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1. INTRODUCTION

1.1 BACKGROUND

- 1.1.1. Pain is one of the main reasons why patients are admitted to hospital and unrelieved pain is the reason why patients fear going to hospital, especially for surgery or other painful procedures.
- 1.1.2. Pain is generally considered unavoidable. However, with modern drugs and techniques, there are many simple ways of relieving pain. Unfortunately, pain is often not well managed in hospitals.
- 1.1.3. Some of the reasons for poor pain management include:
 - Pain relief is not considered a priority in medical practice.
 - Medical staff often lacks sufficient knowledge about pain and pain management.
 - There are still many barriers to the use of opioid analgesics.
- 1.1.4. Initiatives to improve pain management have been started in many countries over many years. In Malaysia, Pain as the 5th Vital Sign was implemented in stages in MOH hospitals from 2008, and subsequently implemented in University hospitals and several private hospitals.
- 1.1.5. The Declaration of Montreal, made at the International Pain Summit in 2010, states that “Access to Pain Management is a basic human right”
- 1.1.6. Policies and procedures for pain assessment and management is now a requirement for MSQH and JCI accreditation.
- 1.1.7. Implementing the concept of Pain Free Program has many benefits and promotes the concept of “patient centered care” based on effective integration and optimal utilization of existing services.

1.1.8. Specific benefits for the patient:

- More comfortable and shorter hospital stay (or day stay only).
- Less risk of nosocomial infection.
- Decreased anxiety and stress.

1.1.9. Benefits for the hospital:

- Better customer satisfaction
- Optimal use of Ambulatory Care Centers by promoting the use of day surgery and minimally invasive surgery.

1.2 CONCEPTS

The main components of PFH are shown in the diagram below:



Anesthesia and Analgesia:

Promoting the use of regional anesthesia and establishment of protocols for treatment of different types of acute pain.

Modern Surgical Techniques:

Promoting the use of Minimally Invasive Surgery (MIS) and Day Care Surgery (DCS) with excellent pain control.

Traditional and Complementary medicine (T/CM):

Promoting the incorporation of non-pharmacological techniques including T/CM techniques (e.g. massage, acupuncture, deep breathing/relaxation) into pain management for all patients.

A Pain Free Program will have the following features:

- i. Implementing Pain as 5th Vital Sign:
 - Ensure standards for pain assessment
 - Recognize and treat pain promptly
 - Ensure information about pain relief is available to all patients
 - Promise patients' attentive analgesic care
 - Policies for use of advanced technologies
 - Monitor adherence to standards
- ii. Promoting the use of Minimally invasive surgery (MIS) – smaller wounds means less pain.
- iii. Encourage day care surgery - provides safe and effective peri operative analgesia as well as post-operative monitoring and follow up of patients after discharge.
- iv. Standardized protocols for analgesia for different types of acute pain.
- v. Promoting increased use of regional anaesthesia for peri-operative pain relief.
- vi. Integration of Traditional & Complementary medicine and promoting non-pharmacological techniques for pain relief and relief of side-effects of analgesics.

1.3 OBJECTIVES OF PAIN FREE PROGRAMS

- i. Pain free surgery
- ii. Pain free labour
- iii. Pain free procedures
- iv. Pain free rehabilitation
- v. Pain free discharge

2. POLICY STATEMENT ON PAIN FREE PROGRAM

- 2.1. Pain is one of the Vital Signs.
- 2.2. Pain is assessed in all patients.
- 2.3. Standardized pain assessment tools must be applied consistently.
- 2.4. Healthcare providers should listen and respond promptly to patient's report of pain and manage pain appropriately.
- 2.5. Healthcare facility staff should be continually educated & aware about pain assessment & management.

3. PATIENT CHARTER (PIAGAM PELANGGAN)

This health care facility will endeavour to provide you with a pain free experience.

We pledge to treat pain from all conditions including pain from acute medical conditions, surgery, trauma, cancer and labour.

Your pain will be given prompt attention and managed within one hour.

All patients with pain will be assessed and treated by trained professionals; for those with acute pain conditions, we aim to achieve a pain score of less than 4.

Pain control will be individually tailored using appropriate medications as well as non-pharmacological methods including traditional and complementary medicine.

Our health care professionals will enquire about your pain and care for your comfort throughout your health care facilities stay.

Fasiliti kesihatan ini akan memastikan anda bebas daripada kesakitan.

Kami berjanji akan merawat semua keadaan kesakitan termasuk yang berpunca dari penyakit akut perubatan, pembedahan, trauma, kanser dan sakit bersalin.

Kesakitan anda akan diberi perhatian segera dan dirawat dalam masa satu jam.

Semua pesakit yang mengalami kesakitan akan dinilai dan dirawat oleh kakitangan profesional terlatih; bagi kesakitan akut, matlamat kami adalah untuk mencapai tahap kesakitan kurang daripada 4.

Pengurusan kesakitan akan diberi secara individu dengan menggunakan kaedah pemberian ubat dan bukan ubat, termasuk perubatan tradisional dan komplementari.

Warga profesional kesihatan akan sentiasa memantau tahap kesakitan dan keselesaan anda semasa berada di fasiliti-fasiliti kesihatan

4. CRITERIA FOR PAIN FREE HEALTH CARE FACILITIES (HOSPITAL/CLINIC)

All health care facilities are required to have the following:

Mandatory:

- ✓ A written policy on pain free program
- ✓ Implement Pain as the 5th Vital Sign
- ✓ Practice standardized treatment protocols for management of acute pain
- ✓ Conduct training for all health care staff on knowledge and skills in pain assessment and management
- ✓ Educate patients and get them actively involved in their own pain management
- ✓ Carry out regular audit of pain assessment and management practices and outcomes
- ✓ Use multi-disciplinary team approach in pain management
- ✓ Incorporate non-pharmacological technique into pain management practices

Optional:

- ✓ Have a policy and guidelines on Minimally Invasive Surgery
- ✓ Have a policy and guidelines on Day Care Surgery
- ✓ Incorporate T/CM into pain management practices

