

QUALITY SELF-AUDIT

GENERIC CHECKLIST GUIDE FOR DEPARTMENTS/UNITS

DEPARTMENT:

DATE OF AUDIT:

	ITEM	SC	PC	NC	COMMENTS
	GENERAL OVERVIEW FOR STAFF: -ISO 9001:2000 ACREDITATION BY MSQH				
	ORGANIZATION & MANAGEMENT				
1.	Organization Chart				
2.	Vision				
3.	Mission				
4.	Objectives: -Department/Unit -Quality objectives of hospital -Quality objectives of department/unit				
5.	Piagam Pelanggan				
6.	Patient orientation: -Guide pamphlet -Checklist -Signature of staff & patient				
7.	Work flow charts				
8.	Fail Meja & Senarai Tugas, Carta aliran				
9.	Code of ethics				
10.	Facility layout plan & Signage				
11.	Disaster Plan & Fire Plan: -Signage & floor plan -Fire exits plan & doors/routes -Staff training if hire handling & response, drills at least once a year -Fire fighting equipment-alarms, fire extinguishers & hoses -certification by BOMBA Exit doors keys -emergency lights				
12.	Meetings: -call letters -minutes -attendance, distribution & acknowledgements of notification				
13.	Files: -Management meetings -Clinical audits -OSHA -Incident reporting				

	-correspondence				
14.	Perintah Am, PKPA, CPGs, Circulars				
15.	Department/ Unit statistics-displayed				
16.	Budgeting: -Program agreement -Post -Equipment -Dasar Baru				
17.	Safety policy -Fire -Keys -Office management				
18.	Water & energy: -Storage & testing -Conservation				
	FACILITIES & EQUIPMENT				
1.	HSIP & TRIP: -Deduction formula awareness, implementation				
2.	Equipment: -Tagging -Maintenance-PPM -Calibration -Update KEW 312,313 cards				
3.	Privileging of staff for specialized equipment				
4.	Clinical waste/Cleansing/Housekeeping: -Segregation -Spillage kits -Collection schedule -Toilet cleansing schedule displayed & proof of execution -Toilet floors dry after cleaning -Railings in toilets -Designated pathway for clinical waste -Storage of cleansing equipment appropriate -Review of nosocomial infections results -Weekly joint inspection				
5.	Sluice room management				
6.	Chemical waste-storage & disposal appropriate				
7.	Mortuary effluent management				
8.	Sharps bins-usage, limit for only ¾ full				
9.	Clinical bins for infectious cases, empty injection vials				
10.	Medication- -Indent, stock, expiry				

	-Charting & dispensing -Dilution of injection & storage -Labeling of iv infusions-time, date, medication				
11.	DDA: -Storage -Security				
12.	Food: -Collection methods from kitchen -Diet quantity & appropriateness -Food trolley-cleanliness, war specific -Food handlers hygiene, vaccinations -Cutlery storage & cleanliness -Dispensing of food in pantry under staff nurse supervision				
13.	Clothes-no washing by patients				
14.	CSSD: -FIFO -Separation of sterile & unsterile, update sterile storage -Air conditioning -Sampling -Storage racks & bins				
15.	Fridges: -Temperature monitoring & calibration daily monitoring -No specimens of foods in drug/vaccination fridges -Cold chain maintenance				
16.	Waiting areas: -Adequate -Reading & educational materials				
17.	Examinations rooms: -Patient privacy				
18.	Meeting rooms				
19.	Signage: -Toilets -No smoking -Telephones -Facility locations				
20.	Traffic management: -Vehicle flow -Parking -Security				
21.	Linen: -HSIP schedule conformed				

	-TRIP adhered to verification Rejection of poor conformance -Adequacy for use -Disposal of soiled linen by segregation: -white, red, green bags -Transport of soiled linen-Trolley SL4 -Linen record				
22.	Ambulances: -Equipment checklist -Maintenance PPM -Log book -Ambulance call protocol				
23.	Punch Clock: -Monthly report				
24.	Emergency trolley				
	HUMAN RESOURCES DEVELOPMENT & MANAGEMENT				
1.	Staff deployment				
2.	Personal files: -Biodata, qualifications, APC, leave, MC, CME reports, Surat Aku Janji, Profail Anggota				
3.	Training requirements: -Year planner -Records of training -Department & hospital CME records				
4.	Roster of duties-call, daily work placement				
5.	Specimen signatures				
6.	Credentialing & Privileging				
	POLICEIS & PROCEDURES				
1.	Hospital Policy-update				
2.	Department Policy-update				
3.	ISO MK,PK,AK- -Update -Awareness -Compliance -Access & storage				
4.	PKPA, Perintah AM, Circulars, CPGs				
5.	Nursing Care Plans				
6.	Infection control-reporting, compliance, circulars				
	QUALITY IMPROVEMENT				
1.	List of activities:				

	-Awareness of staff				
2.	Department CMEs: -Program -Attendance -Notes				
3.	NIA, HAS, Piagam Pelanggan				
4.	KMK, QAP, Inovasi				
5.	MSQH Accreditation				
6.	ISO 9001:2000				
7.	POMR				
8.	Infection Control				
9.	Maternal Mortality				
10.	Lab –quality control				
11.	Corporate culture				
12.	Clinical audit				
13.	Incident reporting				
14.	Customer feedback & customer satisfaction				
15.	Research				

Head of Departments Comments:

Signature of Head of Department:

Date:

Name: