

# Accreditation and Survey Administrative Process

**Noramiza Md Nasir**

Executive Manager (Accreditation, Training and Surveyor Management)

MSQH

# Outline

---

Administrative requirement

---

Pre survey planning

---

Training

---

Survey Process

- Documentation Review – MSQH AIMS
  - Survey
- 

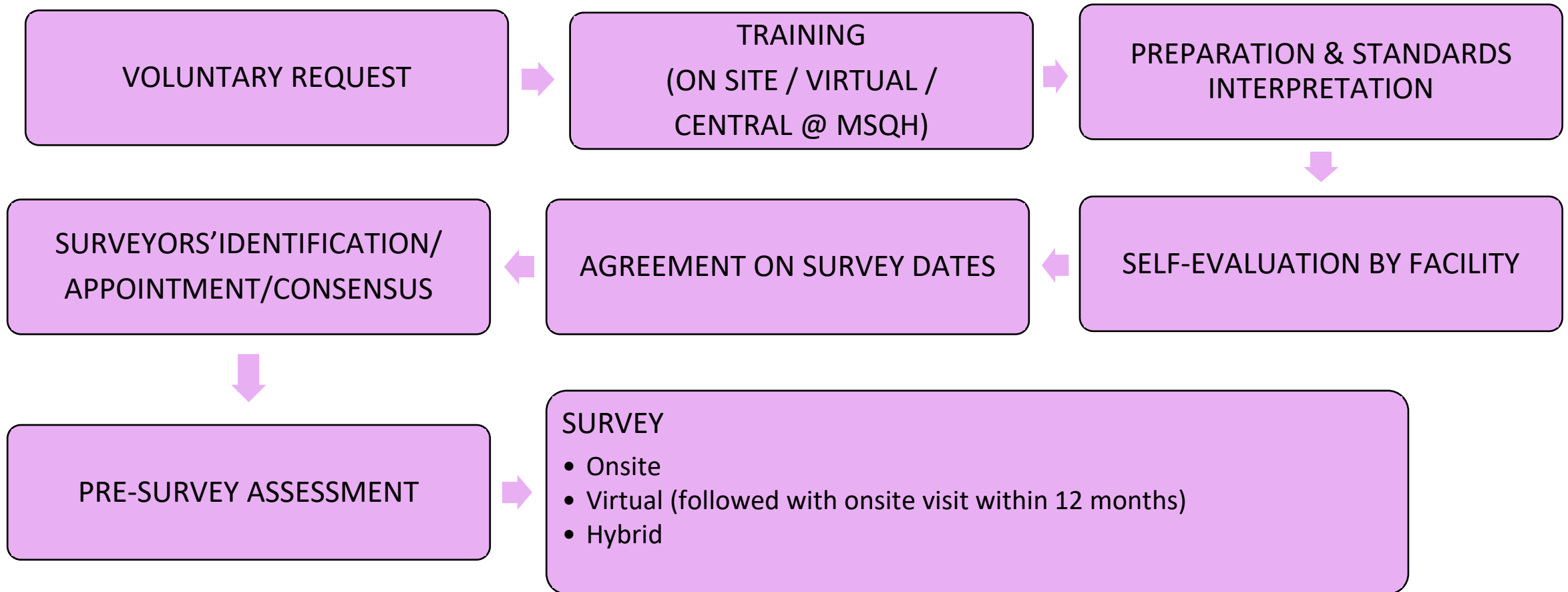
Post survey

---

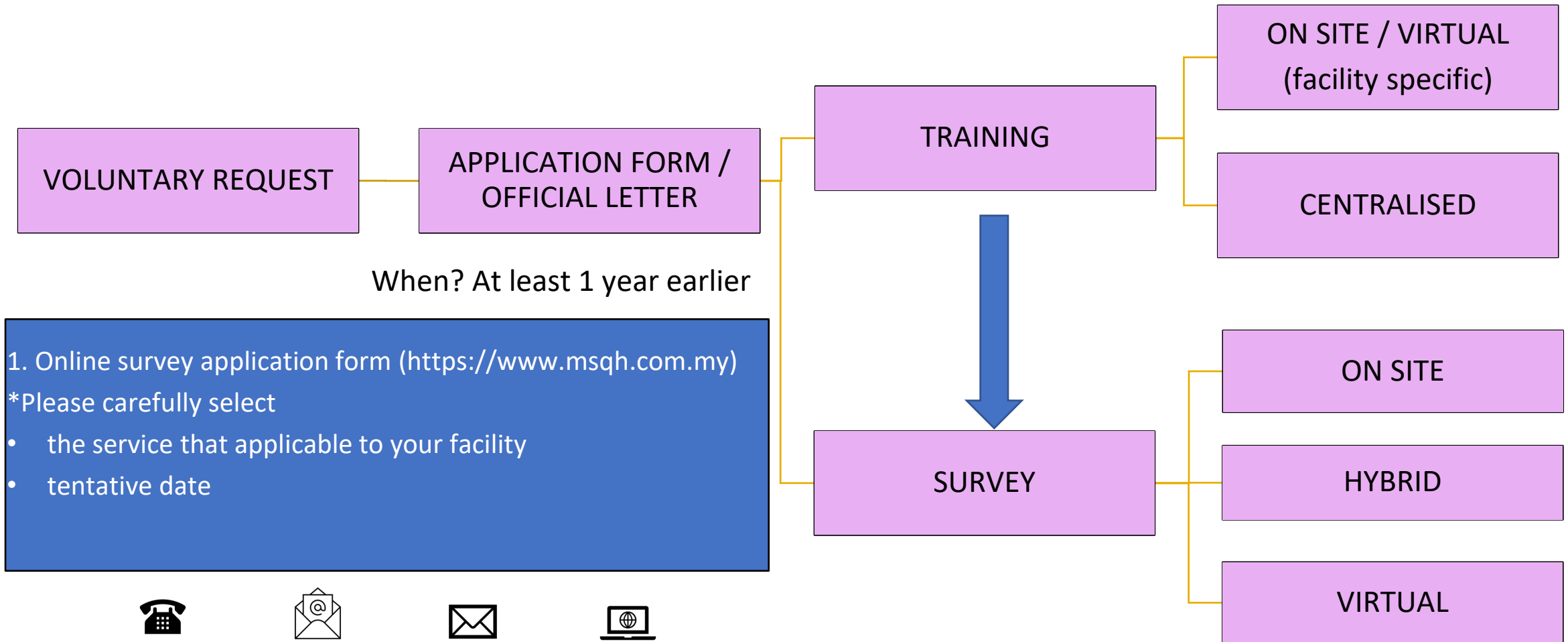
Timeline

---

# Preparation towards Survey



# Pre Survey



# Application Process

## Access AIMS




- Go to AIMS Website
- Select Application for Accreditation Survey.

## Complete the Application Form

- Fill in organisation and contact details.
- Select the accreditation programme.

