

| SURVEY ITEM & SELF-ASSESSMENT   |   |  |             |  |
|---|---|--|-------------|--|
| SERVICE STANDARD 20 : HOUSEKEEPING SERVICES                           |   |  |             |  |
|   | <p><b><u>PREAMBLE</u></b><br/> <i>The Housekeeping Services may be provided from within the Facility by either own staff or contract staff. The services may also be contracted to a qualified external contractor. In this situation, the standards and criteria mentioned below and those standards for Prevention and Control of Infection are also applicable.</i></p>            |  |             |  |
| <p><b><u>TOPIC 20.1:</u></b></p> <p><b><u>STANDARD 20.1.1</u></b></p> | <p><b><u>ORGANISATION AND MANAGEMENT</u></b><br/> <i>The Housekeeping Services are organised and administered to provide a pleasant, safe and sanitary environment in support of the optimum care for patients according to the goals and objectives of the Healthcare Facility.</i></p>  |  |             |  |
|   | CRITERIA FOR COMPLIANCE:  |  | SELF RATING | SURVEYOR FINDINGS  |
|   |   |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT<br>SURVEYOR RATING |
| 20.1.1.1  | Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Housekeeping Services are clearly documented and measurable. 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 Housekeeping 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)  |  |             |  |

|                  | CRITERIA FOR COMPLIANCE:  |  |  | SELF RATING | SURVEYOR FINDINGS   |                 |
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|                  |   |  |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |
|                  |   | 5. Achievement of goals and objectives are monitored, reviewed and revised accordingly.  |  |             |   |                 |
|                  | Facility Comments:  |  |  |             |   |                 |
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| 20.1.1.2<br>CORE | There is an organisation chart which:<br>a) provides a clear representation of the structure, function and reporting relationships between the Head and staff of Housekeeping Services;<br>b) is accessible to all staff and clients;<br>c) includes off-site services if applicable;<br>d) is revised when there is a major change in any of the following:<br>i) organisation;<br>ii) functions;<br>iii) reporting relationships;<br>iv) staffing patterns. |  |  |             |   |                 |
|                  | EVIDENCE OF COMPLIANCE  | 1. Clearly delineated current organisation chart with line of functions and reporting relationships between the Head and staff of Housekeeping 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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| 20.1.1.3         | 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 Housekeeping 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.  |  |             |   |                 |

|          | CRITERIA FOR COMPLIANCE:   |   |  | SELF RATING | SURVEYOR FINDINGS   |                 |
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|          |  |   |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |
|          |  | 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:   |   |  |             |   |                 |
| 20.1.1.4 | The Head of Housekeeping 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:   |   |  |             |   |                 |
| 20.1.1.5 | The Head of Housekeeping 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:   |   |  |             |   |                 |
| 20.1.1.6 | Appropriate statistics and records shall be maintained in relation to the provision of Housekeeping 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 report;   |  |             |   |                 |
|          |  | c) accident/incident reports;   |  |             |   |                 |
|          |  | d) staffing number and staff profile;   |  |             |   |                 |

|                        | CRITERIA FOR COMPLIANCE:   |  |  | SELF RATING | SURVEYOR FINDINGS   |                 |
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|                        |  |  |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |
|                        |  | e) staff training records;   |  |             |   |                 |
|                        |  | f) data on performance improvement activities, including performance indicators; |  |             |   |                 |
|                        |  | g) customer feedback;  |  |             |   |                 |
|                        |  | h) audit inspection records.   |  |             |   |                 |
|                        | Facility Comments:   |  |  |             |   |                 |
|                        |  |  |  |             |   |                 |
| 20.1.1.7<br>CORE       | Where services are provided by an external source, there is a written agreement between the external service provider and the Facility stating the requirements for service delivery, including the following:<br><br>a) formal lines of communication and responsibilities between the external service provider and the Facility;<br>b) provision of adequate numbers of appropriately qualified personnel to perform their duties;<br>c) participation, as appropriate, of the external service provider in committees of the Facility i.e. Prevention and Control of Infection;<br>d) arrangement for adequate pick-up and delivery;<br>e) arrangements for after-hours and emergency services;<br>f) mechanisms for dealing with problems in service delivery;<br>g) adequate facilities and equipment for providing the services at the Facility and at the site of the external service;<br>h) involvement of the external service provider in safety and performance improvement activities of the Facility, as appropriate;<br>i) comply with the appropriate MSQH Standards of Accreditation for Housekeeping Services which function within the Facility. |  |  |             |   |                 |
| EVIDENCE OF COMPLIANCE | 1. Written agreement which include items (a) to (i) between the external service provider and the Facility is endorsed, signed and dated.  |  |  |             |   |                 |
|                        | 2. Written agreement between the external service provider and its sub-contractors is signed and dated. The agreement is endorsed and consented by the Facility.   |  |  |             |   |                 |

