

SURVEY ITEM & SELF-ASSESSMENT				
SERVICE STANDARD 10 : ANAESTHETIC SERVICES				
	<p><u>PREAMBLE</u> <i>The Anaesthetic Services are provided by a team of highly trained and experienced specialists, known as anaesthetists. Anaesthetists are a key part of the team when surgery is being performed. They shall safely administer the right level of anaesthetic and monitor patients while they are anaesthetised to ensure they remain safe.</i></p> <p><i>In addition to providing care during perioperative period, intensive care, high dependency and resuscitation services, as well as teaching and training, research and audit, anaesthetists are also involved in providing special services that include the following but not limited to:</i></p> <p><i>a) Pain Management Units:</i></p> <ul style="list-style-type: none"> <i>i) Acute Pain Service (APS)</i> <i>ii) Chronic Pain Clinics</i> <i>iii) Obstetric analgesia service</i> <p><i>b) Anaesthetic clinics for preoperative assessment of patients scheduled for surgery/ procedure requiring anaesthesia.</i></p>			
<p><u>TOPIC 10.1:</u></p> <p><u>STANDARD 10.1.1</u></p>	<p><u>ORGANISATION AND MANAGEMENT</u></p> <p><i>The Anaesthetic Services shall be organised and administered to provide safe and efficient anaesthesia, intensive care, and pain management for patients. It works in collaboration with other related departments and services of the Facility.</i></p>			
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
10.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Anaesthetic 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.			

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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 Anaesthetic 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:						
10.1.1.2 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 the Anaesthetic Services, consultants, medical practitioners and staff of the Anaesthetic 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 the Anaesthetic Services, consultants, medical practitioners and staff of the Anaesthetic 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:						

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10.1.1.3	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 Anaesthetic 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.				
		4. Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).				
	Facility Comments:					
10.1.1.4	The Head of the Anaesthetic 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:					
10.1.1.5	The Head of Anaesthetic Services is involved in the appointment and/OR assignment of 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:					

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10.1.1.6	The Anaesthetic Services shall be represented on the Operating Theatre Committee which advises and sets guidelines for the Operating Suite Services.							
	EVIDENCE OF COMPLIANCE	1. Appointment letter of Head of Service in Operating Theatre (OT) Committee						
		2. Terms of Reference						
		3. Minutes of OT Committee meetings						
	Facility Comments:							
10.1.1.7	The Anaesthetic Services support and maintain responsibility for general intensive care services of the Facility.							
	EVIDENCE OF COMPLIANCE	1. List of services provided to other Units in the Facility by the Anaesthetic Services.						
		2. Documented responsibility for General Intensive Care Services.						
	Facility Comments:							
10.1.1.8	Where a Facility provides obstetric services, the Anaesthetic Services shall be responsible for the provision of safe and efficient anaesthetic services to obstetric patients.							
	EVIDENCE OF COMPLIANCE	1. List of services provided to other Units in the Facility by the Anaesthetic Services.						
		2. Documented responsibility for safe anaesthetic services to obstetric patients.						
	Facility Comments:							
10.1.1.9	Appropriate statistics and records shall be maintained in relation to the provision of Anaesthetic Services and used for managing the services and patient care purposes.							

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	EVIDENCE OF COMPLIANCE	1. Records are available but not limited to the following:							
		a) workload on types of anaesthesia and nature of surgeries and trending;							
		b) intensive care workload such as number of admissions, bed occupancy rate, ventilator days and average length of stay;							
		c) annual report;							
		d) accident/incident reports;							
		e) staffing number and staff profile;							
		f) staff training records;							
		g) data on performance improvement activities, including performance indicators.							
	Facility Comments:								

SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 10.2:	HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT					
STANDARD 10.2.1	The Anaesthetic Services shall be directed by a qualified and competent anaesthetist/medical practitioner, and staffed by suitably qualified and competent clinical staff to achieve the goals and objectives of the Anaesthetic Services. Staff of the Anaesthetic Services have access to appropriate education programmes to maintain and improve their knowledge and skills.					
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10.2.1.1	The Head and staff of the Anaesthetic 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 certification/registration.				
		2. Appointment/assignment letters				
		3. Certification				
		4. Training and competency records				
	Facility Comments:					
10.2.1.2	The authority, responsibilities and accountabilities of the Head of Anaesthetic Services are clearly delineated and documented. The Head of Service shall ensure the following: a) availability of equipment, drugs, and agents necessary for the safe administration of anaesthesia; b) application of appropriate techniques essential to the proper care of the anaesthetised patients; c) documentation and maintenance of records relating to the conduct of anaesthesia. These records shall be maintained in a form suitable for evaluating the quality of care; d) compilation of appropriate statistics relating to anaesthetic services activities; e) documentation of administrative policies and procedures; f) arrangements for staff to be on duty for provision of emergency anaesthetic services;					

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	g) regular meetings of anaesthetic staff for clinical review and educational activities. Such meetings shall also address matters on policy and administration, as appropriate and minuted; h) participation and cooperation of representatives of other departments or services in formulating policies and procedures to provide uniform quality of anaesthetic services in the Facility.				
	EVIDENCE OF COMPLIANCE	1. Appointment/assignment letter for Head of Service.			
		2. Description of duties and responsibilities covers but not limited to those listed (a) to (h) as evidenced by:			
		a) availability of adequate facilities and equipment and necessary medications and other drugs in the drug trolley;			
		b) documentation in patients' medical records indicate safe practise of anaesthesia;			
		c) anaesthetic records shows completeness of documentation including name of practitioner, drug charting, vital signs readings and perioperative events;			
		d) annual statistics on workload, types of anaesthesia, trending and nature of surgeries;			
		e) administrative policies, protocols and work instructions for nursing staff are available;			
		f) duty rosters for emergency operating room staffing and anaesthetic assistant for extra emergency operating room teams;			
		g) clinical review and educational programmes and attendance list;			
		h) minutes of meetings with other representatives in relation to policies and performance improvement initiatives.			
	Facility Comments:				

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10.2.1.3	Sufficient numbers of personnel and support staff with appropriate qualifications are employed to enable the services to meet the need of the services. This will include dedicated anaesthetic assistants (with post basic training) at least one (1) per operating theatre and staffing in recovery rooms to be at least one (1) qualified nurse to three (3) patients.					
	EVIDENCE OF COMPLIANCE	1. Number of staff and qualification commensurate with staffing norms and workload.				
		2. Staffing pattern				
		3. Job description for anaesthetic assistants and recovery nurses.				
		4. Duty roster for anaesthetic assistants and recovery nurses				
		5. Census and statistics				
	Facility Comments:					
10.2.1.4	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. All staff shall have a personal file with information on documentation on their qualifications, training and level of experience.				
		2. Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).				
		3. Job description includes specialisation skills				

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		4. Relevant privileges granted where applicable.				
		5. The job description is acknowledged by the staff and signed by the Head of Service and dated.				
	Facility Comments:					
10.2.1.5	Personnel records on training, staff development, leave and others are maintained for every staff. Note: <i>Staff personal record may be kept in Human Resource Department as per Facility policy.</i>					
	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:					
10.2.1.6 CORE	The Anaesthetic Services shall ensure that anaesthesia is performed by qualified specialists and trained medical practitioners under the supervision of specialists and comply as follows: a) medical practitioner appointments in anaesthesia shall be made on the basis of demonstrated competence, availability and qualifications; b) a credentialing process shall be set in place to privilege other medical practitioners (i.e. medical officers) recognising their experience, in instances where the availability of staff with postgraduate qualifications in anaesthetics is difficult to obtain. Their experience/training shall be from performing anaesthesia on a full-time basis;					