## Upload Required Documents

The following documents must be attached:

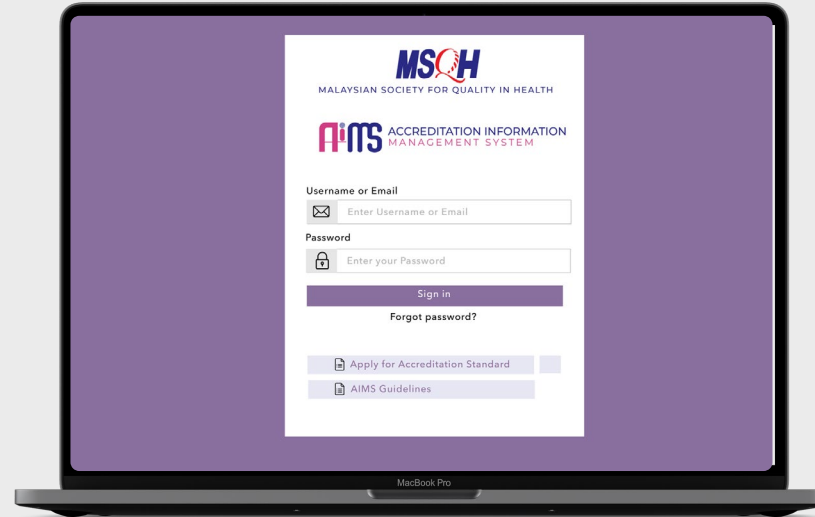
-  Survey Request Letter
-  Organisation Chart
-  List of Resident Consultants
-  Facility/Hospital Licence (Private Hospitals Only)

## Submit Application

- Submit the application to MSQH through AIMS.
- An email notification will be sent upon successful submission.
- Application reference number will be provided for tracking purposes

**AIMS** Accreditation  
Information  
Management System

What's new?



## Choose Available Survey Dates

- Applicants can select preferred survey dates directly through AIMS.
- Improves scheduling efficiency and visibility of available slots.

## One Application Form for All MSQH Accreditation Programmes

- A single streamlined application process for all accreditation programmes.

# Types of training

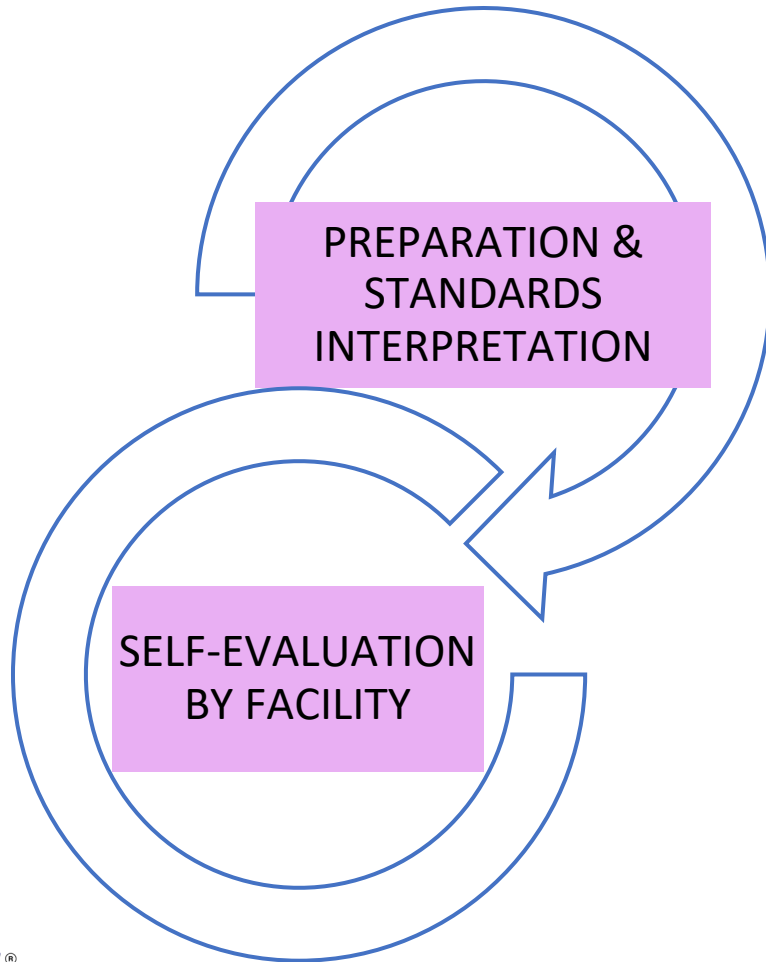
## ON SITE / VIRTUAL (facility based)

- Packages
  - Package I - MSQH Hospital Accreditation (7<sup>th</sup> Edition Standards, Rating System and Decision-Making Process & Implementation Plan)
  - Package II - Gap analysis workshop
  - Consultant talk (add on)
  - Mock survey (add on)
- 1<sup>st</sup> cycle hospital need to subscribe to package I & II
- Better understanding & focus on the issue/preparation

## CENTRALISED (MSQH based)

- Series of training
  - Generic 7<sup>th</sup> Edition MSQH accreditation
  - Individualised Service Std - Infection Control, Environmental & Facility, Clinical Services
  - Topic related – RCA, Organ Donation, C&P, Policies & procedures
- At MSQH or virtual (webinar)
- Check our web site / social media for update / advertisement

# MSQH Survey Process



- Identify Hospital Admin and user (Respondent & HOD of each service std)
- Internal Gap analysis
  - By service standards
  - More 80% compliance
  - Rating of 3 & 4
- Prepare Evidence of Compliance
- Filling up MSQH AIMS (manual will be made available)
- Supporting Document

- Plan your progress according survey date
- Documentation submission 6 weeks before the survey

# MSQH Survey Process

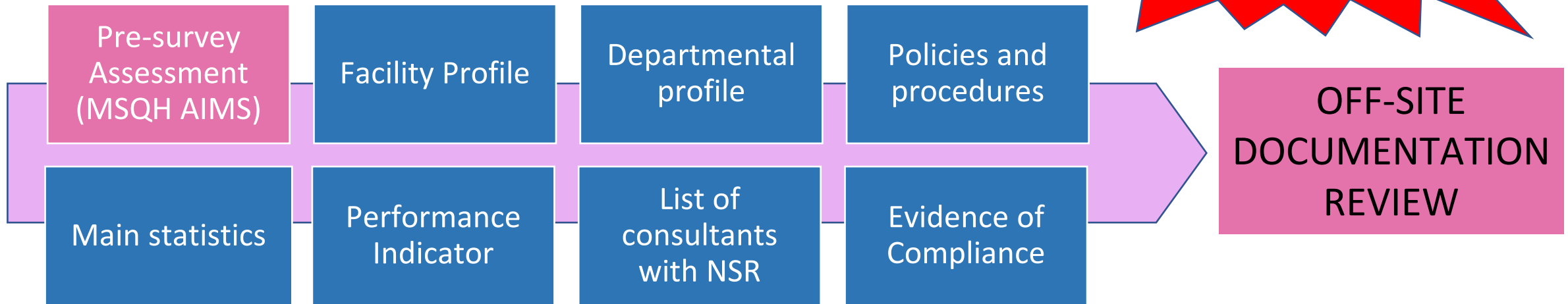
1. Off-site Documentation Review

2. Survey

- Onsite
- Virtual
- Hybrid

# 1. Off-site Documentation Review

## DOCUMENT TO BE SUBMITTED TO MSQH FOR SURVEY



- Review / Assessment of Documents and records compiled and uploaded via MSQH AIMS (electronic system)
- To ensure correct and current information submitted to the surveyors
- Areas of concern identified to be given attention and consideration during the actual survey (onsite/virtual/hybrid).
- **Evidence of Compliance (EOC) to be uploaded in the same MSQH AIMS**

# User Roles and Responsibilities

User Roles	Responsibilities
Hospital Admin	Apply and manage Survey application, assign respondents and HODs, monitor submission progress, and submit the final PSA.
Respondent	Complete assigned assessment sections, provide ratings, upload supporting evidence, and submit responses to the HOD for review.
Head of Department (HOD)	Review responses submitted by respondents, verify supporting documents, provide comments, and endorse assessment results.

