

SURVEY ITEM & SELF-ASSESSMENT													
SERVICE STANDARD 21 : LINEN SERVICES													
	<p><u>PREAMBLE</u> <i>The Linen Services include the supply and delivery of clean linen and the collection and washing of dirty and soiled linen. Linen 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 where the MSQH standards and criteria for Accreditation purposes including standards for Prevention and Control of Infection and Housekeeping Services shall apply.</i></p>												
<u>TOPIC 21.1:</u>	<u>ORGANISATION AND MANAGEMENT</u>												
<u>STANDARD 21.1.1</u>	<i>The Linen Services are organised and administered to provide a full range of clean linen for the optimum care for patients according to the goals and objectives of the Facility.</i>												
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS										
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING									
21.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Linen 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.												
	<table border="1"> <tr> <td rowspan="4">EVIDENCE OF COMPLIANCE</td> <td>1. Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.</td> <td></td> </tr> <tr> <td>2. Goals and objectives of the Linen Services in line with the Facility statements are available, endorsed and dated.</td> <td></td> </tr> <tr> <td>3. Evidence of planned reviews of the above statements.</td> <td></td> </tr> <tr> <td>4. These statements are communicated to all staff (orientation programme, minutes of meeting, etc).</td> <td></td> </tr> </table>	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 Linen 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).				
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	5. Achievement of goals and objectives are monitored, reviewed and revised accordingly.				
	Facility Comments:				
21.1.1.2 CORE	<p>There is an organisation chart which:</p> <p>a) provides a clear representation of the structure, function and reporting relationships between the Head and the staff of the Linen Services;</p> <p>b) is accessible to all staff and clients;</p> <p>c) includes off-site services if applicable;</p> <p>d) is revised when there is a major change in any of the following:</p> <p>i) organisation;</p> <p>ii) functions;</p> <p>iii) reporting relationships;</p> <p>iv) staffing patterns.</p>				
	EVIDENCE OF COMPLIANCE	1. Clearly delineated current organisation chart with line of functions and reporting relationships between the Head and the staff of the Linen 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:				
21.1.1.3	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 Linen Services. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.				

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	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:				
21.1.1.4	The Head of Linen 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:				
21.1.1.5	The Head of Linen 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:				
21.1.1.6	Appropriate statistics and records shall be maintained in relation to the provision of Linen 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/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;				
		g) linen inventory ;				
		h) customer feedback;				
		i) off-site laundry plant audit inspection records.				
	Facility Comments:					
21.1.1.7 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: <ul style="list-style-type: none"> a) formal lines of communication and responsibilities between the external service provider and the Facility; b) regular site inspection shall be conducted by the licensee to ensure compliance to laundry standards as stipulated; c) provision of adequate numbers of appropriately qualified personnel to perform their duties; d) participation, as appropriate, of the external service provider in committees of the Facility i.e. Prevention and Control of Infection; e) arrangement for adequate pickup and delivery; f) arrangements for after-hours and emergency services; g) mechanisms for dealing with problems in service delivery; h) adequate facilities and equipment for providing the services at the Facility and at the site of the external service for washing, ironing, storage and issuance of linen supplies; 					

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	i) involvement of the external service provider in safety and performance improvement activities of the Facility, as appropriate; j) comply with the appropriate MSQH Standards of Accreditation for Linen Services which functions within the Facility.								
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Facility Comments:									
21.1.1.8 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 Linen Services.								
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SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 21.2		HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT				
STANDARD 21.2.1		<i>The Linen Services shall be directed and adequately staffed with appropriately qualified and trained personnel to achieve the goals and objectives of the Linen Services.</i>				
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
21.2.1.1	The Head and staff of the Linen 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 linen services	
					2. Appointment/assignment letters	
					3. Training and competency records	
Facility Comments:						
21.2.1.2	The authority, responsibilities and accountabilities of the Head of Linen 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:					
21.2.1.3	Sufficient numbers of personnel and support staff with appropriate qualifications and experience are employed to meet the need of the services.					

	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS	
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	EVIDENCE OF COMPLIANCE	1. Number of staff and qualification should commensurate with workload.			
		2. Staffing pattern			
		3. Duty roster			
		4. Census on workload			
	Facility Comments:				
21.2.1.4	<p>There are written and dated specific job descriptions for all categories of staff that include:</p> <p>a) qualifications, training and experience required for the position;</p> <p>b) lines of authority;</p> <p>c) accountability, functions and responsibilities;</p> <p>d) reviewed when required and when there is a major change in any of the following:</p> <p>i) nature and scope of work;</p> <p>ii) duties and responsibilities;</p> <p>iii) general and specific accountabilities;</p> <p>iv) qualifications required and privileges granted;</p> <p>v) staffing patterns;</p> <p>vi) Statutory Regulations.</p>				
	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:				
21.1.1.5	Personnel records on training, staff development, leave and others are maintained for every staff.				

