

SURVEY ITEM & SELF-ASSESSMENT							
SERVICE STANDARD 17F : ALLIED HEALTH PROFESSIONAL SERVICES - OPTOMETRY SERVICES							
	<p><b><u>PREAMBLE</u></b> <i>Optometry Services involve the employment of methods for the measurement of the powers of vision, or the adaptation of ophthalmic lenses or prisms for the aid of the powers of vision, or both (Optical Act 1991).</i></p>						
<p><b><u>TOPIC 17F.1:</u></b></p> <p><b><u>STANDARD 17F.1.1</u></b></p>	<p><b><u>ORGANISATION AND MANAGEMENT</u></b></p> <p><i>The Optometry Services shall be organised and administered to provide services to patients requiring eye healthcare and other related services in accordance with accepted standards of practice of the profession. The services shall also promote wellness and increase awareness of eye healthcare. In some instances, these services may be provided from sources external to the Facility, organisation or institute.</i></p>						
	<p><b>CRITERIA FOR COMPLIANCE:</b></p>			<p><b>SELF RATING</b></p>	<p><b>SURVEYOR FINDINGS</b></p>		
					<p>AREAS FOR IMPROVEMENT / RECOMMENDATIONS &amp; RISK ASSESSMENT</p>	<p>SURVEYOR RATING</p>	
17F.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Optometry 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 Optometry 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:						

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
17F.1.1.2 <b>CORE</b>	There is an organisation chart which:  a) provides a clear representation of the structure, functions and reporting relationships between the Person In Charge (PIC), Head of Optometry Services, consultants, medical practitioners and staff of Optometry 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 Optometry Services, consultants, medical practitioners and staff of Optometry 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:			
17F.1.1.3	The Governing Body shall ensure that Optometry Services are organised in such a way as to : a) facilitate the provision of optometry services to patient in the Facility in a safe, efficient, effective and caring manner and with due regard for the needs, dignity and privacy of patients and confidentiality of their personal information; b) assure the continuity of care; c) address the professional needs of optometry staff; d) ensure that relevant staff are involved in the formulation of policies and procedures concerning eye healthcare appropriate to the scope of services of the Facility.			

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	EVIDENCE OF COMPLIANCE	1. The optometry services is organised to cover activities but not limited to items (a) to (d) through:				
		a) work assignment schedule to ensure service provision;				
		b) competent staffing level to provide the necessary				
		c) record on continuity of care in patient's medical treatment record;				
		d) Professional Development Plan.				
	Facility Comments:					
17F.1.1.4	EVIDENCE OF COMPLIANCE	Regular staff meetings are held between the Head of Service and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the Optometry Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.				
		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.				
		4. Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).				
	Facility Comments:					
17F.1.1.5	EVIDENCE OF COMPLIANCE	The Head of Optometry Services is involved in the planning, justification and management of the budget and resource utilisation of the services.				
		1. Minutes of Facility-wide Management/ Optometry Unit and/OR Ophthalmology Department meeting.				
		2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc)				
		3. Approved budget and resources.				
	Facility Comments:					

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17F.1.1.6	The Head of Optometry Services is involved in the appointment and/OR assignment of the staff.					
	EVIDENCE OF COMPLIANCE	1. Records on staff interview (if applicable)				
	Facility Comments:					
17F.1.1.7	Appropriate statistics and records shall be maintained in relation to the provision of Optometry Services and used for managing the services and patient care purposes.					
	EVIDENCE OF COMPLIANCE	1. Records are available but not limited to the following:				
		a) workload/census;				
		b) annual optometry 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:					

SURVEY ITEM & SELF-ASSESSMENT								
<b>TOPIC 17F.2:</b>		<b><u>HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT</u></b>						
<b>STANDARD</b> <b><u>17F.2.1</u></b>		<i>The Optometry Services shall be directed and adequately staffed by qualified and experienced staff to achieve the goals and objectives of the Optometry Services and ensure continuing education and professional development.</i>						
	<b>CRITERIA FOR COMPLIANCE:</b>		<b>SELF RATING</b>	<b>SURVEYOR FINDINGS</b>				
				<b>AREAS FOR IMPROVEMENT / RECOMMENDATIONS &amp; RISK ASSESSMENT</b>	<b>SURVEYOR RATING</b>			
17F.2.1.1 <b>CORE</b>	The Head and staff of the Optometry Services shall be individuals qualified by education, training, experience and certification to commensurate with the requirements of the various positions.							
	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. All optometrists shall have valid Annual Practising Certificate endorsed by Malaysian Optical Council.						
		3. Appointment/assignment letters						
		4. Certification						
		5. Training and competency records						
	Facility Comments:							
17F.2.1.2	The authority, responsibilities and accountabilities of the Head of Optometry 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:							