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	<p>c) trainee medical practitioners in the Anaesthetic Services shall be directly supervised by an appropriately qualified or experienced anaesthetist to the standards set down by Training Boards;</p> <p>d) staffing is adequate to ensure that the same standard of anaesthetic competence is available for all emergencies and elective procedures. Each anaesthetist shall provide anaesthesia for only one patient at any one time;</p> <p>e) Anaesthetic services shall be available 24 hours per day, as required by the Facility's scope of services through an on call roster.</p>			
	EVIDENCE OF COMPLIANCE			
	1. National Specialist Register (NSR) certificates for Anaesthetists			
	2. Assignment of medical practitioners in the Anaesthetic Services address (a) to (c)			
	3. Certificate of credentialing and privileging			
	4. Ratio of specialists to trainees (where applicable)			
	5. Work schedules and on-call rosters for specialists and medical officers			
	6. Policy on stay-in call for specialist or calling for direct specialist participation in emergency surgery			
	7. Documented evidence and verification of assignment of one anaesthetist to one patient at any one time of surgery.			
	Facility Comments:			
10.2.1.7	<p>There is a structured orientation programme for all newly appointed staff to the Anaesthetic Services including medical practitioners and for those new to specific areas that include the following:</p> <p>a) explanation of the goals, objectives, policies and procedures of the Facility and those of the Anaesthetic Services;</p> <p>b) lines of authority and areas of responsibility;</p>			

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	c) explanation of particular duties and functions; d) explanation of the methods of assigning clinical care and the standards of clinical practice; e) handover communication; f) processes for resolving practice dilemmas; g) information about safety procedures; h) training in basic/advanced life support techniques; i) methods of obtaining appropriate resource materials; j) staff appraisal procedures for the Anaesthetic Services; k) education on Patient and Family Rights; l) education on MSQH Standards requirements.						
	EVIDENCE OF COMPLIANCE				1. Policy requiring all new staff to attend a structured orientation programme.		
					2. There is Anaesthetic Services orientation programme with relevant topics not limited to topics covered from (a) to (l)		
					3. Attendance list		
	Facility Comments:						
10.2.1.8	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.		
					2. A staff development plan based on training needs assessment is available.		
					3. Training schedule/calendar is in place.		
					4. Training module		
					5. Privileging of Specialist and Medical Officer		
Facility Comments:							

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10.2.1.9	There are continuing education activities for staff including medical practitioners to pursue professional interests and to prepare for current and future changes in practice.					
	EVIDENCE OF COMPLIANCE	1. Training calendar includes in-house/external courses/workshop/conferences				
		2. Contents of training programme				
		3. Training records on continuing education activities are kept and maintained for each staff.(e.g Teleconferencing, Webinar)				
		4. Certificate of attendance/degree/post basic training.				
	Facility Comments:					
10.2.1.10	Professional staff are actively assisted to attend relevant programmes conducted by their professional groups, other related associations, and educational institutions. Where the Facility cannot provide the necessary programme, cooperation is sought from external sources.					
	EVIDENCE OF COMPLIANCE	1. Records on continuing professional education activities for staff.				
		2. Training records for degree or post-graduate training programmes.				
		3. Certificate of attendance at conferences				
	Facility Comments:					
10.2.1.11	Staff including medical practitioners receive evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility.					

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	EVIDENCE OF COMPLIANCE	1. Performance appraisal for staff including medical practitioners is completed upon probationary period and as an annual exercise.				
	Facility Comments:					
10.2.1.12	In facilities where trainee specialists, houseman and medical undergraduates are present, provision is made for their adequate training.					
	EVIDENCE OF COMPLIANCE	1. Sufficient skilled trained staff to provide clinical supervision as per terms of Memorandum of Understanding.				
		2. Log books				
		3. Assessment reports				
		4. Training timetable, continuing medical education and attendance list.				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 10.3:		POLICIES AND PROCEDURES				
STANDARD 10.3.1		Documented policies and procedures shall reflect current knowledge and practice for the Anaesthetic Services and are consistent with the goals and objectives of the Anaesthetic Services and relevant regulations and statutory requirements.				
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
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10.3.1.1 CORE	There are written policies and procedures for the Anaesthetic 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:					
10.3.1.2	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:					
10.3.1.3 CORE	Policies and procedures on Anaesthetic Services shall include the following:					

