

SURVEY ITEM & SELF-ASSESSMENT	
SERVICE STANDARD 17I : ALLIED HEALTH PROFESSIONAL SERVICES – COUNSELLING PSYCHOLOGY SERVICES	
	<p><u>PREAMBLE</u></p> <p><i>Counselling Psychology Services shall offer a standard of counselling for promotion of mental health and wellness outreach to inpatients, outpatients, staff and the community a safe, efficient, effective and caring manner. Counselling Psychology Services shall be organized, directed and coordinated with other services in the healthcare facility/community. Counseling Psychology services help people with physical, emotional and mental health to improve their sense of well-being, alleviate feelings of distress and resolve crisis.</i></p> <p><i>Counseling Psychology services are provided by :</i></p> <ol style="list-style-type: none"> <i>1. Psychology Officer (Counseling) who are registered with the Malaysian Board of Counselor (Act 580) and appointed by government of Malaysia</i> <i>2. Non-registered Psychology Officer (Counseling) appointed by government of Malaysia:</i>
<p><u>TOPIC 17I.1:</u></p> <p><u>STANDARD 17I.1.1</u></p>	<p><u>ORGANISATION AND MANAGEMENT</u></p> <p><i>The Counselling Psychology Services shall be organized and administered to provide services to clients in efficient, effective and caring manner. It shall be coordinated with other relevant services in accordance with accepted standards of practice.</i></p> <p><i>The role of counselling services is to support the holistic care of reducing the risk factors of mental health and promote psychological well-being. In some instances, the Psychology Officers (Counseling) shall also give intervention, consultation, psychoeducation, and guidance.</i></p>

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
17I.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Counselling Psychology Services are clearly documented and measurable that indicates safety, quality and clients centred care. These reflect the roles and aspirations of the service and the needs of the clients. These statements are monitored, reviewed and revised as required accordingly and communicated to all staff.			

	CRITERIA FOR COMPLIANCE:			SELF RATING	SURVEYOR FINDINGS	
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	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 Counselling Psychology 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:					
171.1.1.2 CORE	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 Counselling Psychology Services, consultants, treatment practitioners and staff of Counselling Psychology 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 Counselling Psychology Services, consultants, treatment practitioners and staff of Counselling Psychology 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:					

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS																					
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING																				
171.1.1.3 CORE	<p>The Governing Body shall ensure that Counselling Psychology Services are organised in such a way as to:</p> <p>a) facilitate the provision of Counselling Psychology services to clients in the facility in a safe and conducive environment, efficient, effective and caring manner and with due regards for the needs, dignity and privacy of clients and confidentiality of their personal information;</p> <p>b) assure continuity of care;</p> <p>c) address the professional needs of the Counselling Psychology staff;</p> <p>d) ensure the relevant staff are involved in the formulation of policies and procedures concerning clients care appropriate to the scope of services of the Facility.</p>																							
	<table><tr><td rowspan="10">EVIDENCE OF COMPLIANCE</td><td>1. The Counselling Psychology Services is organised to cover activities but not limited to items (a) to (d) through:</td><td></td></tr><tr><td>a) work assignment schedule to ensure service provision;</td><td></td></tr><tr><td>b) incompetent staffing level to provide the necessary service;</td><td></td></tr><tr><td>c) record on continuity of care in client's treatment record;</td><td></td></tr><tr><td>d) Professional Development Plan.</td><td></td></tr><tr><td>2. Services provided ensure privacy and confidentiality:</td><td></td></tr><tr><td>a) individual counselling room;</td><td></td></tr><tr><td>b) group counselling room;</td><td></td></tr><tr><td>c) documented client record and summary progress report.</td><td></td></tr><tr><td colspan="2">Facility Comments:</td></tr></table>	EVIDENCE OF COMPLIANCE	1. The Counselling Psychology Services is organised to cover activities but not limited to items (a) to (d) through:		a) work assignment schedule to ensure service provision;		b) incompetent staffing level to provide the necessary service;		c) record on continuity of care in client's treatment record;		d) Professional Development Plan.		2. Services provided ensure privacy and confidentiality:		a) individual counselling room;		b) group counselling room;		c) documented client record and summary progress report.		Facility Comments:			
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	Facility Comments:																							
171.1.1.4	<p>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 Counselling Psychology Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.</p>																							