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17F.2.1.3 CORE	Sufficient numbers of optometrists with appropriate qualifications are employed to meet the need of the services.				
	EVIDENCE OF COMPLIANCE	1. Number of staff and qualification should commensurate with workload.			
		2. Staffing pattern			
		3. Duty roster			
		4. Census and statistics			
	Facility Comments:				
17F.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;				
	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. Relevant privileges granted				
	4. The job description is acknowledged by the staff and signed by the Head of Service and dated.				
Facility Comments:					

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			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
17F.2.1.5	Personnel records on training, staff development, leave and others are maintained for every staff.  <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) evidence of current registration;	
					d) training record;	
					e) competency record and privileging;	
					f) leave record;	
					g) confidentiality agreement.	
	Facility Comments:					
17F.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:					
17F.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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					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	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 (if applicable)				
	Facility Comments:					
17F.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				
		3. Training records on continuing education activities are kept and maintained for each staff.				
		4. Certificate of attendance/degree/post basic training.				
	Facility Comments:					
17F.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:					
17F.2.1.10	In a Facility where education program are conducted, the Facility shall ensure that there are sufficient skilled trained staff to provide clinical supervision of students.					
	EVIDENCE OF COMPLIANCE	1. Letter of appointment – Local Preceptor/Clinical Instructor.				
		2. Memorandum of Understanding with training institution				
		3. Adequate number of Local Preceptor/Clinical Instructor to				
		4. Qualification and training records of local preceptor (if applicable)				
	Facility Comments:					



SURVEY ITEM & SELF-ASSESSMENT							
<b>TOPIC 17F.3:</b>		<b><u>POLICIES AND PROCEDURES</u></b>					
<b><u>STANDARD</u></b> <b><u>17F.3.1</u></b>		<i>There are written and dated policies and procedures for all activities of the Optometry Services. These policies and procedures reflect current standards of optometry services and practice, relevant regulations, statutory requirements, and goals and objectives of the services.</i>					
	CRITERIA FOR COMPLIANCE:			SELF RATING	SURVEYOR FINDINGS		
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17F.3.1.1 <b>CORE</b>	There are written policies and procedures for the Optometry 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:						
17F.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.						

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	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 (if applicable)				
		3. Documented cross departmental policies (if applicable)				
	Facility Comments:					
17F.3.1.3	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:					
17F.3.1.4	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:					
17F.3.1.5 CORE	There is evidence of compliance with policies and procedures and standard of practice which include but not limited to the following: a) usage, dosage and storage of pharmaceuticals and contact lens solutions are in keeping with the recommendation of the manufacturer; b) appropriate practice of hygiene and infection control; c) provide appropriate instruction to patients on the prescription for spectacles, prism, contact lenses, low vision devices and visual therapy.					

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	EVIDENCE OF COMPLIANCE	1. Standard Operating Procedures (SOP) shall cover items (a) to (c).				
		2. 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				
	Facility Comments:					
17F.3.1.6	All outpatients seeking consultation/treatment to the Optometry Services shall be referred by a medical practitioner / certified optometrist / teachers from school health team screening / AVIS program					
	EVIDENCE OF COMPLIANCE	1. Documented facility policy on referral to allied health services				
		2. Referral letter/referral form written by medical practitioner / certified optometrist / teachers from school health screening / AVIS program				
		3. All patients/clients are registered in the manual register book or electronic system				
		4. Patient's medical record				
	Facility Comments:					
17F.3.1.7	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 i.e. Optical Act 1991, Optometry Standard Operating Procedures (SOP) are accessible on-site for staff reference.				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT							
<b>TOPIC 17F.4:</b>		<b><u>FACILITIES AND EQUIPMENT</u></b>					
<b><u>STANDARD</u></b> <b><u>17F.4.1</u></b>		<b><i>Safe and adequate facilities and equipment are available for the delivery of effective optometry services and ensuring patient safety.</i></b>					
	<b>CRITERIA FOR COMPLIANCE:</b>			<b>SELF RATING</b>	<b>SURVEYOR FINDINGS</b>		
					<b>AREAS FOR IMPROVEMENT / RECOMMENDATIONS &amp; RISK ASSESSMENT</b>	<b>SURVEYOR RATING</b>	
17F.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.					
		3. Adequate facilities and equipment at patient care area for safe care (e.g. access to emergency cart, hand washing facilities, etc).					
		4. Easy access and clear exit routes					
		5. Absence of overcrowding					
	Facility Comments:						
17F.4.1.2	There is documented evidence that equipment complies with relevant national/international standards and current statutory requirements.						
	EVIDENCE OF COMPLIANCE	1. Adequate equipment and supplies for optometry services.					
		2. Testing, commissioning and calibration records (certificates or stickers)					
		3. Certification of equipment from certified bodies, e.g. Standards and Industrial Research Institute of Malaysia (SIRIM), etc as EVIDENCE OF COMPLIANCE to the relevant					
	Facility Comments:						

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
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17F.4.1.3 CORE	There is evidence that the facility has a comprehensive maintenance programme such as predictive maintenance, planned preventive maintenance and calibration activities, to ensure the facilities and equipment are in good working order.				
	EVIDENCE OF COMPLIANCE	1. Planned Preventive Maintenance records such as schedule, stickers, etc.			
		2. Planned Replacement Programme where applicable			
		3. Complaint records			
		4. Asset inventory			
	Facility Comments:				
17F.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. List of staff trained and competent to operate specialised equipment			
	Facility Comments:				
17F.4.1.5	Examination room shall be set up according to standards to enable precise measurement.				
	EVIDENCE OF COMPLIANCE	1. List of Standard and Alternative Facilities in the Optometry Standard Operating Procedures is to be used as reference in setting up of Optometry examination room.			
	Facility Comments:				

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17F.4.1.6	Alarm system for emergencies appropriate to client needs shall be made available.				
	EVIDENCE OF COMPLIANCE	1. Emergency alert alarm system i.e. mechanical and Code Blue is in place			
	Facility Comments:				

SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 17F.5:		SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES				
STANDARD 17F.5.1		The Head of Optometry Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Optometry Services.				
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17F.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Optometry 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:					
17F.5.1.2	The Head of Optometry Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement to appropriate individual/personnel within the respective services.					

	CRITERIA FOR COMPLIANCE:			SELF RATING	SURVEYOR FINDINGS	
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	EVIDENCE OF COMPLIANCE	1. Minutes of meetings				
		2. Letter of assignment of responsibilities				
		3. Job description				
	Facility Comments:					
17F.5.1.3	<p>The Head of the Optometry 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:					
17F.5.1.4 <b>CORE</b>	<p>There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following:</p> <p>a) Percentage of keratoconus case have complications after RGP contact lens</p>					



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	delivery (Target: ≤ 20%) b) Optometrist outreach (Target: twice a year achieved 100%) c) Percentage of new patient refractive amblyopia improve visual acuity in 4 months (Target: ≥ 85%) d) Percentage new patient that were given appointment for refraction procedure within ≤ 6 weeks in Optometry Clinic without Ophthalmologist (Target: ≥ 80%) e) Percentage new patient that were given appointment for diabetic retinopathy screening within ≤ 6 weeks in optometry Clinic at Klinik Kesihatan (Target: ≥ 80%) f) Waiting time to see optometrist after registration (Target: 80% within 60 minutes)							
	EVIDENCE OF COMPLIANCE	1. Specific performance indicators monitored.						
		2. Records on tracking and trending analysis.						
		3. Remedial measures taken where appropriate.						
	Facility Comments:							
17F.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:							

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17F.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. Documentation 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:**

<b>OVERALL RATING:</b>
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**OVERALL RISK:**