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	a) anaesthetic care shall comply with the College of Anaesthesia Guidelines or equivalent; b) the administration of anaesthesia to any patient is by a dedicated anaesthetist/privileged medical practitioner who is solely responsible for the care of the patient throughout the period of anaesthesia.					
	EVIDENCE OF COMPLIANCE	1. The following guidelines should be made available in the facility:				
		a) Recommendations for Patient Safety and Minimal Monitoring Standards during Anaesthesia and Recovery (2013)				
		b) Guidelines on Pre-operative Fasting (2008) or equivalent				
		c) Recommendations on Pre-anaesthetic assessment (2014)				
		d) Guidelines on Infection Control in Anaesthesia (2014)				
		e) Total Intravenous Anaesthesia (Pocket Reference,2013)				
		f) Recommendations for Minimal Standards for Inter-Facility Transport of Critically Ill Patients (2016)				
		g) Guidelines for the management of obese patient coming for surgery (2015)				
		h) The presence of dedicated anaesthetist/privileged medical practitioner who is solely responsible for the care of the patient per operation.				
		i) Rostering of manpower distribution in the operating room				
	Facility Comments:					
10.3.1.4	There are written guidelines or protocol for patients undergoing all anaesthetic and sedation procedures.					
EVIDENCE OF COMPLIANCE	1. Documented guidelines/protocols for patients undergoing anaesthetic and sedation procedures					

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	Facility Comments:				
10.3.1.5 CORE	Separate documented informed consent for anaesthesia or sedation shall be obtained by the anaesthetist from the patient OR family members where applicable according to existing laws.				
	EVIDENCE OF COMPLIANCE	1. Policy for consent taking			
		2. Anaesthetic consent form developed in accordance with the Malaysian Medical Council guidelines.			
	Facility Comments:				
10.3.1.6	All patients for surgery shall be assessed preoperatively by the anaesthetist and details of the assessment documented in the patient medical records or anaesthetic form.				
	EVIDENCE OF COMPLIANCE	1. Verification of evidence of pre-operative assessment by anaesthetist in patient's medical records or Anaesthetic forms.			
	Facility Comments:				
10.3.1.7	All anaesthetic procedures shall comply with standard infection control guidelines to prevent cross infection between patients. Breathing apparatus shall not be shared and disposable items shall not be reused.				
	EVIDENCE OF COMPLIANCE	1. Guidelines on infection control policy in the operating theatre are available and adhered to.			
		2. Reusable anaesthetic items and equipment are sterilised according to infection control guidelines.			
		3. Single use anaesthetic items are disposed after each use.			
	Facility Comments:				
10.3.1.8	Current policies and procedures are communicated and made accessible to all staff.				

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	EVIDENCE OF COMPLIANCE	1. Training and briefing on the current policies and procedures/Minutes of meetings				
		2. Circulation list and acknowledgement				
	Facility Comments:					
10.3.1.9	Safe conduct of anaesthesia shall include but not limited to the following practices: a) pre-anaesthetic assessment; b) adherence to fasting protocol; c) various levels of checks on the anaesthetic machines; d) labelling of loaded syringes; e) pre-induction assessment of patient's vital signs and safety check list as per World Health Organization (WHO) recommendation; f) post-anaesthesia monitoring and documented criteria for discharge. The patient shall be reviewed by the anaesthetist before discharge from the recovery room (including objective scoring before discharge); g) post-operative acute pain management by the anaesthetist shall be encouraged. In the absence of the anaesthetist, the operating surgeon shall address the pain relief.					
EVIDENCE OF COMPLIANCE	1. The practice of safe anaesthesia address requirements as listed (a) to (g)					
	2. Verification of the following:					
	a) pre-anaesthetic assessment documented in the patient's medical records or anaesthetic records with pre-operative orders and instructions carried out;					
	b) fasting instructions are documented and compliance to fasting orders carried out in nursing notes;					
	c) daily check of anaesthetic equipment;					
	d) evidence of compliance to WHO checklist (Save Surgery Saves Lives);					
e) post-anaesthesia monitoring recorded in the anaesthetic records or patient medical records;						