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					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	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.				
		4. Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).				
	Facility Comments:					
171.1.1.5	The Head of Counselling Psychology Services is involved in the planning, justification and management of the budget and resource utilisation of the services.					
	EVIDENCE OF COMPLIANCE	1. Minutes of Facility-wide management meeting				
		2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service.				
		3. Approved budget and resources.				
	Facility Comments:					
171.1.1.6	The Head of Counselling Psychology 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:					

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
171.1.1.7	Appropriate statistics and records shall be maintained in relation to the provision of Counselling Psychology Services and used for managing the services and clients care purposes. All client's treatment records shall be kept according to relevant regulation.				
	EVIDENCE OF COMPLIANCE	1. Policy on keeping client's treatment records			
		2. 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:				

SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 171.2		<u>HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT</u>				
STANDARD <u>171.2.1</u>		<i>The Counselling Psychology Services shall be directed and adequately staffed by qualified and experienced staff to achieve the goals and objectives of the Counselling Psychology Services and ensure continuing education and professional development.</i>				
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
171.2.1.1 CORE	The Head and staff of the Counselling Psychology Services shall be individuals qualified by education, training, experience and certification to commensurate with the requirements of the various positions. Staff providing Counselling Psychology Services shall be a registered counsellor and shall have a valid Professional Practicing Certificate. Psychology Officer appointed by Hospital Director to conduct Counselling Psychology services.					
	EVIDENCE OF COMPLIANCE	1. Records on credentials of Head of Service and staff required to fill up the posts within the service and registration (Annual Practicing Certificate)				
		2. Appointment/assignment letters				
		3. Certification				
		4. Training and competency records				
	Facility Comments:					
171.2.1.2	The authority, responsibilities and accountabilities of the Head of Counselling Psychology Services are clearly delineated and documented.					
	EVIDENCE OF COMPLIANCE	1. Appointment letter for Head of Service.				
		2. Description of duties and responsibilities.				
	Facility Comments:					

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS			
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171.2.1.3 CORE	Sufficient numbers of Psychology Officer (Counselling) and support staff with appropriate qualifications are employed to meet the need of the services.						
	EVIDENCE OF COMPLIANCE	1. Number of Psychology Officer (Counselling) and qualification should commensurate with workload.					
		2. Staffing pattern					
		3. Duty roster					
		4. Census and statistics					
	Facility Comments:						
171.2.1.4	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) licensure; c) lines of authority; d) accountability, functions and responsibilities; e) 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.						
	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 and scope of work which include:					
		a) individual counselling;					
		b) group counselling;					
		c) family counselling;					
		d) consultation.					
		3. The job description is acknowledged by the staff and signed by the Head of Service and dated.					

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
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	Facility Comments:				
171.2.1.5	Personnel records on training, staff development, leave and others are maintained for every staff. Note: 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:				
171.2.1.6	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:				
171.2.1.7	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.				
	EVIDENCE OF COMPLIANCE	1. Training needs assessment is carried out and gaps identified.			

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		2. A staff development plan based on training needs assessment is available.				
		3. Training schedule/calendar is in place.				
		4. Training module				
	Facility Comments:					
171.2.1.8	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, i.e. psychological testing example TAJMA, Myers-Briggs Type Indicator (MBTI), etc				
		3. Training records on continuing education activities are kept and maintained for each staff.				
		4. Certificate of attendance/degree/post graduate training.				
	Facility Comments:					
171.2.1.9	Staff receive appraisal 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:					
171.2.1.10	In a Facility where education programs are conducted, the Facility shall ensure that there are sufficient skilled trained staff to provide clinical supervision/ internship of students.					
	EVIDENCE OF COMPLIANCE	1. Letter of appointment – Local Preceptor/ Clinical Instructor.				
		2. Memorandum of Understanding/ Agreement with training institution				
		3. Adequate number Senior Psychology Officer (Counselling) to students				
		4. Qualification and training records of local preceptor				