|                        | CRITERIA FOR COMPLIANCE:   |   |  | SELF RATING | SURVEYOR FINDINGS   |                 |
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|                        |  |   |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |
|                        |  | 3. Evaluation of vendor for appointment |  |             |   |                 |
|                        | Facility Comments:   |   |  |             |   |                 |
|                        |  |   |  |             |   |                 |
| 20.1.1.8<br>CORE       | Where services are provided by an external source, the Person In Charge (PIC) of the Facility shall appoint a person to supervise, monitor and provide technical input to the housekeeping services. |   |  |             |   |                 |
| EVIDENCE OF COMPLIANCE | 1. Appointment letter of liaison officer with terms of reference.  |   |  |             |   |                 |
|                        | 2. Job description   |   |  |             |   |                 |
| Facility Comments:     |  |   |  |             |   |                 |
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| SURVEY ITEM & SELF-ASSESSMENT |   |   |  |             |   |                 |  |  |  |
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| <u>TOPIC 20.2</u>             |   | <u>HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT</u>  |  |             |   |                 |  |  |  |
| <u>STANDARD 20.2.1</u>        |   | <i>The Housekeeping Services shall be directed and adequately staffed with appropriately qualified and trained personnel to achieve the goals and objectives of the services.</i> |  |             |   |                 |  |  |  |
|                               | CRITERIA FOR COMPLIANCE:  |   |  | SELF RATING | SURVEYOR FINDINGS   |                 |  |  |  |
|                               |   |   |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |  |  |  |
| 20.2.1.1                      | The Head and staff of the Housekeeping Services shall be individuals qualified by education, training, and experience to commensurate with the requirements of the various positions. |   |  |             |   |                 |  |  |  |
|                               | EVIDENCE OF COMPLIANCE  | 1. Records on qualification and experience of Head of Service and staff related to housekeeping services  |  |             |   |                 |  |  |  |
|                               |   | 2. Appointment/assignment letters   |  |             |   |                 |  |  |  |
|                               |   | 3. Training and competency records  |  |             |   |                 |  |  |  |
|                               | Facility Comments:  |   |  |             |   |                 |  |  |  |
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| 20.2.1.2                      | The authority, responsibilities and accountabilities of the Head of Housekeeping 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:  |   |  |             |   |                 |  |  |  |
|                               |   |   |  |             |   |                 |  |  |  |
| 20.2.1.3<br>CORE              | Sufficient numbers of personnel and support staff with appropriate qualifications and experience are employed to meet the need of the services.                                       |   |  |             |   |                 |  |  |  |
|                               | EVIDENCE OF COMPLIANCE  | 1. Number of staff and qualification and experience commensurate with workload.   |  |             |   |                 |  |  |  |
|                               |   | 2. Staffing pattern   |  |             |   |                 |  |  |  |
|                               |   | 3. Duty roster  |  |             |   |                 |  |  |  |
|                               |   | 4. Census on workload   |  |             |   |                 |  |  |  |