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		f) discharge from post-anaesthetic unit by the anaesthetic specialist or doctor assigned with the responsibility;				
		g) scoring system used to document fitness for discharge and proper handover of patient to the receiving team from the ward;				
		h) policy on post-operative pain management and documentation of pain scores;				
		i) technique of pain management based upon patient factors and resources available;				
		3. References for pain management are available e.g. Pain Management Handbook (Ministry of Health, current edition)				
	Facility Comments:					
10.3.1.10 CORE	There is evidence of compliance with policies and procedures.					
	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:					
10.3.1.11	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff (including Malaysian Medical Council guidelines on consent).					

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	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:				

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TOPIC 10.4:		<u>FACILITIES AND EQUIPMENT</u>				
STANDARD 10.4.1		<i>The facilities and equipment in any designated area where anaesthesia is administered are adequate and appropriate for the safe delivery of anaesthesia and resuscitation.</i>				
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10.4.1.1	There are adequate and appropriate 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 each patient care area for safe care. (e.g. anaesthetic machines, Anaesthetic Gas Scavenging System, defibrillators, emergency cart, hand washing facilities, etc)				
		4. Easy access and clear exit routes				
	Facility Comments:					
10.4.1.2	Facilities used for induction of anaesthesia shall be designed and equipped for safe practice. If regional blocks are performed outside of the Operating Room, then it shall be done in areas with proper monitoring and resuscitation facilities.					
	EVIDENCE OF COMPLIANCE	1. Performance of regional blocks is done in areas with proper monitoring and resuscitation facilities.				
	Facility Comments:					
10.4.1.3	Areas where anaesthesia is administered comply with Medical Gas System requirements and standards set by relevant authorities.					

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	EVIDENCE OF COMPLIANCE	1. Presence of gas panel with auditory and visual alarms in the operating room.						
		2. The alarm system is checked regularly by trained personnel and documented.						
	Facility Comments:							
10.4.1.4 CORE	Facilities including emergency equipment and drugs shall be readily available in operating rooms and recovery areas for resuscitation purposes.							
	EVIDENCE OF COMPLIANCE	1. Emergency resuscitation trolley with defibrillator is easily available.						
		2. Presence of difficult intubation trolley, complete with airway devices and algorithm for CICV (can't intubate, can't ventilate) scenario.						
		3. Protocol for management of malignant hyperthermia (MH) and local anaesthetic toxicity, including statement on accessibility of drugs to treat these specific conditions are available.						
	Facility Comments:							
10.4.1.5	There shall be adequate space for patient recovery from anaesthesia with minimum 1.5 recovery bay to 1 operating room, i.e. 2 recovery bays for 1 operating room, 3 recovery bays for 2 operating rooms, 5 recovery bays for 3 operating rooms etc. The recovery room shall be appropriately staffed and equipped for resuscitation and monitoring. The nurse to patient ratio shall be based on patient's conscious level i.e.1:1 for unconscious patient and 1:3 for conscious patients.							
	EVIDENCE OF COMPLIANCE	1. The patient recovery area is in the vicinity of the operating room and readily accessible to the anaesthetist.						
		2. Availability of resuscitation equipment in case of emergency.						
		3. Adequate number of nurses according to norms and suitably qualified and trained to assist in anaesthetic emergencies.						
	Facility Comments:							