4.1. CRITERIA CHECKLIST FOR PAIN FREE HEALTH CARE FACILITIES ACCREDITATION

Criteria	Assessment checklist	Comments	Marks
Criteria 1: A written policy on pain free program	1.1. PFP Policy incorporated into health care facility's policies (MANDATORY)	An adapted PFP policy is available at Quality unit, all wards and all departments.	4
a. Specialist Hospital	1.2. Client Charter on Pain management	Must be displayed in all patients' contact areas e.g. ED, clinics, wards.	2
b. Hospital without specialist.			
c. Health Clinic	1.3 PFP committee: <ul style="list-style-type: none"> • members from all disciplines (refer KKM.600-28/2/10JLD 2(43)) • meetings (minimum twice a year) 	Documented evidence in PFP file: <ul style="list-style-type: none"> • List of PFP committee members • Minutes of meetings • Attendance list 	3
Criteria 2: Implement Pain as the 5th Vital Sign (P5VS)	2.1 Pain score charted in the vital signs observation form (electronic or paper).	Patient pain orientation done. Pain scores must be documented as for all other vital signs and at reassessment	3
a. Specialist Hospital	2.2 Flow charts for P5VS (Doctors and Paramedics) are available in all wards or clinics.	Flowcharts must be displayed (either on wall or in specified place e.g. folder in pain free corner)	4
b. Hospital without specialist			
c. Health Clinic			

4.1 CRITERIA CHECKLIST FOR PAIN FREE HEALTH CARE FACILITIES ACCREDITATION

Criteria	Assessment checklist	Comments	Marks
	2.3 Paramedics know about the policy that Pain is the 5th Vital Sign in all clinical areas.	Paramedics should know about the policy that Pain is the 5th Vital Sign. Any Paramedics can be asked about this policy.	3
	2.4 Pain scoring is correctly done. *assess together with criteria 5.2	Ask patient if staff have asked them about their pain and pain score	4
Criteria 3: Standardized treatment protocols for management of acute pain Criteria 3.1 and 3.2: a. Specialist Hospital b. Hospital without specialist c. Public Hospital Criteria 3.3: d. Specialist Hospital	3.1 Acute Pain Protocols for management of acute pain is available	Protocols must be available in Acute Pain folder. Acute Pain Management Handbook should be available for easy reference in all clinical areas.	3
	3.2 Analgesic ladder for acute pain management is available in all wards/clinics. (T&CM clinic not applicable)	Analgesic ladder should be easily accessible in all wards and clinics (e.g. as poster on the wall or in drug charts or elsewhere, e.g. in folder in pain free corner).	3
	3.3 Regional Anesthesia is used as part of post-op pain management.	Data and records on RA implementation should be available.	2

4.1 CRITERIA CHECKLIST FOR PAIN FREE HEALTH CARE FACILITIES ACCREDITATION

Criteria	Assessment checklist	Comments	Marks
<p>Criteria 4: Train all healthcare staff on knowledge and skills in pain assessment and management</p> <p>a. Specialist Hospital</p> <p>b. Hospital without specialist</p> <p>c. Health Clinic</p>	<p>4.1 Regular P5VS training for doctors, nurses, AMO, other allied health staffs.</p>	<p>Data and records on trainings conducted for each category of staff should be available. (CME, CNE, TOT, Seminars and workshops)</p> <p>Target: at least 60% of all staff should be trained within past 3 years (excludes PPK and drivers).</p>	4
	<p>4.2 Regular Acute Pain Management courses for nurses, AMO and doctors.</p>	<p>Data and records on the Acute Pain Management courses conducted and number of doctors, AMO and nurses trained in Acute Pain should be available.</p>	4
<p>Criteria 5: Patient education and involvement in their pain management</p> <p>a. Specialist Hospital</p> <p>b. Hospital without specialist</p> <p>c. Health Clinic</p>	<p>5.1 Patient information sheets/posters, videos and other educational material.</p>	<p>Should be available at all patient's contact areas (eg. ED, clinics, wards etc).</p>	4
	<p>5.2 Patient feedback on pain score, treatment options and their rights.</p>	<p>Any patient or care giver can be asked if they have been educated about pain and pain management techniques.</p>	6

4.1 CRITERIA CHECKLIST FOR PAIN FREE HEALTH CARE FACILITIES ACCREDITATION

Criteria	Assessment checklist	Comments	Marks
Criteria 6: Regular audits on pain assessment and management a. Specialist Hospital b. Hospital without specialist c. Health Clinic	6.1 PFP audit and survey data on doctors, nurses, AMO, allied health, pharmacist and patient (Refer appendix 1, appendix 2 & appendix 5)	Data collected and analyzed on yearly basis and records of all audit(s) are available, including results and follow-up actions <ul style="list-style-type: none"> • Patients survey ($\geq 80\%$) • Staff survey ($\geq 80\%$) • Doctors' audit ($\geq 80\%$) • NNA ($\geq 90\%$) 	4
	6.2 Review of pain management by doctors.	Doctors' clinical practice <ul style="list-style-type: none"> • Knowledge • Technique of assessment • Documentation • Management 	10
Criteria 7: Policy and guidelines on Minimally invasive surgery a. Specialist Hospital only	7.1 MOH (or Hospital adapted) policy on MIS	Should be available in hospital policy and surgical-based disciplines departments policy.	3

4.1 CRITERIA CHECKLIST FOR PAIN FREE HEALTH CARE FACILITIES ACCREDITATION

Criteria	Assessment checklist	Comments	Marks
	7.2 Training, credentialing and privileging (C&P) of surgeons in MIS.	Evidence: File C&P for MIS with list of surgeons privileged with MIS procedures	3
	7.3 Data on MIS	Data and records on MIS procedures for different discipline are available.	3
Criteria 8: Policy and guidelines on Day Care Surgery a. Specialist Hospital only	8.1 MOH policy on Day Care Surgery available	Should be available in surgical-based departments. (Mandatory) <ul style="list-style-type: none"> • Operation Theater • Anesthesia Clinic • Surgical Base Department • Wards& clinic 	3
	8.2 Day Surgery data of cases under General Anesthesia	Data of cases should be available (hospital wide target $\geq 20\%$).	

4.1 CRITERIA CHECKLIST FOR PAIN FREE HEALTH CARE FACILITIES ACCREDITATION

Criteria	Assessment checklist	Comments	Marks														
		Minimal Requirement: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="padding: 2px;">%</th> <th style="padding: 2px;">score</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">0</td> </tr> <tr> <td style="text-align: center; padding: 2px;">≤ 5</td> <td style="text-align: center; padding: 2px;">1</td> </tr> <tr> <td style="text-align: center; padding: 2px;">≤10</td> <td style="text-align: center; padding: 2px;">2</td> </tr> <tr> <td style="text-align: center; padding: 2px;">≤15</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="text-align: center; padding: 2px;">≤20</td> <td style="text-align: center; padding: 2px;">4</td> </tr> <tr> <td style="text-align: center; padding: 2px;">>20</td> <td style="text-align: center; padding: 2px;">5</td> </tr> </tbody> </table> <p>(5 marks) – average of all department</p>	%	score	0	0	≤ 5	1	≤10	2	≤15	3	≤20	4	>20	5	5
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0	0																
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≤15	3																
≤20	4																
>20	5																
Criteria 9: Multidisciplinary team approach in pain management (Refer page 37) a. Specialist Hospital b. Hospital without specialist c. Health Clinic	9.1 Evidence indicating multidisciplinary management of patient: <ul style="list-style-type: none"> • Pre-operative/ non-surgical/ medical patients • Post-operative patients 	Patients' records managed by APS team, physiotherapists, pharmacists, other disciplines by referral.	4														
		Data and records of Multidisciplinary ward rounds or case discussions.	4														