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	<p>Note: Staff personal record may be kept in Human Resource Department as per Facility policy.</p> <table border="1"> <tr> <td rowspan="7">EVIDENCE OF COMPLIANCE</td> <td>1. Staff personal records include:</td> <td></td> </tr> <tr> <td>a) staff biodata;</td> <td></td> </tr> <tr> <td>b) qualification and experience;</td> <td></td> </tr> <tr> <td>c) training records on infection control and technical aspects, e.g. safety and health;</td> <td></td> </tr> <tr> <td>d) competency records and authorisation to operate specialised equipment;</td> <td></td> </tr> <tr> <td>e) leave record;</td> <td></td> </tr> <tr> <td>f) confidentiality agreement.</td> <td></td> </tr> <tr> <td></td> <td>g) immunisation record</td> <td></td> </tr> </table> <p>Facility Comments:</p>	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. safety and health;		d) competency records and authorisation to operate specialised equipment;		e) leave record;		f) confidentiality agreement.			g) immunisation record				
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21.2.1.6 CORE	<p>Provision of vaccination programmes for all staff exposed to sharps injury and biological hazards.</p> <table border="1"> <tr> <td rowspan="2">EVIDENCE OF COMPLIANCE</td> <td>1. Vaccination programme</td> <td></td> </tr> <tr> <td>2. Vaccination records</td> <td></td> </tr> </table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Vaccination programme		2. Vaccination records																	
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21.2.1.7	<p>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.</p>																					

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					AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING
	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:				
21.2.1.8	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:					
21.2.1.9	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:					
21.2.1.10	Staff receive evaluation of their performance at the completion of the probationary period and annually thereafter, or as defined by the Facility.					

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	EVIDENCE OF COMPLIANCE	1. Performance appraisal for staff is completed upon probationary period and as an annual exercise.			
	Facility Comments:				

SURVEY ITEM & SELF-ASSESSMENT					
TOPIC 21.3:	<u>POLICIES AND PROCEDURES</u>				
STANDARD 21.3.1	<i>There are documented policies and procedures that reflect current knowledge and practice of Linen Services and they are consistent with the goals and objectives of the Linen Services and relevant regulations and statutory requirements.</i>				
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS		
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21.3.1.1 CORE	There are written policies and procedures for the Linen 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:					
21.3.1.2	Policies and procedures are developed in collaboration with staff, Infection Control Committee, 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:				

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21.3.1.3	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:				
21.3.1.4 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:					
21.3.1.5	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:				

SURVEY ITEM & SELF-ASSESSMENT						
STANDARD 21.3.2	There is adequate supply of clean linen and protective clothing. They are properly handled and stored in such a way as to avoid re-absorption of moisture and contamination from surface contact or airborne. All protective clothing will be considered as linen.					
	CRITERIA FOR COMPLIANCE:		SELF RATING	SURVEYOR FINDINGS		
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21.3.2.1 CORE	The patient shall not be in soiled linen under any circumstances.					
	EVIDENCE OF COMPLIANCE	1. Policy on Linen supply				
		2. Patients have clean linen as evidenced on-site.				
	Facility Comments:					
21.3.2.2 CORE	Soiled linen is collected in such a manner as to avoid microbial dissemination and it is placed in segregated bags or containers at the site of collection.					
	EVIDENCE OF COMPLIANCE	1. Policy and procedure on collection and placement of soiled				
		2. Soiled linen is collected in closed colour coded linen bag as observed on inspection.				
		3. Adequate supply of alginate bag for infectious linen.				
Facility Comments:						
21.3.2.3 CORE	Soiled linen from infectious patients is clearly identified; staff shall take appropriate precautions in handling and processing this type of linen.					
	EVIDENCE OF COMPLIANCE	1. Policy and procedure on handling infectious linen				
		2. Use of colour coded linen bag for different types of linen hospital wide				
		3. Use of alginate bag for infectious linen as evidenced on site				
Facility Comments:						

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21.3.2.4 CORE	Written procedures are in accordance with acceptable standards for handling and processing linen and shall cover the following: a) processing techniques including handling and collecting of dirty linen prior to washing; b) wash formula (for example, linen load quantity, time duration, water temperature, use of bleach, final water pH); c) physical appearance and condition of linen.					
	EVIDENCE OF COMPLIANCE				1. Policies and Procedures on Linen Services that address but not limited to items (a) to (c) are available.	
	Facility Comments:					
21.3.2.5 CORE	Containers transporting soiled linen bags and storage areas for soiled linen are cleaned according to agreed schedule.					
	EVIDENCE OF COMPLIANCE				1. Policy and procedure on handling containers for transporting	
					2. Schedule on cleaning linen transporting containers.	
					3. Records on cleaning containers used for transporting soiled linen.	
Facility Comments:						
21.3.2.6 CORE	Clean linen is transported and stored separately from soiled linen.					
	EVIDENCE OF COMPLIANCE				1. Policy and procedure on transporting and storing of clean linen	
					2. Schedule on cleaning containers used for transporting clean linen	