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
10.4.1.6	Anaesthetic delivery systems shall be kept in good condition with regular maintenance and there is a system to respond immediately to breakdown repair.					
	EVIDENCE OF COMPLIANCE	1. Documented evidence of maintenance records on all equipment used in the delivery of anaesthesia				
		2. System on respond to breakdown repair				
	Facility Comments:					
10.4.1.7 CORE	All patients who are anaesthetised shall have adequate monitoring as specified by the document “Safety Standards for Anaesthesia and Recovery” published by the Malaysian Society of Anaesthesiologists. The monitoring shall include the minimum of monitoring of electrocardiogram (ECG), blood pressure, pulse, respiration, oxygen saturation, capnometry and others as may be necessary.					
	EVIDENCE OF COMPLIANCE	1. Compliance to standard guidelines on monitoring of anaesthetised patients, i.e. “Safety Standards for Anaesthesia and Recovery”.				
		Facility Comments:				
10.4.1.8	Anaesthetic delivery systems shall have safety features to prevent accidental hypoxia or disconnection of breathing circuits during mechanical ventilation. These will include anti-hypoxic devices, gas module, alarms for oxygen pressure failure, and ventilator disconnect alarms.					
	EVIDENCE OF COMPLIANCE	1. Availability of general anaesthesia (GA) machines with the required safety features.				
		Facility Comments:				

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
10.4.1.9	Anaesthetic waste gases and vapours shall be scavenged.				
	EVIDENCE OF COMPLIANCE	1. Evidence of functional Anaesthetic Gas Scavenging Systems			
	Facility Comments:				
10.4.1.10	Anaesthetic services for locations outside the operating suite shall also comply with the same anaesthetic standards set out for the operating suite. These locations may include facilities for endoscopy, radio-imaging, electroconvulsive therapy and radiotherapy.				
	EVIDENCE OF COMPLIANCE	1. Compliance to safe work processes and standards for anaesthetic services for locations outside the operating suite.			
		2. Records on monitoring of staffing level and competency			
		3. Records on monitoring of equipment			
		4. Compliance to Safe Surgery Saves Lives checklist			
	Facility Comments:				
10.4.1.11	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.			
	Facility Comments:				

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
10.4.1.12	Electrical installation and supply, and electrically operated medical equipment comply with standards set by relevant authorities i.e. National Energy Commission and Electrical Engineers Code of Practice.					
	EVIDENCE OF COMPLIANCE	1. Electrical installation and supply and electrically operated equipment comply with relevant standards.				
	Facility Comments:					
10.4.1.13	Emergency power and suction complying with established standards shall be available in the event of supply failure. Uninterrupted power supply (UPS) shall be available for critical and life support equipment.					
	EVIDENCE OF COMPLIANCE	1. Emergency power and suction outlets comply with established standards				
		2. Availability of UPS power supply				
	Facility Comments:					
10.4.1.14	An emergency alert shall be available within the operating suite area to call for assistance in the event of a serious adverse event in any operating room.					
	EVIDENCE OF COMPLIANCE	1. Availability of emergency alert				
	Facility Comments:					

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
10.4.1.15 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:					
10.4.1.16	There shall be sufficient warming devices in the operating rooms and recovery areas to maintain optimum temperatures in patients undergoing surgery.					
	EVIDENCE OF COMPLIANCE	1. Sufficient warming devices available.				
	Facility Comments:					
10.4.1.17	There shall be facilities for rapid transfusion of fluids/blood in patients who have massive haemorrhage.					
	EVIDENCE OF COMPLIANCE	1. Availability of facilities for rapid transfusion of blood/fluids				
	Facility Comments:					