4.1 CRITERIA CHECKLIST FOR PAIN FREE HEALTH CARE FACILITIES ACCREDITATION

Criteria	Assessment checklist	Comments	Marks
<p>Criteria 10: Incorporate non-pharmacological and T/CM into pain management practices</p> <p>a. Specialist Hospital</p> <p>b. Hospital without specialist</p> <p>c. Health Clinic</p>	<p>List of types of non-pharmacological methods and or application of T/CM methods in pain management.</p>	<p>Information and evidence of types of non-pharmacological techniques used.</p> <ul style="list-style-type: none"> • Data and records of cases (e.g. massage, acupuncture,) • Written evidence in nursing report • Physiotherapist, Occupational Therapist report • T&CM referral and report 	<p>10</p>

5. PAIN FREE PROGRAM (PFP) COMMITTEE MEMBERS

5.1 HOSPITAL WITH SPECIALIST

POSITION	
Chairman	Hospital Director
Deputy Chairman 1	Surgeon
Deputy Chairman 2	Anaesthesiologist
	Anaesthesiologist
	All Surgical Disciplines
	O&G Specialist
	Paediatrician
	Physicians
	Emergency physicians
	Specialists from other disciplines
	Matron/Hospital Supervisor
	Sisters/AMO from selected disciplines
	APS Sister or staff nurses
	Pharmacist
	T/CM practitioner (where available)
	Physiotherapist
	Occupational therapist
Education officer	

5.2 HOSPITAL WITH-OUT SPECIALIST

POSITION	
Chairman	Hospital Director
Deputy Chairman 1	Senior MO 1
Deputy Chairman 2	Senior MO 2
	MO
	Matron / Hospital supervisor
	Sisters
	Nurses
	AMO
	Pharmacist
	Physiotherapist
	Occupational Therapist
	Health Education Officer

5.3 PUBLIC HEALTH FACILITY

POSITION	
Chairman	District Health Officer
Deputy Chairman 1	FMS
Deputy Chairman 2	FMS
	MO
	Matron
	Sister
	Nurses
	AMO
	Pharmacist
	Physiotherapist
	OCCT

5.4 DENTAL HEALTH FACILITY

POSITION	
Chairman	Dental Health Officer
Deputy Chairman 1	Dental Specialist
Deputy Chairman 2	Dental Officer
	Matron
	Sister
	Nurses
	Pharmacist
	Physiotherapist (if available)
	OCCT(if available)
	TCM Medical Officer (if available)

6. DUTIES AND RESPONSIBILITIES OF PFP COMMITTEE

6.1 General duties:

- 6.1.1 Coordinate and conduct Training for Pain as 5th Vital Sign for nurses and doctors.
- 6.1.2 Monitoring of implementation of P5VS in wards e.g. by nursing audit.
- 6.1.3 Monitoring of Day Care Surgery: numbers and quality (phone call to patient at home)
- 6.1.4 Monitoring of MIS:
 - Number of surgeons trained
 - Number of procedure performed per year
- 6.1.5 Overseeing the formation of Multidisciplinary teams to do clinical round (e.g APS team + surgical team + physiotherapist + pharmacist to a round once a month) or multidisciplinary discussion on selected patient once or twice a month.
- 6.1.6 Monitoring of non-pharmacological techniques and T/CM (when applicable) for pain management.
- 6.1.7 Monitoring the use of regional anesthesia for post-operative pain management.
- 6.1.8 Conducting training workshops on non-pharmacological methods for pain management.
- 6.1.9 Patients educations activities – information sheets, public talks and exhibition, Medic TV.

6.2 The duties and responsibility of specific units:

6.2.1. Primary Unit

6.2.1.1. General Duties

- 6.2.1.1.1. To be a member of multidisciplinary team.
- 6.2.1.1.2. To contribute & facilitate in all activities

related to the implementation of the Pain Free Health care facilities concept.

- 6.2.1.1.3. To promote other non-pharmacological techniques of pain management including physiotherapy, deep breathing/relaxation and T/CM.
- 6.2.1.1.4. To help in developing awareness, training and education of health care facilities staff in managing acute pain: use of the analgesic ladder and morphine pain protocol for pain management.
- 6.2.1.1.5. To ensure adherence to the standard protocols in pain management.
- 6.2.1.1.6. To implement standard monitoring for patients, including Pain Score and Sedation score.
- 6.2.1.1.7. To participate in patient education regarding pain management.
- 6.2.1.1.8. To assist in continuing evaluation and audit of pain management in the wards.
- 6.2.1.1.9. To assist and facilitate clinical research in pain management.

6.2.1.2. Additional for Surgical Based Disciplines

- 6.2.1.2.1. To identify patients suitable for Day Care surgery
- 6.2.1.2.2. To ensure adherence to the guidelines & protocols for Day Care surgery.
- 6.2.1.2.3. To provide training for minimally invasive surgery.
- 6.2.1.2.4. To explain to patients about Day Care surgery & minimally invasive surgery
- 6.2.1.2.5. To perform continuing evaluation and audit of day care surgery & minimally invasive surgery

- 6.2.1.2.6. To conduct and facilitate clinical research on minimally invasive surgery
- 6.2.1.2.7. To develop awareness, train and educate health care facilities staff in minimally invasive surgery
- 6.2.1.2.8. To promote the development of new surgical/minimally invasive techniques for day care surgery
- 6.2.1.2.9. To improve and facilitate in the assessment and management of pain in the post-operative patients including those after day care surgery.

6.2.1.3. Additional for Non-Surgical Disciplines:

To improve the management of non-surgical acute pain.

