STANDARD FOR PRIVATE HOSPICE WITH SERVICES ONLY

Name of Office:

Office Address (Based at):

If comply tick (√) Yes, if not tick (√) No. Please add comment for any explanation.

PROVISION	ITEM	YES	NO	COMMENT
	INFORMATION FROM APPLICATION			
R.389(2)&(3)	**Type of services :**			Berdasarkan maklumat pada Borang 2 dan Borang 3
(a)	**Bereavement services:** Hospice services provided during period of time during which the patient's family experiences and adjusts to the death of the patient			
(b)	**Respite care services:** Hospice services provided in a patient's home or in private healthcare facility or service to relieve temporarily the patient's family or other care providers for unforeseen emergencies or the daily demands of care for the patient			
(c)	**Homemaker services:** Services provided to the patient which includes – (i) general household activities including the preparation of meals and routine household care; and (ii) teaching, demonstrating and providing patient-family with household management techniques that promote self-care, independent living and good nutrition			
(d)	**Hospice home care services:** Hospice care services which are provided in the place the patient designates as his primary residence			
(e)	**Volunteer services:** Services provided by volunteers shall be in accordance with the written patient care plan. Volunteer means a person who offers his services to a hospice without compensation and reimbursement for a volunteer's expenses in providing hospice services shall not be considered as compensation			
R.390	**Core services must be provided :**			Berdasarkan maklumat pada Borang 3
R.390&R.402	Medical services			
R.390&R.403	Nursing services			
R.390&R.404	Counselling services			
R.12, R.13 & R.401	**Person In Charge**			Berdasarkan maklumat pada Borang 3
	INSPECTION			
	INFRASTRUCTURE & EQUIPMENT			
	Location of Office (Base) – type of building & no. of floors)			
R.60	Proper signage and labelling system			

PROVISION	ITEM	YES	NO	COMMENT
	Available and displayed in a conspicuous area			
S.23	A copy of Licence (for renewal of Licence)			
R.36	Duty roster			
	Available during inspection			
R. 11(1), R.25(a)	Organizational chart ▪ inclusive of staff identification (uniform/badges)			
R.11(2)	Plan of organization available in writing			
	PROPER STORAGE			
	Medication & Medical Supplies			
	Home visit kit ▪ Includes medication & medical supplies deem appropriate by Person In Charge			
R.245(1)	Medication (eg: NSAIDS, Steroids, Anti-emetics, Anti-histamine, Antibiotics, Antifungal, etc) ▪ Adequate labelling (name, strength of medication & expiry date)			
R.74(1)(a)	Locked cabinet for dangerous drugs (eg. Opioids - if applicable)			
S.16(1)(b)	Medical equipment (if applicable) (eg: Oxygen Concentrator, Suction Apparatus, Ripple Mattress, Hospital Beds, Wheel Chairs, Walking Frames, etc)			
S.16(1)(b)	Consumable & disposable items (if applicable) (eg: Gauze Rolls, Dressing sets, Gloves, Plasters, Antiseptic solution, NG Tube, Suction Catheters, etc)			
R.122(2)	Sterilizers are kept in good repair and operating condition (if applicable)			
R.43	**Appropriate patients' medical record system facilities**			
R.24(1)(c), (2) & R.47(3), R.38-R.41, R.24(1)(d)	Written valid consent ▪ Information concerning medical treatment & care ▪ Grievance procedures			
R.415(1)(2)	Documentation on orders for medication (prescription)			
R.44	Documentation patient care plan and treatment			
	Refuse & Hazardous Waste			
R.92(1)	Separate handling of infectious and non-infectious waste at the point of generation.			
R.92(2)	Proper disposable of infectious waste in designated containers.			
	WRITTEN POLICIES AND STANDARD OPERATING PROCEDURE (SOP)			
R.49, R.92(4)	**(A) ON INFECTION CONTROL**			
	(B) ON POLICY STATEMENT			

PROVISION	ITEM	YES	NO	COMMENT
	(C) ON ORDERS FOR MEDICATION & DOCUMENTATION			
	(D) EMERGENCY MANAGEMENT			
	(E) ON TYPES OF SERVICES:			
R.406	**(i). ON BEREAVEMENT SERVICES**			
R.410	**(ii). ON RESPITE CARE SERVICES**			
R.408	**(iii). ON HOMEMAKER SERVICES**			
R.390, R.400	**(iv). ON HOSPICE HOME CARE SERVICES**			
R.407	**(v). ON VOLUNTEER SERVICES**			
	Overall findings			
R401, R414. (1)	All the written policies and procedure should validated by person in charge and all services should carried out as per SOP			
S.16(1)(c)	Complies with standards or requirements: books, records, policies, standard operating procedures, clinical practice guidelines or the management or related matters			

Comments:			
Recommendation:			
Prepared by: **(Name & Stamp)**		**Verified by:** **(Name & Stamp)**	
Date :		**Date:**	