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	5. Clinical Student Log Book				
	Facility Comments:				

SURVEY ITEM &SELF-ASSESSMENT					
<u>TOPIC 17I.3:</u>		<u>POLICIES AND PROCEDURES</u>			
<u>STANDARD</u> <u>17I.3.1</u>		<i>There are written and dated policies and procedures for all activities of the Counselling Psychology Services. These policies and procedures reflect current standards of Counselling Psychology services and practice, relevant regulations, statutory requirements, and the goals and objectives of the Counselling Psychology Services.</i>			
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
17I.3.1.1 CORE	There are written policies and procedures for the Counselling Psychology 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, i.e. Counsellor Act 580 or Standard Operating Procedure (SOP) Counselling Psychology Services, MOH			
		3. Evidence of periodic review of policies and procedures.			
		4. The policies and procedures are endorsed and dated.			
	Facility Comments:				
17I.3.1.2 CORE	Policies and procedures are developed by a committee in collaboration with staff, treatment practitioners, management and where required with other external service providers and with reference to relevant sources involved and a documentation of counselling and psychological care plan, which includes: a) assessment; b) diagnosis c) intervention; d) monitoring and evaluation; e) Consultation with the treatment practitioner; and shall be recorded in the clients treatment record.				

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	Cross departmental collaboration is practiced in developing relevant policies and procedures where applicable.				
	EVIDENCE OF COMPLIANCE	1. Minutes of committee meetings on development and revision on policies and procedures that cover items (a) to (e).			
		2. Minutes of meeting with evidence of cross reference with other departments/relevant sources.			
		3. Documented cross departmental policies			
		4. Clinical documentation in client's treatment records includes clear record of assessment; diagnosis; intervention; monitoring and evaluation.			
	Facility Comments:				
171.3.1.3	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, Code Grey, Emergency alert for example for disaster case, Trauma and Crisis Cases is available.				
	EVIDENCE OF COMPLIANCE	1. Policy for Code Blue and Code Grey within the service area.			
		2. Flow chart and contact number of Code Blue and Code Grey made available and accessible.			
	Facility Comments:				
171.3.1.4	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:				
171.3.1.5 CORE	There is evidence of compliance with policies and procedures and standards of practice.				

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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 on audit on practices;					
		d) practices in line with established policies and procedures.					
	Facility Comments:						
171.3.1.6	Clients seeking consultation/treatment to the Counselling Psychology Services shall be referred by a Medical Practitioner. Note Staffs are allowed to walk in for counseling sessions by self-referral.						
	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 client are registered in the manual register book or electronic system.					
		4. Clients treatment record					
	Facility Comments:						
171.3.1.7	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 are accessible on-site for staff reference.					
	Facility Comments:						

SURVEY ITEM & SELF-ASSESSMENT					
<u>TOPIC 171.4:</u>	<u>FACILITIES AND EQUIPMENT</u>				
<u>STANDARD 171.4.1</u>	<i>Appropriate, safe and adequate facilities and equipment are available for the delivery of effective Counselling Psychology Services and ensuring clients safety.</i>				
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
171.4.1.1 CORE	There is appropriate access to the facility, adequate facilities and equipment, psychological testing and educational tools with proper utilization of space to enable staff to carry out their professional, teaching and administrative functions.				
	EVIDENCE OF COMPLIANCE	1. Adequate and proper utilization of space.			
		a) individual counselling room			
		b) group counselling room			
		c) adequate storage space (locked cabinet/storage)			
		2. Appropriate type of equipment, psychological testing and educational tools to match the complexity of services.			
		3. Adequate facilities and equipment for safe care and access to :			
		a) panic button,			
		b) hand washing facilities , emergency cart			
		4. Easy access and clear exit routes			
		5. Absence of overcrowding			
	Facility Comments:				
171.4.1.2 CORE	There shall be a conducive room; easily accessible, equipped with counselling and psychological assessment and educational tools to conduct the counselling process in privacy to the clients.				
	EVIDENCE OF COMPLIANCE	1. Suitable rooms for counseling session (such as sofa, coffee table, air condition and etc)			
		2. List of Psychological Assessment and educational tools			