6.2.2. ACUTE PAIN SERVICE TEAM (APS)

- 6.2.2.1. To be a member of multidisciplinary team.
- 6.2.2.2. To conduct a proper recruitment, assessment and follow-up for APS patients by providing adequate resources (staff, facility and equipment) in managing pain.
- 6.2.2.3. To liaise with other clinical departments and other healthcare groups (including T/CM and palliative medicine) in order to provide an individualized, multidisciplinary approach to the management of pain for every patient who needs it.
- 6.2.2.4. To develop awareness, train and educate health care facilities staffs in managing acute pain: use of analgesic ladder and morphine pain protocol for pain management
- 6.2.2.5. To develop, improve and implement

standardized protocols in various techniques of pain management

- 6.2.2.6. To implement standard monitoring for patients including:
 - Pain Score
 - Sedation score (with opioid use).
 - Other vital signs.
- 6.2.2.7. To liaise with other disciplines in educating patients about pain management.
- 6.2.2.8. To perform continuing evaluation and audit of pain management services.
- 6.2.2.9. To conduct and facilitate clinical research in pain management.
- 6.2.2.10. To promote the development of new analgesic techniques in pain management e.g. regional anaesthesia technique.

6.2.3. OBSTETRIC ANALGESIA TEAM:

- 6.2.3.1. To be a member of the multidisciplinary team.
- 6.2.3.2. To provide safe and effective labour analgesia using simple technique including non-pharmacology approaches (e.g. physiotherapy, TENS, massage, T/CM).
- 6.2.3.3. To coordinate the team of healthcare providers who are involved in providing peri-partum analgesia.
- 6.2.3.4. To provide 24-hour obstetric analgesia service whenever possible.
- 6.2.3.5. To promote teamwork between the anaesthesiology and obstetric teams.
- 6.2.3.6. To improve post-partum analgesia in the ward.
- 6.2.3.7. To participate in patient's education on peri-partum pain relief.

- 6.2.3.8. To provide continuing medical education on the principles and practice of obstetric analgesia.
- 6.2.3.9. To conduct audit of obstetric analgesia services.
- 6.2.3.10. To conduct clinical research in obstetric analgesia services.
- 6.2.3.11. To contribute & facilitate in all activities related to the implementation\of Pain Free Health care facilities concept.

6.2.4. PHARMACISTS

Good Pharmacy Practice (GPP) is the very essence of pharmacy profession and it expresses pharmacists' covenant with the patients not only to 'do no harm', but also to facilitate good therapeutic outcomes with medicines. In order to rationalize this, the roles of pharmacists in Pain Free Health care facilities must be in line with the standards of pharmacy services and in accordance to the 'Joint International Pharmaceutical Federation (FIP) and World Health Organization (WHO) Guidelines on GPP. It is recommended that any health care facilities that are taking up the Pain Free Health care facilities concept consider the following roles and activities for pharmacists with regards to medications used in pain management, where appropriate:

6.2.4.1. Obtain, store, secure, distribute & dispense

- 6.2.4.1.1. To obtain, store and secure medicine preparations and medical products from the list of health care facilities formulary.
 - 6.2.4.1.1.1. Pharmacists who are responsible for procurement should ensure that the procurement process is transparent, professional and ethical so as to

promote equity and access, and to ensure accountability to relevant governing and legal entities.

- 6.2.4.1.1.2. Pharmacists should ensure stock availability and adequacy as well as establish contingency plans for shortages of medicines and for purchases in emergencies.
- 6.2.4.1.1.3. Pharmacists should assure that proper storage conditions are provided for all medicines, especially for controlled substances, used in the health care facilities.
- 6.2.4.1.2. To distribute medicinal preparations and products.
 - 6.2.4.1.2.1. Pharmacists should ensure that all medicinal products are handled and distributed in a manner that assures reliability and safety of the medicine supply by establishing an effective distribution system.
- 6.2.4.1.3. To prepare & dispense medicinal products.
 - 6.2.4.1.3.1. Pharmacists should screen all prescriptions received, considering the therapeutic, social, economic and legal aspects of the prescribed indication (s), before supplying medicinal products to the patients.
 - 6.2.4.1.3.2. Pharmacists should ensure that compounded medicines are consistently prepared to comply with written formula and quality standards for raw materials, equipment and preparation processes, including sterility where appropriate.
 - 6.2.4.1.3.3. Pharmacists should provide advice to ensure that the patients receive and understand sufficient written and verbal

information to derive maximum benefit for the treatment.

- 6.2.4.1.3.4. Pharmacists should ensure that patients obtain enough supply upon dispensing.

6.2.4.2. Provide effective pain medication therapy management

- 6.2.4.2.1. To assess patients' health status and medication history.

- 6.2.4.2.1.1. Pharmacists should ensure that health management, disease prevention and healthy lifestyle behavior are incorporated in the patients' assessment and care process.

- 6.2.4.2.1.2. Pharmacists should conduct thorough medication history assessment of prescription medications, non-prescription medications, herbal products, and other dietary supplements consumed by the patient as well as ensuring medication reconciliation where appropriate (CP1-Appendix 8).

- 6.2.4.2.2. To manage patients' medication therapy.

- 6.2.4.2.2.1. Pharmacists should conduct a systematic process of collecting patients-specific information, assessing medication related problems, developing a prioritized list of medication related problems and creating a plan to resolve them (CP2 [Manual/IT] - appendix 9).

- 6.2.4.2.2.2. Pharmacists should assess, identify and prioritized medication related problems related to:

- 6.2.4.2.2.2.1. The clinical appropriateness of each medication being taken by the patients, including benefit versus risk

- 6.2.4.2.2.2. The appropriateness of the dose and dosing regimen of each medication, including consideration of indications, contraindications, potential adverse effects, and potential problems with concomitant medications.
 - 6.2.4.2.2.3. Therapeutic duplication or other unnecessary medications.
 - 6.2.4.2.2.4. Adherence to the therapy.
 - 6.2.4.2.2.5. Untreated diseases or conditions.
- 6.2.4.2.3. To monitor patients' progress and outcomes.
- 6.2.4.2.3.1. Pharmacists should monitor and evaluate patients' response to the therapy, including its safety and effectiveness.
 - 6.2.4.2.3.2. Pharmacists should monitor and assess patients' adherence to the therapy and enforce adherence when necessary.
 - 6.2.4.2.3.3. Pharmacists should evaluate patients to detect symptoms that could be attributed to adverse events caused by any of their current medications.
 - 6.2.4.2.3.4. Pharmacists should provide continuity of care by transferring information on patients' medicines as patients move between sectors of care.
 - 6.2.4.2.3.5. Pharmacists should document and report any adverse drug reactions or medication errors detected.
- 6.2.4.2.4. To provide information about medicines and other health-related issues.
- 6.2.4.2.4.1. Pharmacists should provide sufficient health, disease and medicine-specific information to patients for their participation in their decision-making

process regarding a comprehensive care management plan.

6.2.4.2.4.2. Pharmacists should communicate appropriate information to the:

6.2.4.2.4.2.1. physicians or other healthcare professionals, including

6.2.4.2.4.2.2. consultation on the selection of medications, suggestions to address identified medication problems, updates on patients' progress, and recommended follow-up care.