Guidelines and user manuals will be provided and made available on our website for easy access and reference.



## Enhanced System Roles

- The system now supports more structured role-based access control.
- Better control of user access
- Clear segregation of responsibilities
- Improved accountability and audit trail

## Wider Team Management

- Assign multiple respondents to different standards/sections
- Assign multiple HODs for review and endorsement
- Monitor progress across departments
- Centralized team management dashboard

# Pre Survey Assessment

Standards  Awaiting Rating

Search...

SERVICE STANDARD 01: GOVERNANCE, LEADERSHIP AND DIRECTION

SERVICE STANDARD 02: ENVIRONMENTAL AND SAFETY SERVICES

TOPIC 2.1

STANDARD 2.1.1

CRITERION CRITERION 2.1.1.6

CRITERION CRITERION 2.1.1.5

CRITERION CRITERION 2.1.1.4

CRITERION CRITERION 2.1.1.3 (CORE)

CRITERION CRITERION 2.1.1.2

CRITERION CRITERION 2.1.1.1 (CORE)

CRITERION CRITERION 2.1.1.7

CRITERION CRITERION 2.1.1.8

CRITERION CRITERION 2.1.1.9

TOPIC 2.2

TOPIC 2.3

TOPIC 2.5

TOPIC 2.4

TOPIC 2.6

SERVICE STANDARD 03: FACILITY AND BIOMEDICAL EQUIPMENT MANAGEMENT AND SAFETY

SERVICE STANDARD 04: NURSING SERVICES

SERVICE STANDARD 06: PATIENT AND FAMILY RIGHTS

SERVICE STANDARD 02: ENVIRONMENTAL AND SAFETY SERVICES

PREAMBLE The Person In Charge (PIC) shall ensure that the Facility shall be operated and maintained to provide the built environment which meets the sustainability and safety requirement through documented policies and procedures to reduce risk to patients, staff, and visitors. These documents shall cover requirements for but not limited to hazard identification, risk assessment and mitigation, fire safety, workplace safety, disaster plan (internal and external), hazard material management, security and safety services and sustainability program.

2.1 — TOPIC 2.1  
ORGANISATION AND MANAGEMENT

2.1.1 — STANDARD 2.1.1  
All activities related to Environmental and Safety Services shall be organised and administered by the Head of the Environmental and Safety Services and coordinated by appropriate Committees or subcommittees so as to provide optimum support to the goals, objectives and values of the Facility and to meet the needs of the Facility, patients, staff and visitors.

CRITERION CRITERION 2.1.1.6	Evidence of Compliance	Rating	On-Site	Files
Self Rating 4	null-2. Records on corrective and preventive actions taken.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> NA	<input type="radio"/> No	+ Add files
	There is clear evidence of coordination and cooperation amongst the various Committees and subcommittees pertaining to Environmental and Safety Services. Records on the coordination meetings and discussions as well as corrective and preventive actions taken shall be kept and made accessible to relevant staff when required.			
	null-1. Minutes of meetings of the main Environmental and Safety ESH Committee and coordination meetings; and	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> NA	<input type="radio"/> No	+ Add files

Last saved: 25 May 2026, 10:47 am Save

CRITERION CRITERION 2.1.1.5	Evidence of Compliance	Rating	On-Site	Files
Self Rating 4	null-1. Agenda and minutes of meetings of Committees or subcommittees are accessible, disseminated and acknowledged by the relevant staff of the service, and implemented;	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> NA	<input type="radio"/> No	+ Add files
	Regular meetings shall be held between the respective appointed Committees or subcommittees members to discuss issues and matters pertaining to the operations of the Environmental and Safety Services. Minutes are kept, decisions and resolutions made during meetings shall be accessible, communicated to relevant staff of the service and implemented.			
	null-2. Attendance list of members with adequate representatives of the service;	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> NA	<input type="radio"/> No	+ Add files
	null-3. Frequency of meetings as scheduled; and	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> NA	<input type="radio"/> No	+ Add files

## Rate Each Criterion

- Users perform self-assessment for each criterion.
- Select the appropriate rating based on the level of compliance.

## Provide Comments

- Comments are required when the selected rating is 1,2,3 or NA
- This helps provide justification and additional context for the assessment.

## Upload Supporting Evidence

- Evidence can be uploaded directly under the relevant criterion number.
- Documents are linked to the respective assessment item for easier review.

## Auto Save Functionality

- The system automatically saves assessment progress every 3 seconds.
- Prevents data loss and allows users to continue at any time.

# Pre Survey Assessment

What's new?

**Aims** Accreditation  
Information  
Management System

## Upload Evidence of Compliance Under Files

- Supporting documents can be centrally managed under the Files section.
- Easier document organization and retrieval.

## "Document Available On-Site" Button

- Users can indicate that supporting evidence is available during the survey visit.
- No need to upload documents that are only available on-site.

## Upload Supporting Evidence

- Supporting documents can be centrally managed under the Files section.
- Easier document organization and retrieval.

## Self-Rating Status Indicator

- Real-time status tracking for each criterion.
- Users can easily identify Completed, In Progress or Not Started

## Unrated Criteria Checker

- Dedicated button to identify criteria that have not yet been rated.
- Helps users complete assessments before submission.

## Easy Navigation

- Improved navigation between standards and criteria.
- Faster access to assessment sections and uploaded evidence.

The screenshot displays the Aims Accreditation Information Management System interface. It features a sidebar with navigation options like 'Standards', 'GOVERNANCE AND DIRECTION', 'SERVICE STANDARD 19-CENTRAL', 'ENVIRONMENTAL SERVICES', and 'TOP'. The main content area shows a self-rating status table with columns for Service Standard, Criterion, Self Rating, Facility Comment, Technical Comment, and Status. An 'Evidence File' dialog box is open, showing a file selection interface with folders and files. The table data is as follows:

Service Standard	Criterion	Self Rating	Facility Comment	Technical Comment	Status
SERVICE STANDARD 01: GOVERNANCE, LEADERSHIP AND DIRECTION	CRITERION 1.1.1.1 - 1.1.1.1	4	The Facility Comment goes here. The Facility Comment goes here. The Facility Comment goes here.	The technical officer comment goes here. The technical officer comment goes here. The technical officer comment goes here.	Filled
	CRITERION 1.1.1.2 - 1.1.1.2	3	The Facility Comment goes here. The Facility Comment goes here. The Facility Comment goes here. The Facility Comment goes here.	The technical officer comment goes here. The technical officer comment goes here. The technical officer comment goes here. The technical officer comment goes here.	Filled
	CRITERION 1.1.1.3 (CORE) - 1.1.1.3 (CORE)	2	The Facility Comment goes here. The Facility Comment goes here. The Facility Comment goes here.	The technical officer comment goes here. The technical officer comment goes here. The technical officer comment goes here.	Filled
	CRITERION 1.1.1.4 (CORE) - 1.1.1.4 (CORE)	4	The Facility Comment goes here. The Facility Comment goes here. The Facility Comment goes here.	The technical officer comment goes here. The technical officer comment goes here. The technical officer comment goes here. The technical officer comment goes here.	Filled
	1.1.1.5	4	istat	istat	Filled
	1.1.1.6	—	The Facility Comment goes here	The technical officer comment goes here. The technical officer comment goes here. The technical officer comment goes here. The technical officer comment goes here.	Pending
	1.1.2.1	4	—	—	Pending
	1.1.2.2	NA	—	—	Pending
	1.1.2.3	—	—	—	Pending

