickers)				
		2. Certification of equipment from certified bodies, e.g. Standards and Industrial Research Institute of Malaysia (SIRIM), etc as EVIDENCE OF COMPLIANCE to the relevant standards and Acts.				

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
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	Facility Comments:				
17C.4.1.4	Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the Facility operate such equipment.				
	EVIDENCE OF COMPLIANCE	1. User training records			
		2. Competency assessment record			
		3. Letter of authorisation			
		4. List of staff trained and authorised to operate specialised equipment			
	Facility Comments:				

SURVEY ITEM &SELF-ASSESSMENT						
<u>TOPIC 17C.5:</u>		<u>SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES</u>				
<u>STANDARD 17C.5.1</u>		<i>The Head of Dietetic Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Services.</i>				
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17C.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Dietetic Services. The process includes:  a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement  Innovation is advocated.					
	EVIDENCE OF COMPLIANCE	1. Planned performance improvement activities include (a) to (f)				
		2. Records on performance improvement activities.				
		3. Minutes of performance improvement meetings				
		4. Performance improvement studies				
		5. Records on innovation if available				
	Facility Comments:					
17C.5.1.2	The Head of Dietetic Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement to appropriate individual/personnel within the respective services.					

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					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	EVIDENCE OF COMPLIANCE	1. Minutes of meetings				
		2. Letter of assignment of responsibilities				
		3. Job description				
	Facility Comments:					
17C.5.1.3	<p>The Head of the Dietetic Services shall ensure that the staff are trained and complete incident reports which are promptly reported, investigated, discussed by the staff with learning objectives and forwarded to the Person In Charge (PIC) of the Facility.</p> <p>Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence.</p>					
	EVIDENCE OF COMPLIANCE	1. System for incident reporting is in place, which include:				
		a) Training of staff				
		b) Policy on incident reporting				
		c) Methodology of incident reporting				
		d) Register/records of incidents				
		2. Completed incident reports				
		3. Root Cause Analysis				
		4. Corrective and preventive action plans				
		5. Remedial measure				
		6. Minutes of meetings				
		7. Acknowledgment by Head of Service and PIC/Hospital Director				
		8. Feedback given to staff regarding incident reporting.				
	Facility Comments:					
17C.5.1.4 CORE	There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following:					

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	a) percentage of inpatient referrals seen on time (≤ 24 hours) by the dietitian (Target: ≥ 85%) b) percentage of outpatient referrals seen by the dietitian within the stipulated time by the Dietetic Services and approved by the Facility (Target: ≥ 85% ) c) Energy intake at least 70% of recommendation within 5 days of enteral nutrition initiation among patients in ward (Target: ≥ 80%)					
	EVIDENCE OF COMPLIANCE				1. Specific performance indicators monitored.	
					2. Records on tracking and trending analysis.	
					3. Remedial measures taken where appropriate	
	Facility Comments:					
17C.5.1.5	Feedback on results of safety and performance improvement activities are regularly communicated to the staff.					
EVIDENCE OF COMPLIANCE	1. Results on safety and performance improvement activities are accessible to staff.					
	2. Evidence of feedback via communication on results of performance improvement activities through continuing education activities/meetings.					
	3. Minutes of service/unit meetings					
Facility Comments:						
17C.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.					
	2. Policy statement on anonymity on patients and providers involved in performance improvement activities.					
Facility Comments:						

SERVICE SUMMARY	
SURVEYOR SUMMARY:	
OVERALL RATING:	
OVERALL RISK:	