|                        | CRITERIA FOR COMPLIANCE:   | SELF RATING            | SURVEYOR FINDINGS   |                 |  |  |  |  |  |  |  |  |  |
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|                        |  |                        | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT   | SURVEYOR RATING |  |  |  |  |  |  |  |  |  |
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| 20.2.1.4               | <div>There are written and dated specific job descriptions for all categories of staff that include:<br/>a) qualifications, training, and experience required for the position;<br/>b) lines of authority;<br/>c) accountability, functions and responsibilities;<br/>d) reviewed when required and when there is a major change in any of the following:<br/>    i) nature and scope of work;<br/>    ii) duties and responsibilities;<br/>    iii) general and specific accountabilities;<br/>    iv) qualifications required<br/>    v) staffing patterns;<br/>    vi) Statutory Regulations.</div> <table><tr><td rowspan="4">EVIDENCE OF COMPLIANCE</td><td>1. Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (d).</td><td></td></tr><tr><td>2. Job description includes specialisation skills.</td><td></td></tr><tr><td>3. Relevant authorisation granted where applicable (e.g. operating specialised equipment</td><td></td></tr><tr><td>4. The job description is acknowledged by the staff and signed by the Head of Service and dated.</td><td></td></tr></table> | EVIDENCE OF COMPLIANCE | 1. Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (d). |                 | 2. Job description includes specialisation skills. |  | 3. Relevant authorisation granted where applicable (e.g. operating specialised equipment |  | 4. The job description is acknowledged by the staff and signed by the Head of Service and dated. |  |  |  |  |
| EVIDENCE OF COMPLIANCE | 1. Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (d).  |                        |   |                 |  |  |  |  |  |  |  |  |  |
|                        | 2. Job description includes specialisation skills.   |                        |   |                 |  |  |  |  |  |  |  |  |  |
|                        | 3. Relevant authorisation granted where applicable (e.g. operating specialised equipment   |                        |   |                 |  |  |  |  |  |  |  |  |  |
|                        | 4. The job description is acknowledged by the staff and signed by the Head of Service and dated.   |                        |   |                 |  |  |  |  |  |  |  |  |  |
|                        | Facility Comments:   |                        |   |                 |  |  |  |  |  |  |  |  |  |
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| 20.2.1.5               | <div>Personnel records on training, staff development, leave and others are maintained for every staff.<br/><br/><b>Note:</b><br/><i>Staff personal record may be kept in Human Resource Department as per Facility policy.</i></div>  |                        |   |                 |  |  |  |  |  |  |  |  |  |

|                    | CRITERIA FOR COMPLIANCE:   |   | SELF RATING | SURVEYOR FINDINGS   |                 |  |
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|                    | EVIDENCE OF COMPLIANCE   | 1. Staff personal records include:  |             |   |                 |  |
|                    |  | a) staff biodata;   |             |   |                 |  |
|                    |  | b) qualification and experience;  |             |   |                 |  |
|                    |  | c) training records on infection control, and technical aspects, e.g. spillage management, safety and health; |             |   |                 |  |
|                    |  | d) competency record and authorisation for specialised equipment;   |             |   |                 |  |
|                    |  | e) leave record;  |             |   |                 |  |
|                    |  | f) confidentiality agreement;   |             |   |                 |  |
|                    |  | g) immunisation records.  |             |   |                 |  |
| Facility Comments: |  |   |             |   |                 |  |
|                    |  |   |             |   |                 |  |
| 20.2.1.6<br>CORE   | Provision of vaccination programmes for all staff exposed to sharps injury and biological hazards.   |   |             |   |                 |  |
|                    | EVIDENCE OF COMPLIANCE   | 1. Vaccination programme  |             |   |                 |  |
|                    |  | 2. Vaccination records  |             |   |                 |  |
|                    | Facility Comments:   |   |             |   |                 |  |
|                    |  |   |             |   |                 |  |
| 20.2.1.7<br>CORE   | 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:   |   |             |   |                 |  |
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|           | CRITERIA FOR COMPLIANCE:   |   | SELF RATING | SURVEYOR FINDINGS   |                 |  |
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| 20.2.1.8  | 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  |             |   |                 |  |
|           | Facility Comments:   |   |             |   |                 |  |
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| 20.2.1.9  | 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  |             |   |                 |  |
|           | Facility Comments:   |   |             |   |                 |  |
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| 20.2.1.10 | 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. |             |   |                 |  |
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|           | Facility Comments:   |   |             |   |                 |  |