	CRITERIA FOR COMPLIANCE:			SELF RATING	SURVEYOR FINDINGS	
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
10.4.1.18	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 competent to operate specialised equipment				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT					
TOPIC 10.5:		<u>SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES</u>			
STANDARD <u>10.5.1</u>		<i>The Head of the Anaesthetic Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Anaesthetic Services. The Head of Anaesthetic Services shall ensure compliance to monitoring of specific performance indicators.</i>			
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
10.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Anaesthetic 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. Mortality and morbidity audits with remedial actions			
		6. Records on innovation if available			
	Facility Comments:				
10.5.1.2	The Head of Anaesthetic 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:					
10.5.1.3	<p>The Head of the Anaesthetic 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:					
10.5.1.4 CORE	<p>There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following and this shall include monitoring of pain score upon discharge and one other performance indicator:</p> <p>a) <u>Mandatory indicator:</u></p>					

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS	
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	<p>pain score on discharge from recovery room should be less than four (4) (Target: 100%)</p> <p>b) number of adverse events following regional anaesthesia, e.g. prolonged motor blockade, inadvertent dural puncture, Local Anaesthetic (LA) toxicity</p> <p>c) number of adverse events following positioning (sentinel event)</p> <p>d) number of patients having prolonged stay in recovery room for more than two (2) hours (sentinel event)</p> <p>e) patient satisfaction survey with acute pain service and anaesthetic clinic</p> <p>f) percentage of cancellation of elective cases after being passed in the anaesthetic clinic (Target: less than 10%)</p> <p><u>Subspecialties units in the Anaesthetic Services</u> Subspecialties units in the Anaesthetic Services, e.g. Obstetrics and Gynaecology Services, cardiac anaesthesia, etc shall monitor any other two (2) indicators to support its goals and objectives.</p>			
	EVIDENCE OF COMPLIANCE			
	1. Specific performance indicators monitored.			
	2. Records on tracking and trending analysis.			
	3. Remedial measures taken where appropriate			
	4. Mechanism for monitoring prolonged motor blockade due to regional anaesthesia should be in place (Bromage Scoring).			
10.5.1.5	Facility Comments:			
	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 medical education/meetings.			
	3. Minutes of service/unit/committee meetings			
	Facility Comments:			

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
10.5.1.6	There is a mortality and morbidity review committee, and deaths occurring in relation to anaesthesia shall be referred to this committee. Perioperative mortality, morbidity, and incidents shall be discussed at departmental level to give staff opportunities for improvement.					
	EVIDENCE OF COMPLIANCE	1. Evidence of mortality and morbidity review and relevant critical incidents presentation with remedial actions formulated and implemented.				
	Facility Comments:					
10.5.1.7	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:					

SURVEY ITEM & SELF-ASSESSMENT					
<u>TOPIC 10.6:</u>		<u>SPECIAL REQUIREMENTS</u>			
<u>STANDARD 10.6.1</u>		<i>Where appropriate and possible, the Anaesthetic Services shall organise and operate special anaesthetic services to enhance safety and quality of patient care. These services shall be integrated with other related services of the Facility.</i>			
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
10.6.1.1	The Anaesthetic Services operate special services where some of the required characteristics of these services include the following but not limited to: a) Pain Management Units: i) Acute Pain Service (APS) ii) Chronic Pain Clinics iii) Obstetric analgesia service b) Anaesthetic Clinics for preoperative assessment of patients scheduled for surgery/ procedure requiring anaesthesia. c) Other anaesthesia related services which may be incorporated when facilities and personnel are available, e.g. Day Surgery.				
	EVIDENCE OF COMPLIANCE	1. Where these services are available there must be written policies and protocols, adequate manpower and equipment. (Refer Pain Management Handbook 2 nd edition 2013)			
		2. Records and statistics on services delivered.			
		3. Written policies and protocols, adequate manpower and evidence of records and statistics of services delivered.			
		4. Where a multidisciplinary approach for pre-operative patient assessment is indicated, there is a policy and facility for this service.			
	Facility Comments:				

SERVICE SUMMARY	
SURVEYOR SUMMARY:	
OVERALL RATING:	
OVERALL RISK:	