6.2.4.2.4.3. Pharmacists should be proactive in providing education and training on the appropriate use of medications and monitoring devices and the importance of medication adherence to other healthcare professional.

6.2.4.3. Maintain and professional performance

6.2.4.3.1. To plan and implement continuing professional development strategies to improve current and future performance

6.2.4.3.1.1. Pharmacists should undergo the necessary training for pain management and take steps to update their knowledge and skills in managing acute and chronic pain (cancer/non-cancer) in adult as well as paediatric patients

6.2.4.3.1.2. Pharmacists should perceive continuing education as being lifelong and be able to demonstrate evidence of continuing education or continuing professional development to improve clinical knowledge, skills and performance.

6.2.4.3.1.3. Pharmacists should take steps to

update their knowledge and skills about complementary and alternative therapies such as traditional medicines, health supplements, acupuncture, homeopathy and naturopathy.

- 6.2.4.3.1.4 Pharmacists should take steps to become informed and update their knowledge on changes to information on medical products.

6.2.5. PHYSIOTHERAPISTS

- 6.2.5.1. To be a member of multidisciplinary team.
- 6.2.5.2. To liaise with other clinical departments and other healthcare groups (including T/CM and palliative medicine services) in order to provide an individualized, multidisciplinary approach to the management of pain for every patient who needs sit.
- 6.2.5.3. To contribute & facilitate in all activities in regards of Pain Free Health care facilities implementation.
- 6.2.5.4. To promote physiotherapy techniques for pain management.
- 6.2.5.5. To perform audit on physiotherapy management in peri-operative care and pain management in general ward.
- 6.2.5.6. To conduct and facilitate clinical research on physiotherapy and rehabilitation for pain conditions.
- 6.2.5.7. To provide pre-operative and antenatal counseling on the importance of appropriate physiotherapy techniques to patient who are referred by the primary unit.

6.2.6. Occupational Therapist

- 6.2.6.1. Occupational Therapy uses non-medical approach to managed pain. The occupational therapist brings a holistic perspective and collaborative view of the patient with pain to the team. Occupational Therapist are concerned with psychosocial and environmental factors that contribute to pain and the impact of pain on occupation of daily life.
- 6.2.6.2. To assess activities of daily living (ADLs), work and school function, leisure pursuits, habits routines, family and social relationship.
- 6.2.6.3. To identify the impact of pain in daily life and degree of impairment, developmental delay or psychological distress by provides comprehensive assessment.
- 6.2.6.4. To performed activities analysis to explore the impact of pain on occupational developmental performance (engagement in activities) needs to be considered from different perspectives, including factors (biological, psychological/spiritual, social/environmental) that contribute to actual challenges in the individual's every life.
- 6.2.6.5. To create preventive strategies to focus on scheduling and adapting activities.
- 6.2.6.6. To collaborate between patients and therapist to ensure the patients' intervention goal are identified and recognized by the patient.
- 6.2.6.7. Occupational Therapist task in acute and chronic pain management are:
 - 6.2.6.7.1. To give patients and caregiver education and awareness on pathophysiology of pain
 - 6.2.6.7.2. Uses non-pharmacological technique eg:
 - RICE

- Relaxation technique
- Desensitization technique
- Cognitive & Perceptual Training
- Modification of Activities of Daily Living, Play/Leisure and Work
- Aids and Adaptation

6.2.7. T/CM TEAM

- 6.2.7.1. To be a member of multidisciplinary team.
- 6.2.7.2. To follow clinical rounds and case discussion where relevant
- 6.2.7.3. To administer appropriate treatment (acupuncture, massage etc.) when indicated.
- 6.2.7.4. To conduct audit on workload and effectiveness of the service where applicable.
- 6.2.7.5. To conduct and facilitate clinical research in role of T/CM services in pain management where relevant.
- 6.2.7.6. To contribute & participate in all activities in regards of Pain Free Health care facilities implementation.

7. TRAINING & EDUCATION

7.1. TRAINING OF HEALTH CARE FACILITIES STAFF

- 7.1.1. At least 60% of health care facilities staff must have attended the training of Pain as the 5th Vital Sign.
- 7.1.2. A regular training program must be in place for health care facilities staff.
- 7.1.3. Existing staff who have not been trained before must attend at least one training and all new staff should be trained within 3 months of joining the health care facilities.
- 7.1.4. A refresher course on pain management is required every 3 years.
- 7.1.5. Training material should be available in all wards, clinic areas and other clinical units.
- 7.1.6. Protocols and guideline on management of pain should be available for reference in all wards and clinics.