# AIMS E-Document

## Purpose

The e-Document module is used to upload and manage:

- 📁 Evidence of Compliance
- 📁 Accreditation Supporting Documents
- 📁 Service Standards Documents
- 📁 Departmental and Facility Profile

## Integrated Document Management in AIMS

Previously:

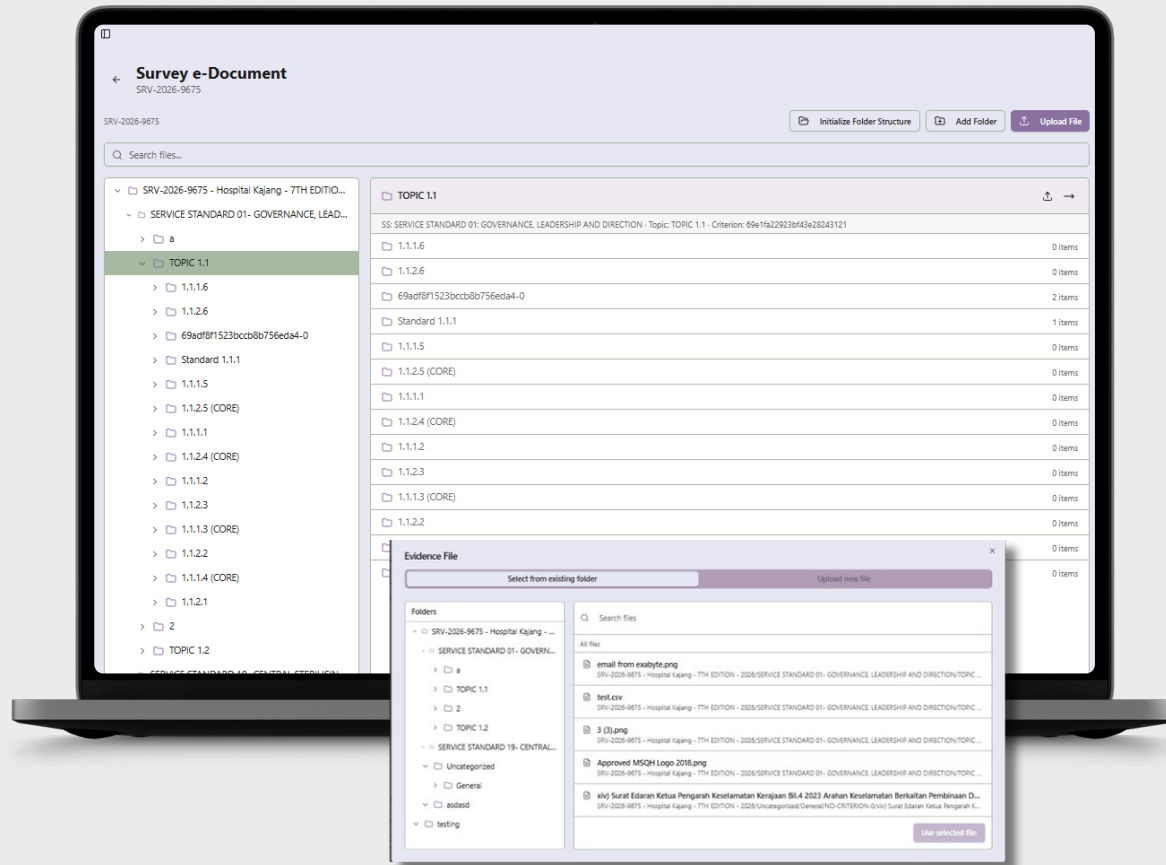
- eHAP managed accreditation documents.
- e-Document managed supporting files separately.

## Now in AIMS

- ✅ eHAP and e-Document are fully integrated into a single platform.
- ✅ Users can manage assessment evidence and supporting documents from one centralized repository.
- ✅ No need to switch between multiple systems.

## Evidence by Service Standards

- Documents can be organized according to Service Standards, Topics, Departments and Criteria Requirements



# AIMS E-Document

## One Repository, One Platform, Zero Duplication

*AIMS centralizes accreditation evidence and supporting documents for easier management, collaboration, and survey preparation.*

**AIMS** Accreditation  
Information  
Management System

What's new?

### User Assignment for Document Upload

- Assign specific users to upload and maintain documents.
- Clear ownership and accountability for document management.

### Folder Management

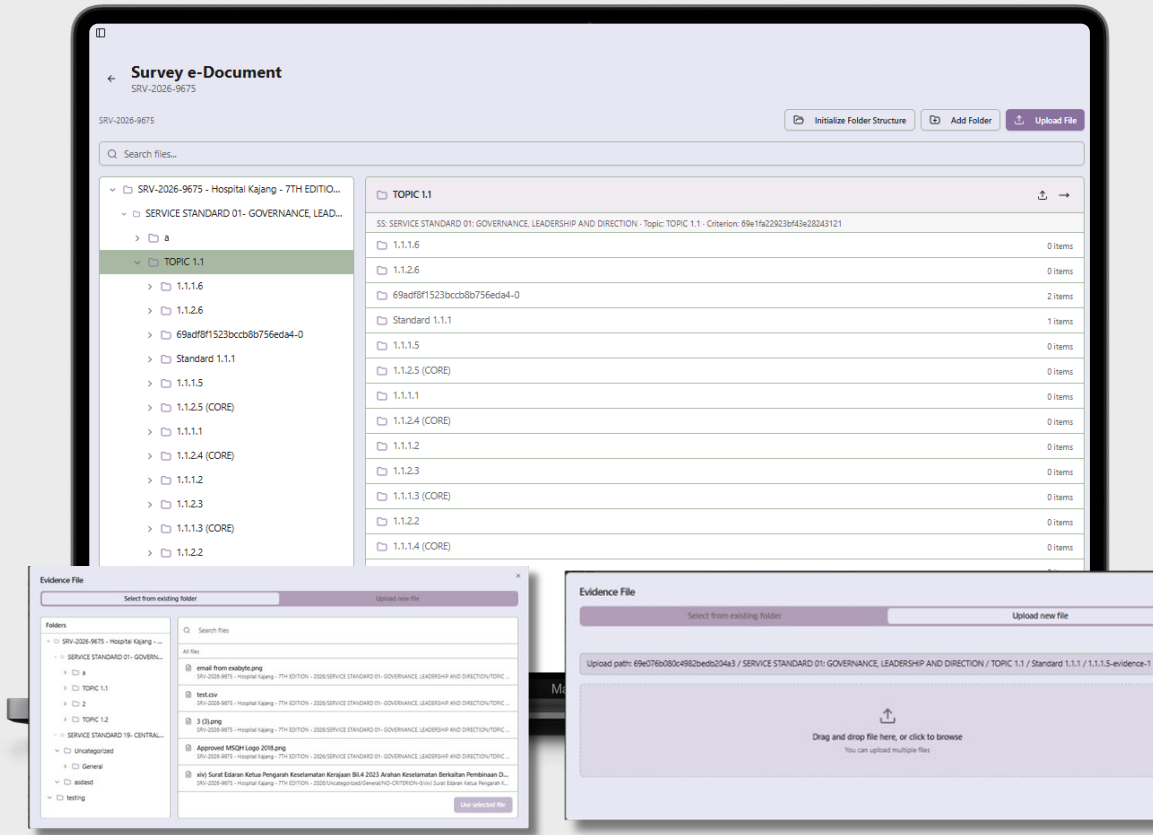
Create folders and sub-folders based on:

- Service Standards
- Departments
- Accreditation Programmes
- Supporting Evidence Categories

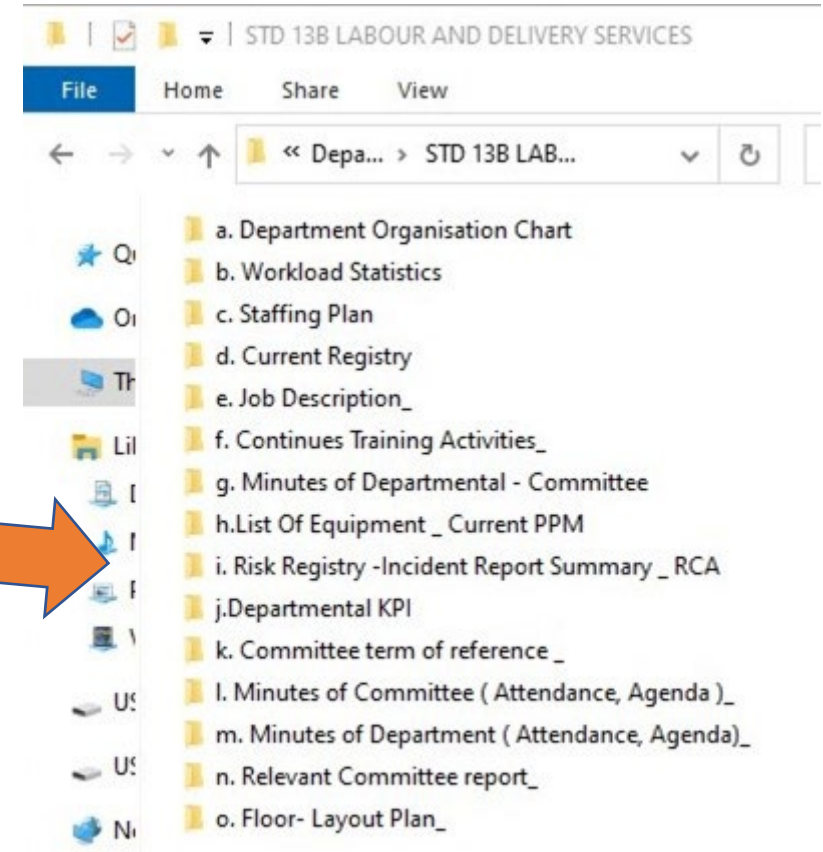
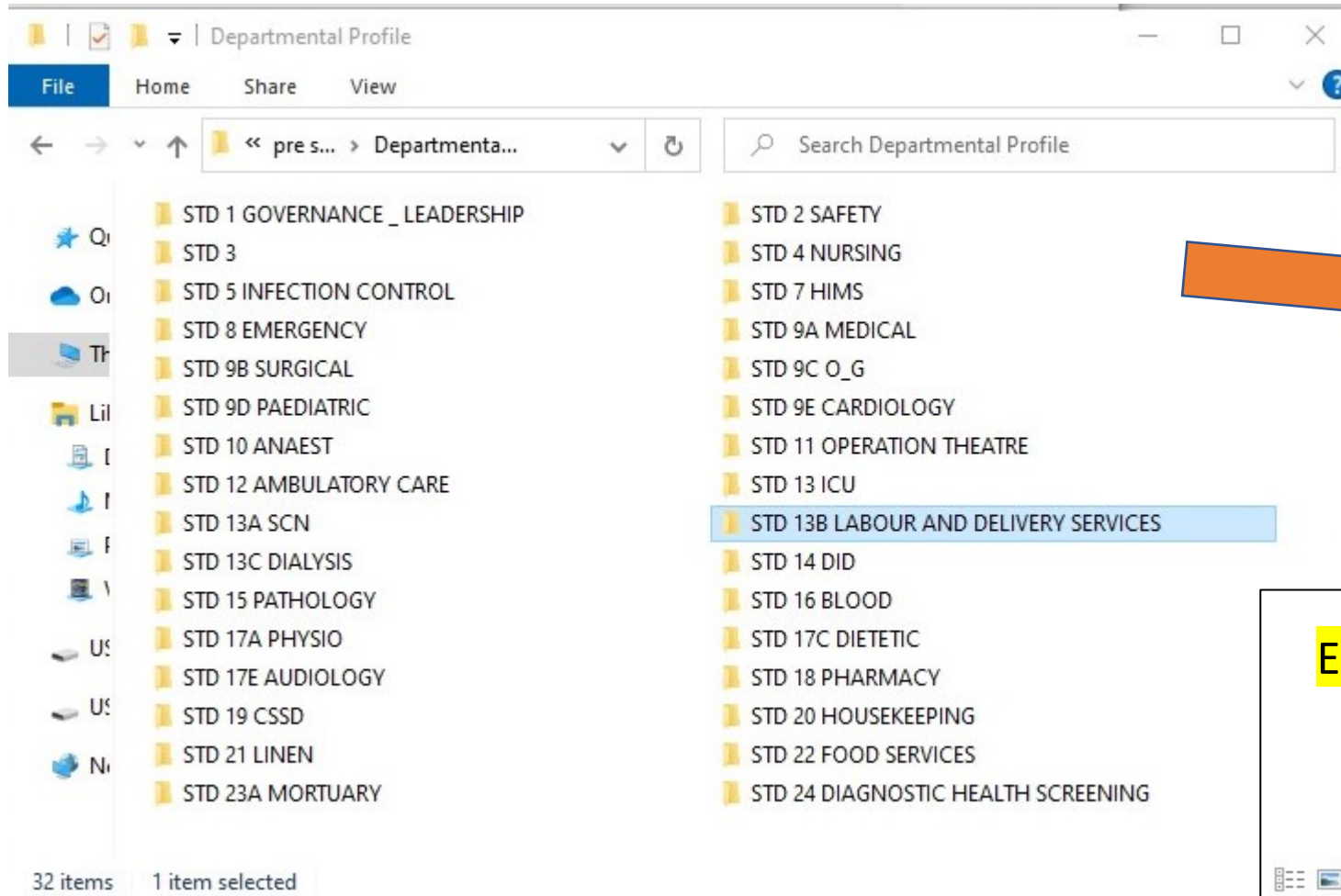
### Upload New File or Select Existing File

Users can Upload a new document or Select an existing document already stored in AIMS.