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21.3.2.7 CORE	In-house facilities for handling and processing of soiled linen are separated from the clean linen processing area, patient rooms, areas of food preparation and storage, and areas where clean material and equipment are stored.															
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21.3.2.8	Smoking is prohibited in areas for handling linen.															
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21.3.2.9	Surfaces and overhead areas in the laundry and central linen storage area are cleaned as to agreed schedule.															
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21.3.2.10	The laundry area and central linen storage area are planned and equipped to prevent the dissemination of contaminants, and there is good exhaust ventilation with airflow from clean to soiled areas.					
	EVIDENCE OF COMPLIANCE				1. As built drawing of laundry/design meets relevant standards.	
					2. Work process prevents dissemination of contaminants.	
					3. Ventilation with airflow from clean to soiled areas.	
Facility Comments:						
21.3.2.11	To minimise the risk of cross infection, hand hygiene facilities are readily available in the clean and soiled linen areas. Staff are required to put on appropriate personal protective equipment in the soiled area.					
	EVIDENCE OF COMPLIANCE				1. Separate hand washing facilities in soiled linen and clean linen areas.	
					2. Appropriate Personal Protective Equipment (PPE) available.	
					3. Counting of soiled linen prohibited as per policy/work instruction	
Facility Comments:						

SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 21.4:	<u>FACILITIES AND EQUIPMENT</u>					
STANDARD 21.4.1	<i>There are safe and adequate facilities and equipment to enable the Linen Services to meet its goals and objectives and ensuring patient and staff safety.</i>					
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
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21.4.1.1	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) separate entrance for clean and soiled linen;				
		b) adequate linen storage space.				
		2. Appropriate type of equipment:				
		a) appropriate personal protective equipment available for Linen Services staff				
		3. Easy access and clear exit routes				
4. Appropriate staff change rooms with showers and lockers						
Facility Comments:						
21.4.1.2	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:					

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21.4.1.3 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:						
21.4.1.4	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 (on-site laundry service)				
		2. Competency assessment record				
		3. Letter of authorisation				
		4. List of staff trained and authorised to operate specialised equipment				
	Facility Comments:					
21.4.1.5	There are appropriate arrangements made for the disposal of waste water and chemical detergent from laundry plant to sewage system.					
	EVIDENCE OF COMPLIANCE	1. Drainage drawing on disposal of waste water and chemical detergent from laundry plant to sewage system.				
		2. Appropriateness of disposal of waste water and chemical detergent as observed onsite.				
	Facility Comments:					

SURVEY ITEM & SELF-ASSESSMENT						
TOPIC 21.5:		<u>SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES</u>				
STANDARD		<i>The Head of Linen Services shall ensure the provision of quality performance with staff involvement in the continuous safety and quality improvement activities of the Linen Services.</i>				
21.5.1						
	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
21.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the Linen 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:						
21.5.1.2	The Head of Linen 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:						

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS			
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING		
21.5.1.3	<p>The Head of the Linen 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:						
21.5.1.4 CORE	<p>There is tracking and trending of specific performance indicators not limited to but at least two (2) of the following:</p> <p>a) percentage of linen shortfall (Target: 2%)</p> <p>b) linen rejection rate (Target: below 2%)</p>					

	CRITERIA FOR COMPLIANCE:	SELF RATING	SURVEYOR FINDINGS								
			AREAS FOR IMPROVEMENT / RECOMMENDATIONS & RISK ASSESSMENT	SURVEYOR RATING							
	<p>c) percentage of incidents reported monthly that have had Root Cause Analysis (RCA) done and action taken to prevent recurrence (Target: 100%)</p> <p>d) Internal customer satisfaction survey (Target: 80% satisfaction)</p> <table border="1"> <tr> <td rowspan="3">EVIDENCE OF COMPLIANCE</td> <td>1. Specific performance indicators monitored.</td> <td></td> </tr> <tr> <td>2. Records on tracking and trending analysis.</td> <td></td> </tr> <tr> <td>3. Remedial measures taken where appropriate</td> <td></td> </tr> </table> <p>Facility Comments:</p>	EVIDENCE OF COMPLIANCE	1. Specific performance indicators monitored.		2. Records on tracking and trending analysis.		3. Remedial measures taken where appropriate				
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21.5.1.5	<p>Feedback on results of safety and performance improvement activities are regularly communicated to the staff and relevant authority.</p> <table border="1"> <tr> <td rowspan="3">EVIDENCE OF COMPLIANCE</td> <td>1. Results on safety and performance improvement activities are accessible to staff.</td> <td></td> </tr> <tr> <td>2. Evidence of feedback via communication on results of performance improvement activities through continuing education activities/meetings.</td> <td></td> </tr> <tr> <td>3. Minutes of service/unit meetings</td> <td></td> </tr> </table> <p>Facility Comments:</p>	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				
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21.5.1.6	<p>Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.</p> <table border="1"> <tr> <td rowspan="2">EVIDENCE OF COMPLIANCE</td> <td>1. Documentation on performance improvement activities and performance indicators.</td> <td></td> </tr> <tr> <td>2. Policy statement on anonymity on patients and providers involved in performance improvement activities.</td> <td></td> </tr> </table> <p>Facility Comments:</p>	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.						
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SERVICE SUMMARY	
SURVEYOR SUMMARY:	
OVERALL RATING:	
OVERALL RISK:	