PLANNED
IMPLEMENTATION
DEFAULTED

HOSPITAL WIDE ACTION PLAN
IMPLEMENTATION OF MSQH HOSPITAL ACCREDITATION STANDARDS
&
PREPARING FOR MSQH HOSPITAL ACCREDTATION SURVEY
HOSPITAL SUNGAI SIPUT PERAK

	Activities	Year/Month																
		2018					2019											
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Pelantikan penyelaras - Penyelaras & AJK Akreditasi untuk 2018-2019 (Surat lantikan).																	
2	Mesyuarat Akreditasi (1 kali / bulan).																	
3	"Review Compliance Report" pada bulan ke-36 (Mengikut keperluan MSQH).																	
4	Menyediakan "Gannt's chart" - setiap unit/wad.																	
5	Surat permohonan tarikh MSQH Survey. (Cadangan: **26-28th August 2019**)																	
6	Surat permohonan sebutharga MSQH Survey.																	
7	Surat permohonan peruntukkan daripada KKM untuk MSQH Survey.																	
8	Surat permohonan peruntukkan untuk persediaan (pengurusan, logistik dan kursus / talimat) untuk menghadapi MSQH Survey Edisi-5.																	
9	Kursus Akreditasi Hospital Standard Edisi-5 MSQH (2 orang). **RM 800 per person**																	
10	Taklimat Kesedaran Akreditasi Edisi -5 & Polisi Hak-hak Pesakit (AJK memberi taklimat secara giliran) 1 kali sebulan																	
11	Kemaskini semua dokumen & Polisi & MPK.																	
12	Mewujudkan "Performance Indicators" untuk setiap standard (2 Performance Indicators) - mengikut standard Edisi-5.																	
13	Memantau "Performance Indicators" untuk setiap standard (2 Performance Indicators).																	
14	Surat permohonan lawatan ke Hospital Tapah dan Selama.																	

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	Activities	Year/Month																
		2018					2019											
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
15	Lawatan ke Hospital Tapah dan Selama.																	
16	Audit dalaman.																	

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	Activities	Year/Month																
		2018					2019											
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
17	Susulan audit dalaman.																	
18	Surat permohonan Mock Survey - Hospital Tapah / Selama																	
19	Verifikasi dan kalibrasi alat perubatan.																	
20	Mock Survey - Hospital Tapah / Selama																	
21	Susulan audit Mock Survey.																	
22	Timbalan penyelaras mengemaskini Profile Hospital & Carta Organisasi Hospital.																	
23	Menyerahkan Profile Hospital & Carta Organisasi Hospital kepada penyelaras untuk semakan.																	
24	"Responden" / Ketua Unit perlu memastikan semua dokumen & Polisi & MPK adalah lengkap berdasarkan "Questionare standards" dan menjalankan **pembentangan polisi.**																	
25	"Responden" / ketua unit bersiap sedia menjawab "Questionaire" - hard copy.																	
26	Kursus menjawab "Questionaire" Online untuk "Responden" / ketua unit.																	
27	"Responden" / ketua unit bersiap sedia menjawab "Questionaire" - Online																	
28	Penyelaras dan Timbalan Penyelaras Teknikal & Pengurusan mengumpul semua "Questionaire" (Online) & "Endorsement" (hard copy) daripada "Responden" / ketua unit.																	

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	Activities	**Year/Month**																
		2018					**2019**											
		Aug	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
29	Penyelaras menghantar semua "Questionaire" (Online) daripada "Responden" / ketua unit bersama "Endorsement form" dan Profile Hospital serta Carta Organisasi Hospital (Hard copy) ke MSQH (**6 minggu sebelum MSQH Survey).**																	
30	Jawatankuasa Pemandu menguruskan logistik panel untuk surveyor MSQH. (Tempat penginapan, makanan, pengangkutan, bilik mesyuarat, komputer, alat tulis dan lain-lain)																	

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	Activities	Year/Month																
		2018					2019											
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
31	***MSQH Survey***																	
32	Menghantar satu salinan laporan keputusan persijilan akreditasi kepada bahagian perkembangan perubatan & cawangan kauliti penjagaan.																	
33	Review of MSQH Report & suggest remedial measures.																	
34	Implementation of remedial measures.																	
35	Prepare for Compliance Report.																	