7.2. PATIENT EDUCATION

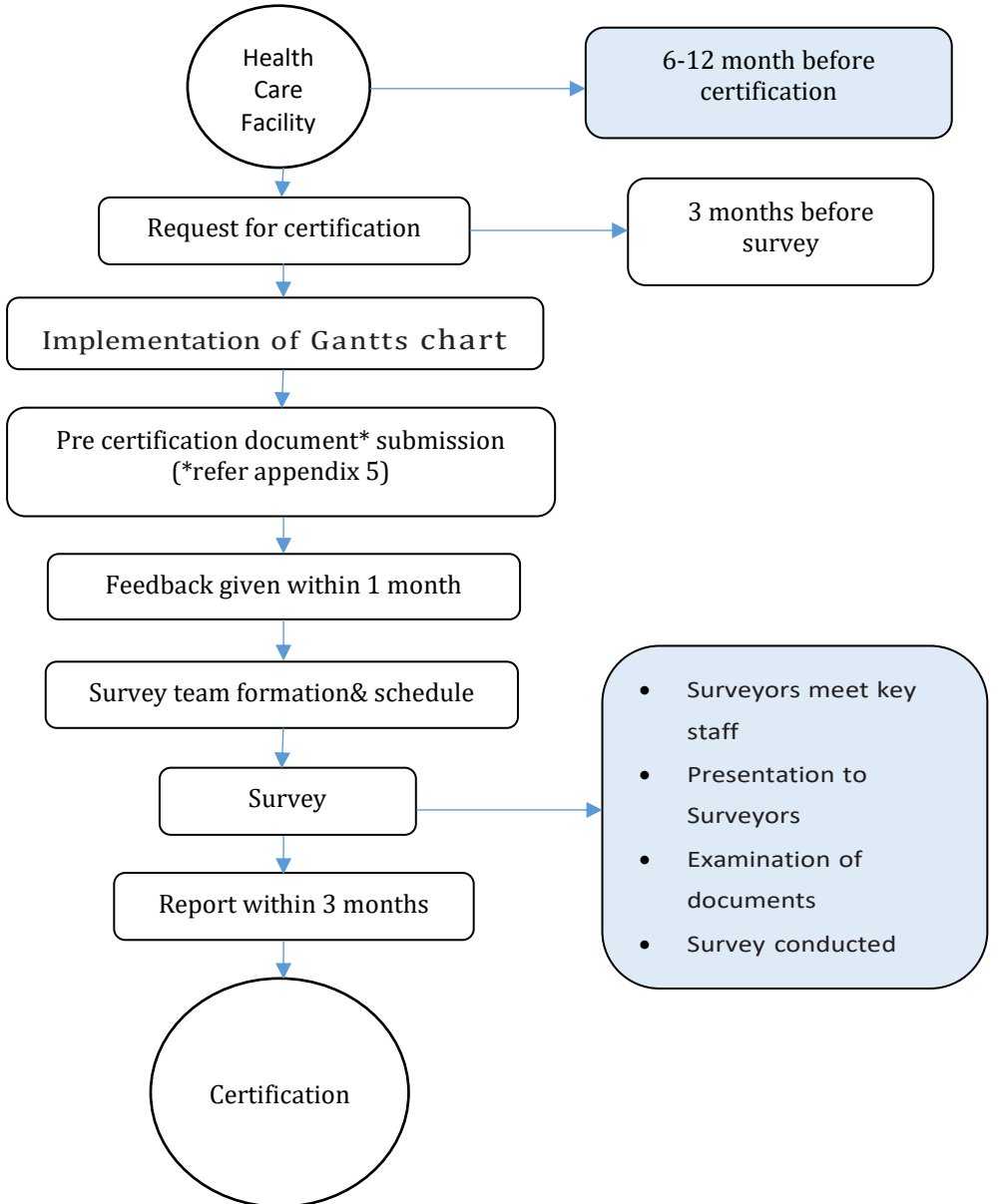
- 7.2.1. Patient education shall start early e.g. In clinics, ED, during admission to the ward etc.
- 7.2.2. Pamphlets, posters or other form of information on pain management shall be available to patients.
- 7.2.3. Information videos on pain management and pain free health facilities should be screened at patient waiting areas.

9. MULTIDISCIPLINARY APPROACH:

- 9.1. The health care facilities shall organize a schedule for multidisciplinary pain management ward rounds or a for multidisciplinary team discussions for selected cases.
- 9.2. Attendance records for multidisciplinary ward rounds or case discussions shall be kept.
- 9.3. All multidisciplinary case discussions shall be documented and the records kept according to normal procedure in the health care facilities (paper or electronic). The outcome of the discussions will also be documented and appropriate action recommended shall be taken.
- 9.4. The duties and responsibilities of each member of the Multidisciplinary team shall be as outlined in the following documents
 - 9.4.1. Primary unit (i.e. the unit the patient is admitted under – Page 20-22)
 - 9.4.2. Acute Pain Service (APS – page 22-23)
 - 9.4.3. Pharmacist (page 24-28)
 - 9.4.4. Physiotherapist (page 28-29)
 - 9.4.5. T&CM staff (page 29)

10. PAIN FREE CERTIFICATION

10.1. PROCESS FLOW CHART (Figure 1)



10.2. CERTIFICATION AUTHORITY:

The Pain free certification authority utilizes 2 tier systems as follows:

10.2.1 National Level

The National Pain Free Steering Committee shall be appointed by the Deputy Director General of Health (Medical Program), upon nomination by the Director of Medical Development Division.

10.2.2 National Technical Working Committee

The National Technical Working Committee is responsible for the evaluation process for certification purposes for both private and public healthcare facilities for matters pertaining to pain free initiatives which includes:

- 10.2.2.1. Constituting an evaluation panel to visit and assess healthcare facilities for the purpose of pain-free certification;
- 10.2.2.2. Studying the report of the evaluation panel
- 10.2.2.3. Submitting the recommendations on certification for sanction by the Deputy Director General of Health (Medical Program) and the Director of Medical Development Division and acknowledged by DG
- 10.2.2.4. Reviewing the validity of the evaluation criteria, standards and procedures from time to time
- 10.2.2.5. To submit proposals for changes to Deputy Director General of Health (Medical Program) and the Director of Medical Development Division.
- 10.2.2.6. To advise the Deputy Director General of Health (Medical Program) and Director of Medical Development Division on additional members for the National Committee.

The National Technical Working Committee is chaired by a Pain specialist and its members shall comprise a representative from the major disciplines from MOH encompassing anaesthetics, surgery, medical, pediatrics, etc. Each appointment shall be for a period of not more than three years.

The Secretariat of the National Committee shall be appointed by the Director of Medical Development Division from Medical Care Quality Section (Cawangan Kualiti Penjagaan Perubatan).

The National Committee shall at all times, to avoid biasness, abide by the Rules of Natural Justice which amongst others include:

- i. Rules against bias
- ii. Rules for the fair hearing
- iii. Reasoned decisions

10.2.3. Healthcare facilities Level

The duties and responsibilities of committee are:

10.2.3.1 Training

- 10.2.3.1.1 Coordinate and conduct Training for Pain as 5th Vital Sign for nurses and doctors
- 10.2.3.1.2 Conducting training workshops on non-pharmacological methods for pain management (relaxation, massage, cryotherapy, etc.)
- 10.2.3.1.3 Patient education activities – information sheets, public talks and exhibition, Medic TV

10.2.3.2. Documentation and Promotion

Overseeing the formation of Multidisciplinary teams to do clinical rounds (e.g. APS team + surgical team +

physiotherapist + pharmacist do a round once a month) or multidisciplinary discussion on selected patients at least 6-8 times per year.

10.2.3.3. Audit and Reporting

10.2.3.3.1. Monitoring of implementation of P5VS in wards e.g. by nursing audit.

10.2.3.3.2. Monitoring of Day Care Surgery: numbers and quality (phone call to patient at home)

10.2.3.3.3. Monitoring of MIS:

- Number of surgeons trained
- Number of procedures performed per year
- Monitoring the use of non-pharmacological techniques and T/CM (where applicable) for pain management
- Monitoring the use of regional anaesthesia for post-operative pain management

10.2.4. Duties and responsibilities of specific unit, please refer page as mention below;

10.2.4.1. Primary care unit (including Emergency physician and Public health physician) (page 22-24)

10.2.4.2. Acute Pain Service (page 24-25)

10.2.4.3. Obstetrics & Gynaecology (page 25-26)

10.2.4.4. Pharmacist (page 26-31)

10.2.4.5. Physiotherapist (page 31)

10.2.4.6. Occupational Therapist (page 32)

10.2.4.7. Traditional & Complementary Medicine (page 32-33)

10.3. PFH CERTIFICATION PROCESS:

10.3.1. Process for Certification:

Briefly, the method and procedures of certification process entails the following steps:

10.3.1.1. Intention for certification:

The Health care facilities intending to go for PFH certification shall apply to the National Committee one year in advance in writing. This will enable the National Committee to make appropriate plans. (refer appendix 6, page 74)

10.3.1.2. Training:

Training of health care facilities staff and patient education, (refer page 34)

10.3.1.3. Submission of pre certification documents:

The healthcare facility need to submit the pre certification documents to the National PF Audit Committee via 'Pain Free Unit, Quality in Medical Care Section Medical Development Division Ministry of Health' NOT LESS THAN 3 months prior to intended and/or scheduled visit to ensure smooth certification process. (Refer to appendix 6; page 74).