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
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	Facility Comments:				
171.4.1.3	There is documented evidence that psychological instruments and assessment comply where applicable, with relevant standards.				
	EVIDENCE OF COMPLIANCE	1. Psychological assessment and educational tools used			
	Facility Comments:				
171.4.1.4	There is evidence that the Facility has a comprehensive maintenance program such as planned preventive maintenance 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 Programmed where applicable			
		3. Complaint records			
		4. Asset inventory			
	Facility Comments:				
171.4.1.5	Where specialized equipment, psychological assessment and educational tools are used, there is evidence that only staff who are trained and authorized by the Facility operate such equipment.				
	EVIDENCE OF COMPLIANCE	1. License and certificate of the user of psychological assessment and educational tools			
		2. User training records			
		3. Competency assessment record			
		4. List of staff trained and authorized to psychological assessment and educational tools			
	Facility Comments:				

SURVEY ITEM & SELF-ASSESSMENT											
<u>TOPIC 17I.5:</u>	<u>SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES</u>										
<u>STANDARD 17I.5.1</u>	<i>The Head of Counselling Psychology Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Counselling Psychology Services.</i>										
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS								
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17I.5.1.1	<p>There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Counselling Psychology Services. The process includes:</p> <p>a) Planned activities</p> <p>b) Data collection</p> <p>c) Monitoring and evaluation of the performance</p> <p>d) Action plan for improvement</p> <p>e) Implementation of action plan</p> <p>f) Re-evaluation for improvement</p> <p>Innovation is advocated.</p>										
	<table><tr><td rowspan="3">EVIDENCE OF COMPLIANCE</td><td>1. Specific performance indicators monitored.</td><td></td></tr><tr><td>2. Records on tracking and trending analysis.</td><td></td></tr><tr><td>3. Remedial measures taken where appropriate</td><td></td></tr></table>	EVIDENCE OF COMPLIANCE	1. Specific performance indicators monitored.		2. Records on tracking and trending analysis.		3. Remedial measures taken where appropriate				
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	2. Records on tracking and trending analysis.										
	3. Remedial measures taken where appropriate										
	Facility Comments:										
7I.5.1.2	<p>The Head of Counselling Psychology Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement to appropriate individual/personnel within the respective services.</p>										
	<table><tr><td rowspan="3">EVIDENCE OF COMPLIANCE</td><td>1. Minutes of meetings</td><td></td></tr><tr><td>2. Letter of assignment of responsibilities</td><td></td></tr><tr><td>3. Job description</td><td></td></tr></table>	EVIDENCE OF COMPLIANCE	1. Minutes of meetings		2. Letter of assignment of responsibilities		3. Job description				
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	Facility Comments:				
171.5.1.3	<p>The Head of Counselling Psychology Services shall ensure that the staff are trained and complete incident 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			
	EVIDENCE OF COMPLIANCE	6. Minutes of meetings			
		7. Acknowledgment by Head of Service and PIC/Hospital Director			
		8. Feedback given to staff regarding incident reporting.			
	Facility Comments:				
171.5.1.4 CORE	<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 new case given counseling psychology services within 3 working days</p> <p>b) Percentage of clients achieved their counseling goal.</p>				
	EVIDENCE OF COMPLIANCE	1. Specific performance indicators monitored.			
		2. Records on tracking and trending analysis.			
		3. Remedial measures taken where appropriate			

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	Facility Comments:				
171.5.1.5	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/committee meetings			
	Facility Comments:				
171.5.1.6	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of Medical Practitioners, staff and clients is preserved.				
	EVIDENCE OF COMPLIANCE	1. Documentation on performance improvement activities and performance indicators.			
		2. Policy statement on anonymity on clients and providers involved in performance improvement activities.			
	Facility Comments:				

SERVICE SUMMARY	
SURVEYOR SUMMARY:	
OVERALL RATING:	
OVERALL RISK:	