- ✓ No duplicate uploads
- ✓ Reduced storage usage
- ✓ Consistent document version control



# Departmental/Service profile



## Evidence of Compliance



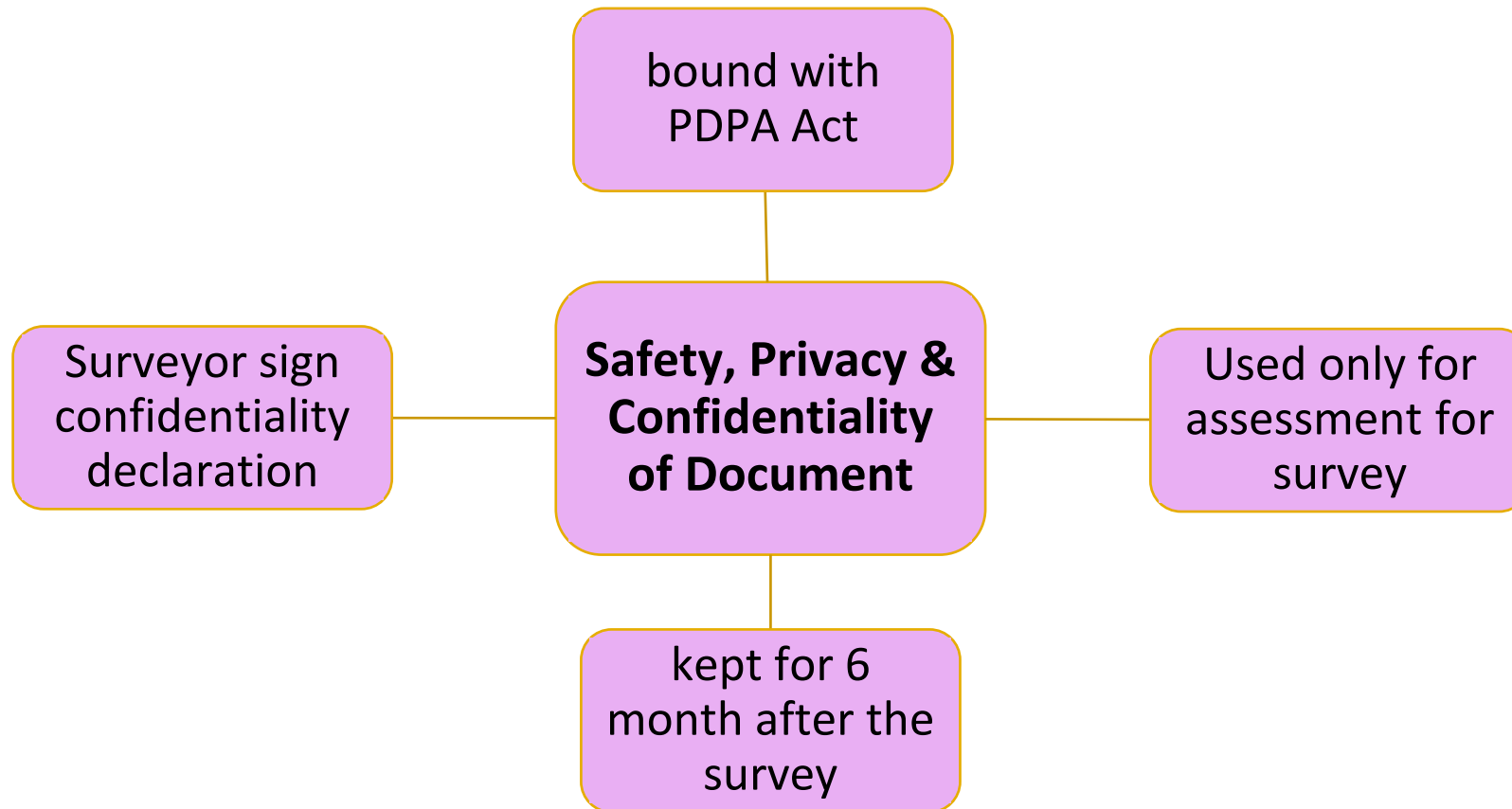
13B.1.1.1 – vision, mission statements

13B.1.1.2 – organization chart

.....

.....

.....



## 2. Survey

A. Onsite Survey

B. Virtual Survey

C. Hybrid Survey

# A. On site Survey

Main option for survey

- 3 full days

Compulsory For 1<sup>st</sup> cycle survey

## Logistic requirements

- Accommodation for 4 nights
- transportation
  - to & from airport - hotel (where required)
  - daily to & from hotel - hospital
  - satellite / offsite unit
- Meals at hotel & hospital
- Meeting room at hotel & hospital
- Hard copies / Access of document for surveys

# Surveyors

- Number of surveyor based on complexity (and number of services to be surveyed) of the facility.
- additional surveyor (where necessary, depending on size & services).
- No conflict of interest
  
- We may include observer (trainee surveyor / visitor) in the team – will be informed earlier



# Survey Duration for Hospital On site survey

Sample of First /subsequent Cycle Survey	
Day 0	2-6 pm Arrival
	8.30-9.30 pm Briefing meeting
Day 1	8am-5 pm Short Brief & Survey
	8.15pm-9.15 pm Night Visit
	9.30pm ---- Meeting & AIMS
Day 2	8am-5 pm Survey
	8.15pm-10.30pm Meeting
	10.30pm---- AIMS
Day 3	8am-10.30 am Tying loose ends/Wrap up
	10.30am-12.30 pm Prepare for Summation
	2.30pm-4.30 pm Summation conference
	**5.30pm-7.30 pm Voting @ Hotel
	8.30 pm ---- AIMS
Day 4	am Breakfast, Handing over & Departure

Sample of Subsequent Cycle survey	
Day 0	2-6 pm Arrival
	8.30pm-9.30 pm Briefing meeting
Day 1	8am-5 pm Short Brief & Survey
	8.15pm-9.15pm Night Visit
	9.30pm ---- Meeting & AIMS
Day 2	8am-5pm Survey
	8.15pm-10.30pm Meeting
	10.30pm---- AIMS
Day 3	8am-10am Prepare for Summation *
	10.30am-12.30pm Summation Conference
	12.30pm Lunch
	2.00pm-3.30pm Voting,
	5.00 pm handing over and Departure (KIV Hotel late check out) **

\*Rationale: **Optimise** /reduce on-site contact time

\*\*time may differ accordingly.

# Sample schedule

Day	Time	Surveyor 1	Surveyor 2	Surveyor 3	Surveyor 4	Surveyor 5	Surveyor 6	Surveyor 7
Day 0	8.00 pm – 10.00 pm	Pre survey meeting						
Day 1	8.30 am – 9.30 am	Hospital Briefing & Chief Surveyor Introduction						
	9.45am - 12.30 pm	GLD	HIMS	Anaesthetic OT	Paediatric SCN	Pharmacy	Nursing	Facility
	2.15 pm - 4.30 pm	Medical	Emergency Mortuary	ICU/HDU	Infection Control	Radiology	Physiotherapy Occupational Therapy	Housekeeping
	8.30 pm - 9.30 pm	night survey						
Day 2	8.30 am - 10.30 am	O & G	PFR	ENT	Cardiology	Pathology	Food	Environmental
	11.00 am - 1.00 pm	Labour	Quality Unit	Surgical	Respiratory Medicine	Blood Transfusion	Dietetic	
	2.30 pm - 4.30 pm	Chronic Dialysis	Health Screening	Endoscopy	Oncology	Orthopaedic	CSSS	Linen
	8.30 pm - 10.30 pm	night meeting						
Day 3	8.30 am - 10.30 am	Revisit (where necessary)	Revisit (where necessary)	Revisit (where necessary)	Revisit (where necessary)	Revisit (where necessary)	Revisit (where necessary)	Revisit (where necessary)
	10.30 am – 1.00 pm	Discussion & rehearsal						
	2.00 am - 3.30 pm	Summation Conference						
	4.00 pm – 5.30 pm *Time to be discussed	Deliberation meeting & voting						