Documents will be reviewed and feedback given within 1 month.

10.3.1.4. Selection of Survey Team:

Upon receipt of application, the National Committee will appoint a Survey Team consisting of panel members with a balance of expertise and free of conflict of interest.

10.3.1.5. The Certification Survey Visit:

The Survey Team reviews the facility's documentation and visits the facility. During the visit, the Team validates the facility's documentation by interviewing staff, patients and others associated with service delivery and management and inspects the physical resources.

The Team's chairperson provides an oral exit report to the facility's management and staff that covers the Team's views about the strengths and weaknesses of the services delivery, areas that need attention and distinctive activities to be encouraged. Input from the discussion is integrated into the detailed draft report of the Survey Team's findings.

10.3.1.6. The Certification Draft Report:

The Survey Team's secretary is responsible for compiling a final draft report from every member of the team. The draft report is submitted to Survey team for comments. This interchange is largely about errors and omissions rather than about interpretation of conclusions. The Survey team may consider comments and appeals from the facility management and other sources.

10.3.1.7. Decision on Granting Certification:

The Survey Team Chairman or any member of the Survey Team nominated by the Team Chairman shall present the final report to the National Committee.

The National Committee shall evaluate the Survey Report and other documents from the facility, if any, before making recommendations on certification for ratification by the Deputy Director General of Health (Medical Program) and the Director of

Medical Development Division

10.3.1.8. Appeal:

Appeal to National Committee and recommend to Deputy Director General of Health (Medical Program) and the Director of Medical Development Division if the facility fails or conditional certification

10.3.1.9. Audit and monitoring

10.3.1.9.1. The health care facilities shall conduct appropriate audit at least once a year, including:

- Implementation of P5VS (Appendix 1&2)
- Patient satisfaction survey (Appendix 3)
- P5VS staff survey (Appendix 4)

10.3.1.9.2. The audit result shall be available in Quality Unit of the health care facilities.

10.3.1.9.3. The audit result shall be submitted to Pain Free Program, Quality Unit in Medical Care Section Medical Development Division Ministry of Health every year.

10.3.1.9.4. Quality improvement programs: The health care facilities are encouraged to produce additional quality improvement programs and audits or studies to measure the effectiveness of the PFH program.

The process may refer to the process flow chart (figure 1; page 38, suggested implementation Gantt chart may refer to page 35)

10.4. CERTIFICATION:

A facility will be awarded with either any of the following:

- Conditional.
- Full.
- No Certification.

10.4.1. Full Certification is granted for a maximum period of **THREE YEARS** on the basis of judgment that:

- 10.4.1.1. There is evidence that the pain free criteria and activities are being met;
- 10.4.1.2. There is evidence of quality management for sustainability of the pain-free program and the embrace of change.

10.4.2. Conditional may be granted for a maximum period of **ONE YEAR** subject to certain conditions being addressed within specified periods. The facility is required to submit periodic reports. The National Committee may appoint a panel of assessors to revisit the facility in this category during the period of certification, depending on the periodic reports. If the facility does not achieve the required progress, the certification status may be reduced to a shorter period of time. It may also impose additional conditions. Certification may be granted for shorter periods of time with conditions if the National Committee identifies significant deficiencies and non-compliance with the standards.

Before the period of certification ends, or sooner if the facility considers that it has already addressed its deficiencies, the National Committee conducts a review. The medical facility may request:

- 10.4.2.1. Either a full evaluation of the facility and the course, with a view to granting certification for a further maximum period;
- 10.4.2.2. Or a more limited review, concentrating on the areas where deficiencies were identified, with a view to extending the current Certification to the full period.

10.4.3. No Certification: Certification may be refused where the National Committee considers that the deficiencies are so serious as to warrant that action.

The date of certification shall be last day of the first visit.

10.5. PERIODIC REPORTS:

During the period of certification, the National Committee requires reports from the facility that may affect the facility's ability to implement its pain free activities, and of the facility's response to issues raised in the Certification Report.

Similarly, medical facility with conditional certification has to report periodically. Reports are formally considered by the National Committee, which may ask a facility to clarify or amplify information in a report or may decide to conduct a special visit to the facility.

10.6. BEST PRACTICE IN CERTIFICATION PROCESS:

At all times the National Committee and the panel of assessors shall maintain a credible certification process by adhering to a code of ethics that ensures that fundamental principles are not compromised by interest groups in the services, the community, the profession and government who all have legitimate interests in the quality and orientation of its services.

10.7. THE CONDUCT OF A CERTIFICATION VISIT:

This guideline sets out the procedures for conducting a certification visit survey. The procedures are divided into three parts:

- Procedures prior to the Certification survey.
- Procedures related to the survey.
- Procedures after the survey.

10.7.1. Procedures Prior to the Certification Survey Visit

The procedures consist of notification of the Certification visit, preparation of the database by the facility to be visited and preparation of the survey team.

10.7.1.1. Notification:

- 10.7.1.1.1. Facilities to be visited by Survey Teams will be given at least FOUR MONTHS notice so that documentation can be adequately prepared. The notification is given by National Committee. The facility will also be notified to prepare the database.
- 10.7.1.1.2. Members of the Survey Teams will be constituted by the National Committee. The membership of the team should provide for a balance of expertise, health service and community interests and should be free of conflict of interests. Team members will be given at least TWO MONTHS notice. The facility to be visited will be notified of the team members.
- 10.7.1.1.3. The team should visit the facility well before the Certification application lapses.