| SURVEY ITEM & SELF-ASSESSMENT           |  |  |  |  |
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| <b>TOPIC 20.3:</b>                      |  | <b><u>POLICIES AND PROCEDURES</u></b>  |  |  |
| <b>STANDARD</b><br><b><u>20.3.1</u></b> |  | <i>There are documented policies and procedures that reflect current knowledge and practice of the services and are consistent with the goals and objectives of the Housekeeping Services and relevant regulations and statutory requirements.</i> |  |  |
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|                    | CRITERIA FOR COMPLIANCE:  |   | SELF RATING | SURVEYOR FINDINGS   |                 |  |
|--------------------|---|---|-------------|---|-----------------|--|
|                    |   |   |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |  |
| 20.3.1.3           | 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:  |   |             |   |                 |  |
|                    |   |   |             |   |                 |  |
| 20.3.1.4<br>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:  |   |             |   |                 |  |
|                    |   |   |             |   |                 |  |
| 20.3.1.5           | 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: |   |   |             |   |                 |  |
|                    |   |   |             |   |                 |  |
| 20.3.1.6           | Policies and procedures for the Housekeeping Services shall include the following:  |   |             |   |                 |  |

|          | CRITERIA FOR COMPLIANCE:   | SELF RATING | SURVEYOR FINDINGS   |                 |
|----------|--|-------------|---|-----------------|
|          |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |
|          | a) routine and special-purpose cleaning;<br>b) colour coding for cleaning material/apparatus;<br>c) provision of designated staff for specific areas such as emergency rooms, labour-delivery rooms, nurseries, surgical suites, critical care units, intensive care units, recovery rooms etc;<br>d) the use, cleaning and care of equipment;<br>e) the measurement, labeling, storage, and proper use of housekeeping chemicals and cleaning supplies including germicides;<br>f) evaluation of cleaning effectiveness;<br>g) collection, segregation and disposal of waste according to statutory requirements;<br>h) safety and health aspects, e.g. use of personal protective equipment (PPE). |             |   |                 |
|          | 1. Policies and procedures on Housekeeping Services that address but not limited to items (a) to (h) are available.  |             |   |                 |
|          | 2. Written instructions on the following:-   |             |   |                 |
|          | a) routine and special-purpose cleaning, e.g. isolation room (negative and positive pressure), critical areas, e.g. operating theatre, nursery, haemodialysis unit etc;  |             |   |                 |
|          | b) prohibition of dry dusting and sweeping in the hospital;  |             |   |                 |
|          | c) colour coding of mops and other cleaning materials;   |             |   |                 |
|          | d) cleansing schedule with frequency;  |             |   |                 |
|          | e) list of chemicals recommended by Hospital Infection and Antibiotic Control Committee;   |             |   |                 |
|          | f) audit and inspection procedures;  |             |   |                 |
|          | g) collection route for general and hazardous waste and designated dump sites;   |             |   |                 |
|          | h) segregation of solid waste, if applicable.  |             |   |                 |
|          | Facility Comments:   |             |   |                 |
| 20.3.1.7 | Storage areas comply with Safety Programmes and Fire Safety requirements as in the Environmental and Safety Services, Standard No.2.   |             |   |                 |

