

SURVEY ITEM & SELF-ASSESSMENT			
SERVICE STANDARD 23A : MORTUARY SERVICES			
	<p><u>PREAMBLE</u></p> <p><i>Mortuary Services shall be provided within the Facility. Where there is no resident Forensic Medicine Specialist, the Mortuary Services comes under the purview of the Person In Charge (PIC) of the Facility. The Mortuary Services shall include but are not limited to provision of:</i></p> <ul style="list-style-type: none"> a) <i>Body reception</i> b) <i>Body storage</i> c) <i>Body preparation/release area</i> d) <i>Area for body viewing</i> e) <i>Bereavement/counselling room</i> f) <i>Post-mortem suite (where applicable)</i> 		
<p><u>TOPIC 23A.1:</u></p> <p><u>STANDARD 23A.1.1</u></p>	<p><u>ORGANISATION AND MANAGEMENT</u></p> <p><i>The Mortuary Services are organised and administered to provide quality services appropriate to the level of mortuary services provided by the Facility.</i></p>		
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT
			SURVEYOR RATING
23A.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Mortuary Services are clearly documented and measurable that indicates safety and quality services been delivered. 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 Mortuary 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:					
23A.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 Mortuary Services, medical practitioners and staff of Mortuary 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;					
	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 Mortuary Services, medical practitioners and staff of the Mortuary 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:					
23A.1.1.3	The Mortuary Services are organised to reflect the role of the Facility on the activities of the services, which are readily available and include the following:					

	<div>a) perform professional activities in accordance with the ethical standards of the professions; b) provision of reasonable quality care by periodic review and evaluation of forensic practice within the Facility; c) communication with medical, nursing, police, and other relevant agencies on matters related to the services provided; d) provision of services on a 24-hour basis.</div>			
	<div>EVIDENCE OF COMPLIANCE<div>1. Written documentation for the Mortuary Services include but not limited to items (a) to (d).</div></div>			
	Facility Comments:			
23A.1.1.4	<div>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 Mortuary Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.</div>			
	<div>EVIDENCE OF COMPLIANCE<div>1. Minutes are accessible, disseminated and acknowledged by the staff.</div><div>2. Attendance list of members with adequate representatives of the service.</div><div>3. Frequency of meetings as scheduled.</div><div>4. Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).</div></div>			
	Facility Comments:			
23A.1.1.5	<div>The Head of Mortuary Services is involved in the planning, justification and management of the budget and resource utilisation of the services.</div>			
	<div>EVIDENCE OF COMPLIANCE<div>1. Minutes of Facility-wide management meeting</div><div>2. Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service.</div><div>3. Approved budget and resources</div></div>			
	Facility Comments:			

23A.1.1.6	The Head of Mortuary 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:					
23A.1.1.7	There is collaboration between the staff of Mortuary Services with other relevant agencies in matters relating to mortuary activities.					
	EVIDENCE OF COMPLIANCE	1. Documented evidence of interaction with the relevant agencies of the Facility. <i>*Examples: scan meeting, under-5, maternal mortality etc.</i>				
	Facility Comments:					
23A.1.1.8	Appropriate statistics and records shall be maintained in relation to the provision of Mortuary Services and used for managing the services.					
	EVIDENCE OF COMPLIANCE	1.Records are available but not limited to the following:				
		a) workload/census;				
		b) annual report;				
		c) accident/incident reports;				
		d) staffing number and staff profile;				
		e) staff training records;				
		f) data on performance improvement activities, including performance indicators.				
	Facility Comments:					

SURVEY ITEM &SELF-ASSESSMENT					
TOPIC 23A.2	<u>HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT</u>				
STANDARD <u>23A.2.1</u>	<i>The Mortuary Services are supervised by a suitably qualified, trained and competent medical practitioner and assisted by relevant categories of staff.</i>				
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
23A.2.1.1 CORE	The Head and staff of the Mortuary Services shall be individuals qualified by education, training, experience and certification to meet the demands of the various positions and to achieve the objectives of the services. a) The direction and supervision of the services shall be by a medical practitioner/ local facility's head and also supervision by the state head of forensic medicine services. (KIV 2021) – documented sort of approval b) There is evidence that the staff have some training or experience in the processes governing the mortuary.				
	EVIDENCE OF COMPLIANCE	1. Appointment/assignment letter			
		2. Certification			
		3. Training and competency records			
	Facility Comments:				
23A.2.1.2	The authority, responsibilities and accountabilities of the Head of Mortuary 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:				