DAY 1 |

Time		Program / Activity	individual involved
8.00 am	Depart to hospital		
8.15 am – 8.30 am		Surveyor Team Meeting and preparation	1. All Surveyors 2. MSQH
8.30 am – 8.50 am		Welcome Address and Hospital Briefing by Medical Director	1. All surveyor 2. CEO / Medical director
8.50 am – 9.15 am		Welcome Address by the Chief Surveyor & Introduction of Surveyor	3. staff as identified by hospital
9.15 am – 9.30 am	Surveyor Room	Tea Break & Surveyor discussion	1. All Surveyors 2. MSQH
9.45 am – 1.00 pm		<ul style="list-style-type: none"> <li>SERVICE STANDARD <a href="#">01</a>: GOVERNANCE, LEADERSHIP AND DIRECTION</li> </ul>	1. Surveyor 1 2. CEO / Medical director 3. staff as identified by hospital
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <a href="#">06</a>: PATIENT AND FAMILY AND RIGHTS</li> </ul>	1. Surveyor 1 2. Head of Service 3. staff as identified by hospital
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <a href="#">13</a>: CRITICAL CARE SERVICES - ICU</li> </ul>	1. <a href="#">Surveyor 2</a> 2. Head of Service 3. staff as identified by hospital
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <a href="#">13</a>: CRITICAL CARE SERVICES - HDU</li> </ul>	1. Surveyor 2 2. Head of Service 3. staff as identified by hospital
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <a href="#">09E</a>: CLINICAL SERVICES -MEDICAL</li> </ul>	1. Surveyor 3 2. Head of Service 3. staff as identified by hospital
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <a href="#">04</a>: NURSING SERVICES</li> </ul>	1. Surveyor 4 2. Head of Service 3. staff as identified by hospital
		<ul style="list-style-type: none"> <li>SERVICE STANDARD 02: ENVIRONMENTAL AND SAFETY SERVICES</li> </ul>	1. Surveyor 5 2. Head of Service 3. staff as identified by hospital
1.00 pm – 2.00 pm	Lunch Break		




1.00 pm – 2.00 pm	Lunch Break		
2.00 pm – 5.00 pm		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>8</u>; EMERGENCY SERVICES</li> <li>SERVICE STANDARD <u>23A</u>; MORTUARY SERVICES</li> </ul>	<ol style="list-style-type: none"> <li>Surveyor 1</li> <li>Head of Service</li> <li>staff as identified by hospital</li> </ol>
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>9B</u>; GENERAL SURGERY SERVICES</li> </ul>	<ol style="list-style-type: none"> <li>Surveyor 2</li> <li>Head of Service</li> <li>staff as identified by hospital</li> </ol>
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>9B</u>; CARDIOLOGY SERVICES</li> </ul>	<ol style="list-style-type: none"> <li>Surveyor <u>3</u></li> <li>Head of Service</li> <li>staff as identified by hospital</li> </ol>
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>17A</u>; PHYSIOTHERAPY SERVICES</li> </ul>	<ol style="list-style-type: none"> <li>Surveyor 3</li> <li>Head of Service</li> <li>staff as identified by hospital</li> </ol>
		<ul style="list-style-type: none"> <li>SERVICES SERVICE STANDARD <u>24</u>; GENERAL APPLICATION - EXECUTIVE HEALTH SCREENING</li> </ul>	<ol style="list-style-type: none"> <li>Surveyor 4</li> <li>Head of Service</li> <li>staff as identified by hospital</li> </ol>
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>03</u>; FACILITY AND BIOMEDICAL EQUIPMENT MANAGEMENT AND SAFETY</li> </ul>	<ol style="list-style-type: none"> <li>Surveyor 5</li> <li>Head of Service</li> <li>staff as identified by hospital</li> </ol>
4.30 pm – 5.00 pm	Surveyor Room	Break and Surveyor discussion MSQH follow up	<ol style="list-style-type: none"> <li>All surveyors</li> <li>MSQH TO</li> </ol>
5.00 pm - 8.30 pm	Break		
8.30 pm – 9.30 pm		Night Survey	<ol style="list-style-type: none"> <li>All Surveyors</li> </ol>
9.30 pm – 10.30 pm	Surveyor Room	Surveyor meeting – findings & discussion	<ol style="list-style-type: none"> <li>All surveyors</li> <li>MSQH Staff</li> </ol>

## DAY 2

Time			individual involved
8.15 am – 8.30 am	Surveyor Room	Surveyor Team Meeting	1. All Surveyors 2. MSQH TO
8.30 am - <u>1.00</u> pm		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>07</u>: HEALTH INFORMATION MANAGEMENT SYSTEM (HIMS)</li> </ul>	1.
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>10</u>: ANAESTHETIC SERVICES</li> </ul>	1.
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>11</u>: OPERATING SUITES SERVICES</li> </ul>	1.
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>05</u>: PREVENTION AND CONTROL OF INFECTION</li> </ul>	1.
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>22</u>: FOOD SERVICES</li> </ul>	1.
		<ul style="list-style-type: none"> <li>Std 2 &amp; 3 visit</li> </ul>	1.
1.00 pm – 2.00 pm	Lunch Break		
2.00 pm – 2.30 pm	Surveyor Room	Surveyor discussion	1. All surveyors 2. MSQH Staff
2.30 pm – 4.30pm		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>18</u>: PHARMACY SERVICES</li> </ul>	1.
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>14</u>: RADIOLOGY/DIAGNOSTIC IMAGING SERVICES</li> </ul>	1.
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>15</u>: PATHOLOGY SERVICES</li> </ul>	1.
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>16</u>: BLOOD TRANSFUSION</li> </ul>	1.
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>19</u>: CENTRAL STERILISING SUPPLY SERVICES (CSSS)</li> </ul>	1.
		<ul style="list-style-type: none"> <li>SERVICE STANDARD <u>21</u>: LINEN SERVICES</li> </ul>	1.
4.30 pm – 5.00 pm	Surveyor Room	Break and Surveyor discussion MSQH follow up	1. All surveyors 2. MSQH Staff
5.00 pm – 8.30 pm	Break		
8.30 pm – 10.30 pm	Surveyor Room	Surveyor meeting – findings & discussion	1. All surveyors 2. MSQH Staff

**DAY 3**

Time			individual involved
8.15 am – 10.30 am	Surveyor Room	Surveyor Team Meeting and report writing	1. All Surveyors 2. MSQH Staff
8.30 am – 10.30 am		Revisit (where necessary)	1. All surveyors
		<ul style="list-style-type: none"> <li>• Interview Dr</li> <li>• Interview g</li> </ul>	1.
10.30 am – 1.00 pm		Surveyor Team Meeting and rehearsal	1. All Surveyors
12.00 am – 12.30 pm		hospital preparation for summation conference	1. Staff as identified by hospital 2. MSQH Staff
1.00 pm – 2.00 pm	Lunch Break		
2.00 am - 3.30 pm		Summation Conference & QA	1. All Surveyors 2. CEO/Medical director
3.45 pm – 4.00 pm		Hospital closing by PIC/CEO	3. hospital survey coordinator 4. staff as identified by hospital
4.00 pm – 4.15 pm	Coffee/ Tea Break		
4.15 pm	Depart from Hospital		
4.30 pm – 6.00 pm	Hotel Meeting Room	Surveyor deliberation meeting and voting	1. All Surveyors 2. MSQH Staff
6.00 pm	End of Day		



Patient  
MATRIX -  
Process trail /  
Tracer  
methodology  
approach for  
clinical  
services

A tracer-based survey approach that follows the actual patient journey across healthcare services.

- *Actual care delivery*
  - *Coordination between departments*
  - *Patient safety practices*
  - *Alignment between policy and practice*
- 
- How patients receive care.
  - How systems reduce risks.
  - How organisations continuously improve.