|  | CRITERIA FOR COMPLIANCE: |   |  | SELF RATING | SURVEYOR FINDINGS   |                 |  |
|--|--------------------------|---|--|-------------|---|-----------------|--|
|  |                          |   |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |  |
|  | EVIDENCE OF COMPLIANCE   | 1. Policy on handling and storage of chemicals as per regulatory requirement and standards i.e. Department of Occupational Safety and Health (DOSH) requirements. |  |             |   |                 |  |
|  |                          | 2. Dedicated chemical storage areas with good ventilation system, washing facilities and appropriate Personal Protective Equipment (PPE).                         |  |             |   |                 |  |
|  | Facility Comments:       |   |  |             |   |                 |  |
|  |                          |   |  |             |   |                 |  |

| SURVEY ITEM & SELF-ASSESSMENT  |  |  |             |   |                 |  |
|--|--|--|-------------|---|-----------------|--|
| <b>TOPIC 20.4: <u>FACILITIES AND EQUIPMENT</u></b><br><br><b>STANDARD 20.4.1</b> <i>There are safe and adequate facilities and equipment to enable the Housekeeping Services to meet its goals and objectives and ensuring patient and staff safety.</i> |  |  |             |   |                 |  |
|  | CRITERIA FOR COMPLIANCE:   |  | SELF RATING | SURVEYOR FINDINGS   |                 |  |
|  |  |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |  |
| 20.4.1.1   | There are adequate and appropriate facilities and equipment with proper utilisation of space to enable staff to carry out their professional and administrative functions. |  |             |   |                 |  |
|  | EVIDENCE OF COMPLIANCE   | 1. Adequate and proper utilisation of space:   |             |   |                 |  |
|  |  | a) adequate storage space;   |             |   |                 |  |
|  |  | b) dedicated routes for waste collection;  |             |   |                 |  |
|  |  | c) designated wash and drying areas for mop heads.   |             |   |                 |  |
|  |  | 2. Appropriate type of equipment:  |             |   |                 |  |
|  |  | a) adequate and appropriate PPE for housekeeping staff;  |             |   |                 |  |
|  |  | b) covered housekeeping trolley.   |             |   |                 |  |
|  |  | 3. Easy access and clear exit routes   |             |   |                 |  |
|  |  | 4. Absence of overcrowding   |             |   |                 |  |
| 5. Appropriate staff change rooms with shower and lockers  |  |  |             |   |                 |  |
| Facility Comments:   |  |  |             |   |                 |  |
| 20.4.1.2   | 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 |  |
|                  |  |  |   |                 |  |
| 20.4.1.3<br>CORE | There is evidence that the facility has a comprehensive maintenance programme such as 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. Calibration records   |   |                 |  |
|                  |  | 3. Planned Replacement Programme where applicable                          |   |                 |  |
|                  |  | 4. Repair and maintenance records  |   |                 |  |
|                  |  | 5. Asset inventory/master list of equipment                                |   |                 |  |
|                  | Facility Comments:   |  |   |                 |  |
|                  |  |  |   |                 |  |
| 20.4.1.4         | Where specialised equipment is used, there is evidence that only staff who are trained and authorised by the Facility operate such equipment.  |  |   |                 |  |
|                  | EVIDENCE OF COMPLIANCE   | 1. User training records   |   |                 |  |
|                  |  | 2. Competency assessment record  |   |                 |  |
|                  |  | 3. Letter of authorisation   |   |                 |  |
|                  |  | 4. List of staff trained and authorised to operate specialised equipment   |   |                 |  |
|                  | Facility Comments:   |  |   |                 |  |
|                  |  |  |   |                 |  |
|                  |  |  |   |                 |  |
| 20.4.1.5<br>CORE | Solution, cleaning chemicals and hazardous substances shall be properly labeled and stored in safe places as per Material Safety Data Sheet (MSDS) or Chemical Safety Data Sheet.                                  |  |   |                 |  |
|                  | EVIDENCE OF COMPLIANCE   | 1. MSDS records  |   |                 |  |
|                  |  | 2. Chemical master list  |   |                 |  |
|                  |  | 3. Chemical store with washing facilities and adequate ventilation.        |   |                 |  |
|                  | Facility Comments:   |  |   |                 |  |
|                  |  |  |   |                 |  |