23A.2.1.3	Sufficient numbers of personnel and support staff with appropriate qualifications are employed to meet the need of the services.					
	EVIDENCE OF COMPLIANCE	1. Number of staff and qualification should commensurate with workload.				
		2. Staffing pattern				
		3. Duty roster				
		4. Census and statistics				
	Facility Comments:					
23A.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) accountabilities, functions and responsibilities, d) reviewed when required and when there is a major change in any of the following: i) nature and scope of work; ii) duties and responsibilities; iii) general and specific accountabilities; iv) qualifications required and privileges granted; v) staffing patterns; vi) Statutory Regulations. e) administrative and clinical functions.					
	EVIDENCE OF COMPLIANCE	1. Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).				
		2. Job description includes specialisation skills				
		3. Relevant privileges granted where applicable				
		4. The job description is acknowledged by the staff and signed by the Head of Service and dated.				
	Facility Comments:					
23A.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;			
		h) health records;			
		i) immunisation status.			
Facility Comments:					
23A.2.1.6	There is a structured orientation programme to introduce new staff to the Mortuary Services and relevant aspects of the Facility to prepare them for their roles and responsibilities. These include but not limited to: a) rules and regulations, especially those related to health hazards and safety precautions; b) all relevant current manuals on operational policies and hazards and safety precautions; c) requirement for immunisation against relevant high-risk diseases (cross reference with the hospital infection control unit).				
EVIDENCE OF COMPLIANCE	1. Policy requiring all new staff to attend a structured orientation programme.				
	2. Documentation of orientation and induction programme with relevant topics which include items (a) to (c).				
	3. Attendance list				
Facility Comments:					
23A.2.1.7	Staff are closely supervised and given appropriate instruction to carry out their duties.				

	EVIDENCE OF COMPLIANCE	1. Job description				
		2. Privileging certificate				
		3. Competency/supervision records				
	Facility Comments:					
23A.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:					
23A.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. 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 including training in life support.				
		4. Certificate of attendance / postgraduate / degree/ post basic / training.				
	Facility Comments:					
23A.2.1.10	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.					

	EVIDENCE OF COMPLIANCE	1. Performance appraisal for staff including medical practitioners is completed upon probationary period and as an annual exercise.				
	Facility Comments:					
23A.2.1.11	The Mortuary Services (forensic medicine specialist) shall provide continuing education activities for other health professional staff and relevant agencies to keep them informed of advances in forensic related field.					
	EVIDENCE OF COMPLIANCE	1. Records on participation of other health personnel in training and education in Mortuary Services.				
	Facility Comments:					

SURVEY ITEM &SELF-ASSESSMENT						
<u>TOPIC 23A.3</u>		<u>POLICIES AND PROCEDURES</u>				
<u>STANDARD 23A.3.1</u>		<i>There are written and dated policies and procedures that reflect current knowledge and principles of mortuary practice. They are consistent with statutory requirements and the objectives of the Mortuary Services.</i>				
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
23A.3.1.1 CORE	There are written policies and procedures for the Mortuary 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:						
23A.3.1.2	Policies and procedures are developed by a committee in collaboration with staff, medical practitioners and reviewed by the head of state forensic service, 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:					
23A.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:					
23A.3.1.4	Copies of policies and procedures including Standard Operating Procedure Manual, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible for staff reference.					
	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:					
23A.3.1.5	There are policies and procedures relating to all post-mortem examinations:					
	a) persons (police or magistrate) who are authorised to order for a post-mortem examination; b) written orders (e.g. Polis 61 Form) for a medico-legal post-mortem examination; c) identification of body part or the deceased by full name*/identification document number*/identity card*/passport*/police report number/post-mortem number and/or medical record number; d) name, rank and number of the police officer ordering the forensic post-mortem examination; e) retention of records and specimens;					