# SYSTEM REQUIREMENTS



## PC/LAPTOP/ NOTEBOOK

Windows 10\*, Windows  
8 or 8.1 or Windows 7  
macOS X with macOS  
10.9 or later



## INTERNET CONNECTION

broadband wired or  
wireless (4G/LTE)



## SPEAKERS AND MICROPHONE

built-in,  
USB plug-in, or  
wireless bluetooth

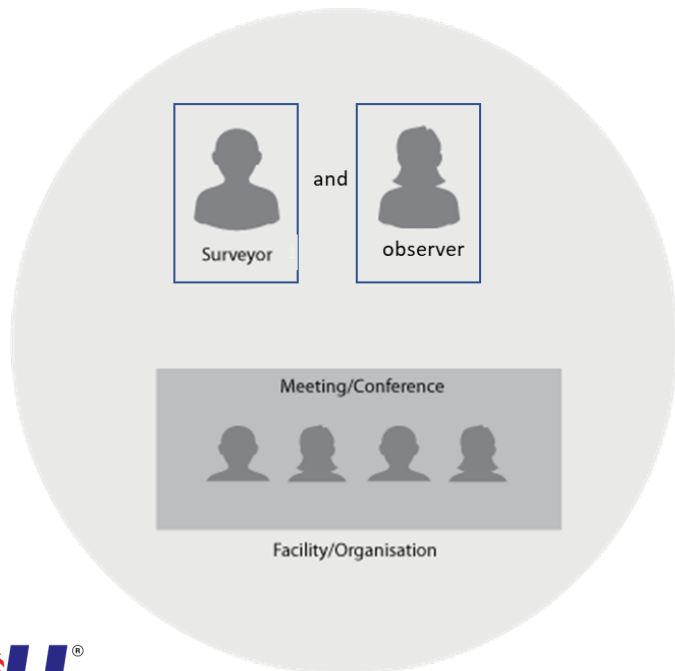
## B. Virtual Survey (if necessary)

- Suitable for
  - Hospital Focus Survey
  - 2<sup>nd</sup> cycle onwards
- 12<sup>th</sup> month onsite survey is required
  - Validate Issues observed
  - Observe Facility issues
  - Any issues found
- Via ZOOM application
  - Multiple virtual (Breakout) rooms
  - Online interview
  - Virtual visit

- 
- Governance
  - Trust
  - Empowerment
  - PIC /CEO
  - Responsibility & Accountability
  - Self Assessment

## C. Hybrid Survey (if necessary)

- ½ virtual team and ½ onsite team simultaneously
- Suitable for
  - Full Survey



### Virtual Team

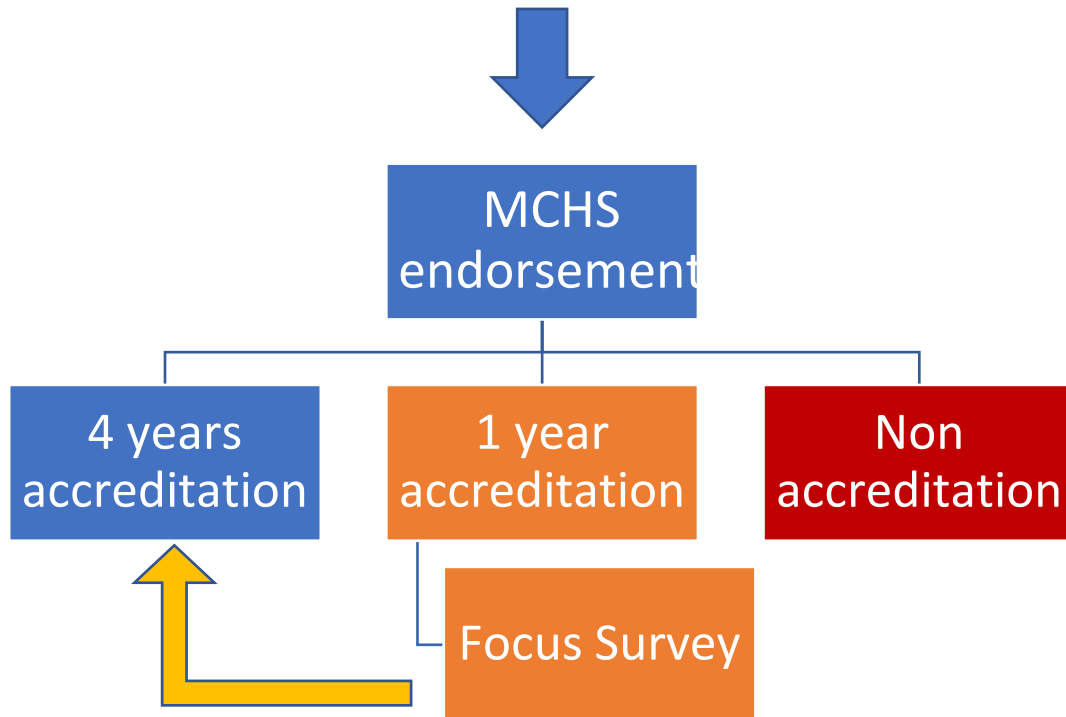
- Multiple Breakout room
- via ZOOM application

### Onsite team / visit

- to verify the clinical practice
- to verify the compliance with policies and procedures
- to observe on the physical structural of healthcare facility

# Post survey

Surveyor Final Report



**MSQH**

PRIVATE AND CONFIDENTIAL

**SURVEY REPORT**

HOSPITAL xxxxx, KUALA LUMPUR

DATE OF SURVEY:  
1 – 13 AUGUST 2024

CHIEF SURVEYOR:  
SURVEYOR

SURVEYORS:  
SURVEYOR 1  
SURVEYOR 2  
SURVEYOR 3  
SURVEYOR 4

ACCREDITATION STATUS: FOUR YEAR ACCREDITATION

Malaysian Society for Quality in Health  
8,6-1, Level 8, Menara Wisma Sigerah  
230, Jalan Tun Razak, 50400 Kuala Lumpur, MALAYSIA

+603. 2881. 2232  
+603. 2881. 3199  
msq@msqh.com.my  
www.msqh.org.my

Internationally Accredited by:

Recognized by:

EDUCATOR • ENABLER • EVALUATOR



### Maintenance report

- 12<sup>th</sup> month compliance report
- Surprise surveillance survey on 24<sup>th</sup> months
- 36<sup>th</sup> month compliance report

Response to recommendations of survey team on opportunities for further improvement



### Monitoring of adverse report/ feedback from public

## Survey process timeline

8 weeks before survey	submission of document by Facility
	Surveyors selection
7 weeks before survey	Technical Comment by TO incharge
6 weeks before survey	correction by hospital
4 weeks before survey	final document submitted
3 weeks before survey	Surveyors confirmation
	survey schedule and plan
	documentation review by surveyor
1 day before survey	check in & Pre survey meeting for Surveyors
Survey	survey day 1-3
1 week after survey	recommendation report by surveyors
2-6 weeks after survey	compiling & report preparation of report
7 weeks after survey	voting and result by MCHS councillors
8 weeks after survey	result announcement
12 month after survey	12th month compliance report
24 month after survey	surprise surveillance Survey
36 month after survey	36th month compliance report

# Thank you



[www.msqh.com.my](http://www.msqh.com.my)  
[noramiza@msqh.com.my](mailto:noramiza@msqh.com.my)



© Malaysian Society for Quality in Health

All rights reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the explicit permission of the Malaysian Society for Quality in Health.