| SURVEY ITEM & SELF-ASSESSMENT           |  |   |                    |  |                        |  |
|---|--|---|--------------------|--|------------------------|--|
| <b>TOPIC 20.5:</b>                      |  | <b><u>SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES</u></b>   |                    |  |                        |  |
| <b>STANDARD</b><br><b><u>20.5.1</u></b> |  | <i>The Head of Housekeeping Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Housekeeping Services.</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> |  |
| 20.5.1.1                                | There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Housekeeping Services. The process includes:<br><br>a) Planned activities<br>b) Data collection<br>c) Monitoring and evaluation of the performance<br>d) Action plan for improvement<br>e) Implementation of action plan<br>f) Re-evaluation for improvement<br><br>Innovation is advocated. |   |                    |  |                        |  |
|   | <b>EVIDENCE OF COMPLIANCE</b>  | 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:   |   |                    |  |                        |  |
| 20.5.1.2                                | The Head of Housekeeping 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:  |  |  |             |   |                 |
| 20.5.1.3         | <p>The Head of the Housekeeping 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:  |  |  |             |   |                 |
| 20.5.1.4<br>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) trend of performance score during in-house inspection/joint inspection (Target: 80% with minimum score of 3)</p>   |  |  |             |   |                 |

|          | CRITERIA FOR COMPLIANCE:  | SELF RATING | SURVEYOR FINDINGS   |                 |  |  |
|----------|---|-------------|---|-----------------|--|--|
|          |   |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |  |  |
|          | b) customer satisfaction feedback<br>(Target: 80% satisfaction)   |             |   |                 |  |  |
|          | EVIDENCE OF COMPLIANCE  |             |   |                 | 1. Specific performance indicators monitored.  |  |
|          |   |             |   |                 | 2. Records on tracking and trending analysis.  |  |
|          |   |             |   |                 | 3. Remedial measures taken where appropriate.  |  |
|          | Facility Comments:  |             |   |                 |  |  |
| 20.5.1.5 | Feedback on results of safety and performance improvement activities are regularly communicated to the staff and relevant authority.                              |             |   |                 |  |  |
|          | 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:  |             |   |                 |  |  |
| 20.5.1.6 | 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:  |             |   |                 |  |  |

|                  | CRITERIA FOR COMPLIANCE:   |  | SELF RATING | SURVEYOR FINDINGS   |                 |  |
|------------------|--|--|-------------|---|-----------------|--|
|                  |  |  |             | AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT | SURVEYOR RATING |  |
| 20.5.1.7<br>CORE | There are safety and performance improvement activities that address staff safety of the outsourced service providers. |  |             |   |                 |  |
|                  | EVIDENCE OF COMPLIANCE   | 1. Staff health screening                              |             |   |                 |  |
|                  |  | 2. Identification of health risk factors               |             |   |                 |  |
|                  |  | 3. Infectious diseases prevention programme/activities |             |   |                 |  |
|                  |  | 4. Anti-smoking programme                              |             |   |                 |  |
|                  |  | 5. Healthy life style campaign                         |             |   |                 |  |
|                  |  | 6. Staff training on:                                  |             |   |                 |  |
|                  |  | a) sharps and needle stick injury management;          |             |   |                 |  |
|                  |  | b) Occupational Safety and Health;                     |             |   |                 |  |
|                  |  | c) ergonomics;   |             |   |                 |  |
|                  |  | d) biohazard waste disposal.                           |             |   |                 |  |
|                  |  | 7. Medical check-up record                             |             |   |                 |  |
|                  |  | 8. Post exposure management                            |             |   |                 |  |
|                  |  | 9. Universal/standard precautions                      |             |   |                 |  |
|                  | Facility Comments:   |  |             |   |                 |  |
|                  |  |  |             |   |                 |  |

| SERVICE SUMMARY   |  |
|-------------------|--|
| SURVEYOR SUMMARY: |  |
| OVERALL RATING:   |  |
| OVERALL RISK:     |  |