	f) types of specimens collected at post-mortem which are to be submitted for histopathological, microbiological/virological, toxicological and other relevant investigation.					
	* not applicable to unknown bodies.					
	EVIDENCE OF COMPLIANCE	1. Documented policies and procedures including but not limited to items (a) to (f).				
	Facility Comments:					
23A.3.1.6	There are written instructions for the proper handling of the specimens as required by law which include collection, labelling, sealing, packaging, transport of specimens, dispatch/handing over to relevant authority. These instructions are readily accessible to the staff. The preservation of chain of evidence shall be maintained throughout the process of specimen handling.					
	EVIDENCE OF COMPLIANCE	1. Standard operating procedures/work instruction/guidelines on specimen handling				
		2. Specimen dispatch record book				
		3. Specimen handling form				
	Facility Comments:					
23A.3.1.7 CORE	Complete records and documentation of body management shall be maintained where applicable:					
	a) registration of bodies received; b) records on specimens forwarded to other laboratories; c) all specimens and evidences taken from the deceased or examinee; d) all relevant forensic medicine reports (e.g. post-mortem reports, laboratory results) are filed with the records on the deceased or examinee; e) all movement of records or reports out of the forensic services.					

	EVIDENCE OF COMPLIANCE	1. Complete records and documentation of body management include (a) to (e).				
	Facility Comments:					
23A.3.1.8 CORE	There is evidence of compliance with policies and procedures. These include but not limited to:					
	a) preparation of the dead body in the ward before transfer to mortuary;					
	b) tagging of the deceased for proper identification;					
	c) method of transportation to the mortuary;					
	d) record of receiving the deceased in the mortuary;					
	e) viewing of the deceased by relatives;					
	f) procedures for releasing the deceased to the next of kin;					
	g) procedures of burial of unclaimed bodies.					
	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:					
23A.3.1.9	There are written safety procedures and manuals on hazards and safety precautions specific to the Mortuary Services. All staff shall practice Standard Precautions and Safety Guidelines.					
	EVIDENCE OF COMPLIANCE	1. Safety procedures and manuals on hazards and safety precautions are available.				
		2. Verification on practice on compliance to Standard Precautions and Safety Guidelines on-site.				
	Facility Comments:					

23A.3.1.10	A Mortuary Services staff shall be assigned as the safety officer to monitor safety in the mortuary and observance of Code of Safe Practice.					
	EVIDENCE OF COMPLIANCE	1. Assignment letter of Safety Officer				
		2. Job description				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT							
TOPIC 23A.4:		<u>FACILITIES AND EQUIPMENT</u>					
STANDARD <u>23A.4.1</u>		<i>There are adequate facilities and equipment for the safe and efficient provision of Mortuary Services taking into consideration the scope of services and potentially hazardous circumstances of the Mortuary Services. This shall comply with relevant regulations and statutory requirements.</i>					
	CRITERIA FOR COMPLIANCE:			SELF RATING	SURVEYOR FINDINGS		
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
23A.4.1.1	The mortuary shall be accessible from an outside entrance and following a designated route of the Facility.						
	EVIDENCE OF COMPLIANCE	1. Mortuary is accessible from an outside entrance of the Facility.					
		2. Conveyance of body to the Mortuary is via a designated route and entrance.					
		Facility Comments:					
23A.4.1.2	Appropriate transport for transferring bodies to the mortuary that commensurate with the dignity and respect accorded to the deceased.						
	EVIDENCE OF COMPLIANCE	1. Proper covered body trolley and appropriate transport are available to transfer the bodies.					
		Facility Comments:					
23A.4.1.3	There are appropriate areas for reception of bodies and storage where applicable.						
	a) body receiving area shall be of a suitable size and design to facilitate incoming and outgoing of bodies;						
	b) clean and dirty areas are clearly designated;						

	<p>c) there is sufficient space and refrigeration for storage of bodies with provision for accurate identification of bodies;</p> <p>d) the temperature of the body freezer (2-8°C ± 2) shall be maintained, monitored and documented;</p> <p>e) there are adequate space, facilities and equipment for the administrative, professional, and technical functions of the Mortuary Services.</p>			
	<p>EVIDENCE OF COMPLIANCE</p> <p>1. Appropriate areas for reception of bodies and storage that address items (a) to (e).</p>			
	Facility Comments:			
23A.4.1.4	<p>There are appropriate areas for post-mortem suite (where applicable), which include:</p> <p>a) access to the post-mortem room shall be controlled;</p> <p>b) the post-mortem room is clean and has adequate space, ventilation and lighting;</p> <p>c) there are adequate facilities for performing post-mortem examination, recording of findings, specimen handling and storage;</p> <p>d) the post-mortem equipment is appropriate, adequate and is properly maintained;</p> <p>e) post-mortem table is of a suitable design with proper facilities for the disposal of effluent into the sewage system to ensure safety;</p> <p>f) there is adequate ventilation with extraction for fumes and odours in the work area where appropriate.</p>			
	<p>EVIDENCE OF COMPLIANCE</p> <p>1. Appropriate areas for post-mortem suite which include (a) to (f).</p>			
	Facility Comments:			
23A.4.1.5	<p>There is suitable, adequate and safe provision for air conditioning, lighting, power, water, and drainage, appropriate to the scope of services provided which include:</p> <p>a) air conditioning, which shall be efficient to maintain low humidity, constant and comfortable room temperature.</p>			

	<p>b) power supply, which shall be adequate, and there are sufficient power sockets which are suitably located.</p> <p>c) adequate and appropriate lighting.</p>																
	<table><tr><td rowspan="6">EVIDENCE OF COMPLIANCE</td><td colspan="2">1. Suitable, adequate and safe provision of:</td></tr><tr><td>a) air conditioning;</td><td></td></tr><tr><td>b) lighting;</td><td></td></tr><tr><td>c) power supply;</td><td></td></tr><tr><td>d) water supply,</td><td></td></tr><tr><td>e) effluent drainage.</td><td></td></tr></table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Suitable, adequate and safe provision of:		a) air conditioning;		b) lighting;		c) power supply;		d) water supply,		e) effluent drainage.				
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23A.4.1.6	<p>There are designated areas for reception and the handling of decomposed bodies/high risk cases where appropriate.</p>																
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23A.4.1.7	<p>There are designated areas for body cleansing/preparation, body viewing, bereavement, performing religious rites and release of bodies.</p>																
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	e) release of bodies.																
23A.4.1.8	<p>Where appropriate, there are staff facilities with changing room, shower, locker facilities, and storage for protective clothing/gear and they are suitably located.</p>																

	EVIDENCE OF COMPLIANCE	1. Staff facilities are available as follows:				
		a) changing room;				
		b) shower;				
		c) locker facilities;				
		d) storage for protective clothing/gear.				
	Facility Comments:					
23A.4.1.9	There are adequate and appropriate data processing, retrieval, and communication facilities.					
	EVIDENCE OF COMPLIANCE	1. Documentation on death registration;				
		2. Communication facilities.				
	Facility Comments:					
23A.4.1.10	Where specialised equipment such as autopsy saw and chemicals, e.g. 10% formaldehyde and other hazardous chemicals are used, there is evidence that only staff who are trained and authorised operate such equipment/chemicals.					
	EVIDENCE OF COMPLIANCE	1. User training records				
		2. Competency assessment record*				
		3. List of staff trained and authorised to operate specialised equipment				
		4. Material Safety Data Sheet (MSDS) documents on usage, storage and disposal of hazardous chemicals are available on-site.				
	<i>*Refer to the Credentialing and Privileging Record (Postmortem techniques, evidence management, chain of custody, mortuary management, crime scene etc.)</i>					
Facility Comments:						
23A.4.1.11	All equipment shall meet current safety standards, e.g. electrical safety code based on Testing & Commissioning (T&C) documentation.					

	EVIDENCE OF COMPLIANCE	1. T&C documentation is available for equipment.				
	Facility Comments:					
23A.4.1.12	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:					
23A.4.1.13	Adequate and designated storage area for consumables and chemicals.					
	EVIDENCE OF COMPLIANCE	1. Storage area for consumables and chemicals.				
		2. Inventory list for consumables and chemicals.				
	Facility Comments:					
23A.4.1.14 CORE	Where applicable, planned preventive maintenance of equipment, instrument and facility are in place.					
	EVIDENCE OF COMPLIANCE	1. Asset inventory				
		2. Complaint records				
		3. Logbook and Planned Preventive Maintenance (PPM) records are available.				
		4. Calibration records are available.				
		5. Replacement of equipment (Beyond Economic Repair) if applicable.				
	Facility Comments:					

23A.4.1.15	There is evidence of general cleanliness in the Mortuary Services.					
	EVIDENCE OF COMPLIANCE	1. Good housekeeping is evidenced.				
	Facility Comments:					
23A.4.1.16	There are proper facilities for the disposal of biohazard material as either effluent or containerised material.					
	EVIDENCE OF COMPLIANCE	1. Proper disposal of biohazard material as containerised material or effluent according to regulations evidenced on-site.				
		2. Material Safety Data Sheet (MSDS) documents on usage, storage and disposal of hazardous chemicals are available on-site.				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 23A.5:		<u>SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES</u>				
STANDARD <u>23A.5.1</u>		<i>The Head of Mortuary Services shall ensure the provision of quality performance with staff involvement in the continuous safety and performance improvement activities of the Mortuary Services.</i>				
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING	
23A.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Mortuary Services. The process includes: a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement Innovation is advocated.					
	EVIDENCE OF COMPLIANCE	1. Planned performance improvement activities include (a) to (f).				
		2. Records on performance improvement activities.				
		3. Minutes of performance improvement meetings				
		4. Performance improvement studies				
		5. Records on innovation if available				
	Facility Comments:					
23A.5.1.2	The Head of Mortuary Services has assigned the responsibilities for planning, monitoring and managing safety and performance improvement to appropriate individual/personnel within the respective services.					

	EVIDENCE OF COMPLIANCE	1. Minutes of meetings				
		2. Letter of assignment of responsibilities				
		3. Job description				
	Facility Comments:					
23A.5.1.3	The Head of the Mortuary 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.					
	Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence.					
	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:					
23A.5.1.4 CORE	There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following:					
	a) turnaround time of ≤ 3 hours for releasing bodies (non-police cases) to the next of kin/claimant after body registration. (Target: ≥80%)					

	b) percentage of bodies released to the right next of kin/claimant (Target: ≥99%) – sentinel event need to be investigated immediately c) percentage of completion of post-mortem reports for non-complicated cases from the date of post-mortem within twelve (12) weeks (Target: ≥80%) Notes/Explanations Non-complicated cases refer to accidents, suicide and natural deaths which are routine police cases subjected to forensic post-mortem examination.			
	EVIDENCE OF COMPLIANCE	1. Specific performance indicators monitored.		
		2. Records on tracking and trending analysis.		
		3. Remedial measures taken where appropriate.		
	Facility Comments:			
23A.5.1.5	Feedback on results of safety and performance improvement activities are regularly communicated to the staff.			
	EVIDENCE OF COMPLIANCE	1. Results on safety and performance improvement activities are accessible to staff.		
		2. Evidence of feedback via communication on results of performance improvement activities through continuing education activities/meetings.		
		3. Minutes of service/unit meetings		
	Facility Comments:			
23A.5.1.6	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and deceased is preserved.			
	EVIDENCE OF COMPLIANCE	1. Documentation on performance improvement activities and performance indicators.		
		2. Policy statement on anonymity on deceased and providers involved in performance improvement activities.		
	Facility Comments:			

23A.5.1.7	Mortuary staff shall participate in audit activities with other clinical specialists.				
	EVIDENCE OF COMPLIANCE	1. Records on audit activities.			
	Facility Comments:				

SERVICE SUMMARY	
SURVEYOR SUMMARY:	
OVERALL RATING:	
OVERALL RISK:	