10.7.1.2. Preparation by facility to be visited

- 10.7.1.2.1. Facilities to be visited by the Survey Teams are encouraged to see certification as top priority.
- 10.7.1.2.2. The facilities will set up a task force to prepare the database. The database must be submitted to the National Committee two months before the visit. This allows the team time for detailed study and clarification of issues before the visit.
- 10.7.1.2.3. Each facility to be visited by a Survey Team should appoint a liaison person, preferably a relatively senior staff, to act as the key link between the facility and the Team throughout the site visit. The Health care facilities Director should notify the Team's secretary of the person assigned to coordinate the visit. The national committee will issue a letter to the Health care facilities Director/designee about plans for the visit.
- 10.7.1.2.4. The Health care facilities Director/designee will customize the tentative schedule for the visit and after mutual agreement with the survey team, informs the relevant staff.
- 10.7.1.2.5. The Health care facilities Director/designee will provide a "home/document room" for the survey team equipped with or with access to a computer and printer compatible with the operating system used by the team's secretary.
- 10.7.1.2.6. The facility will also appoint staff to serve as guides in the visits in the health care facilities.
- 10.7.1.2.7. The Health care facilities Director's office should assist in making hotel reservation and ground transportation. Useful

information such as the facility's bulletin, a city map, campus guide and instructions about transportation should be mailed to the survey team.

10.7.1.3. Tasks and Responsibilities of the Survey Team

10.7.1.3.1. The database and self-study report will be given to the survey team at least two months before the visit. The facility shall provide survey team with all guideline related to:

- Criteria and standards.
- Conduct of certification visit.

10.7.1.3.2. The Survey Team will meet on the day immediately preceding the commencement of the site visit to:

10.7.1.3.2.1. Allocate specific responsibilities to scrutinize particular components of the database and report depending on members' expertise and interests. These responsibilities are then directly linked to the program of reviews/interviews conducted during the visit and to the writing of the certification report. The team will have a chairperson who will lead the team deliberations.

10.7.1.3.2.2. Clarify issues identified from the database and facility self-study and concur on what questions to ask and what further information is required.

10.7.1.3.2.3. Determine which information from the database that needs to be validated during the site visit.

10.7.1.3.3. The Chairperson

The Chairperson is expected to lead the deliberations and the on-site preparation,

to collect the opinions of the team members and to serve as the team's spokesperson during the survey visit.

The Chairperson makes the introductions with various groups and states briefly the purpose of the visit. He/she ensures that the team members pace their works consolidate their observations and findings at the end of each day so that the team's statements of strength and concerns as well as facility opportunities are refined each evening. He/she gives the final oral report that summaries tentative findings and conclusions of the team to the Director of the Health care facilities or his designee. This oral report should be given from a written summary finalized by the team on the last evening of the visit.

10.7.1.3.4. The Team Secretary

10.7.1.3.4.1. A Team Secretary shall appoint amongst its member.

10.7.1.3.4.2. A Team Secretary will prepare final survey report and forwarded to chairperson for approval.

10.7.1.3.5. Team members

Team members assist the chairperson and secretary in collecting and recording additional data and impressions during the visit. They write up sections of the report assigned to them either during the survey visit or within one week of the survey and review the draft prepared by the team secretary. In reviewing the document the survey team should pay attention to the strengths and weaknesses of the facilities.

10.7.1.3.6. The Team Secretariat:

- 10.7.1.3.6.1. The Survey Team shall be assisted by a secretariat which is appointed by the Deputy Director of CKPP.
- 10.7.1.3.6.2. The Team Secretary shall make all the arrangements with the health care facilities, plan the schedule, compile the data, prepare a tentative schedule, furnish missing info and compile the final report. The secretary should contact the Health care facilities Director's office to supply missing information if important omissions are detected in the database by team members.
- 10.7.1.3.6.3. The Secretariat will not be involved in the preparation of certification reports.
- 10.7.1.3.6.4. The secretariat is responsible to send or received document from the facilities.
- 10.7.1.3.6.5. In reviewing the documents, the survey team should pay attention to the strengths and weaknesses of the facilities

10.7.2. The Survey/Site Visit:

10.7.2.1. The schedule of the visit:

- 10.7.2.1.1. The Secretariat will give the facility a tentative schedule which it will customize. The final schedule should be mutually accepted by both the facility and the survey team.
- 10.7.2.1.2. A reasonable duration shall be mutually allocated for the visit. An example of a timetable (appendix 6 & appendix 7) is given at the end to serve as a guide, with provision for flexibility of change so that

the team can schedule additional meetings with key individuals and groups as required.

- 10.7.2.1.3. The team meets the senior management of the health care facility, and the individuals and committees responsible for the service delivery.
- 10.7.2.1.4. The team inspects the physical resources.
- 10.7.2.1.5. The first and last hour at survey site will be set aside for the members of the Survey Team to meet as a group.
- 10.7.2.1.6. For guidance, please refer to Appendix 7: **Suggested Schedule of Certification Visit.**

10.7.2.2. Decorum and Conduct of Survey team

- 10.7.2.2.1. The purpose of the certification team is to:
 - Determine if the facility is in compliance to the standards.
 - validate the database and to fill out missing information and
 - Assist facilities to improve standards.
- 10.7.2.2.2. At the facility, the chairperson explains the purpose of the visit and the team introduces themselves.
- 10.7.2.2.3. The decorum of the team must be very professional because certification is a peer review process which is a positive activity, not punitive. The aim is to be helpful to the facility and the spirit must be collegial.
- 10.7.2.2.4. All interviews are conducted with the knowledge of the Health care facilities Director although not usually in his/her presence. This ensures that dissenting

views can be freely expressed without being attributed to individuals.

- 10.7.2.2.5. The team must remember that they are guests of the facility visited.
- 10.7.2.2.6. Rules of courtesy include not getting into arguments and not getting confrontational.
- 10.7.2.2.7. The role of the survey team is to evaluate and they must overcome the temptation to compare the facility visited with their own facility. They should not play the role of consultant. They should encourage innovation and re-orientation toward changing health needs
- 10.7.2.2.8. The team must validate the database and look for consistency in the delivery of pain free initiatives based on criteria checklist for pain free program certification.
- 10.7.2.2.9. All information gained during the visit is ABSOLUTE CONFIDENTIAL and there must be no sharing of information outside of the report. There must be no other comments apart from the report.
- 10.7.2.2.10. At the end of each day and at the end of the visit, the team meets to concur on the areas of strengths and concerns which must be validated with the standards and presented at the exit conference

10.7.2.3. The exit oral report

- 10.7.2.3.1. An oral report is given to the facility at the end of the visit by the chairperson of the team. The presentation gives the facility immediate feedback, since the preparation of the detailed report can require an extended period of time.

- 10.7.2.3.2. The oral report highlights the unique areas of strength, emphasizes the areas of concern which are directly linked to non-compliance with the standards and distinctive activities to be encouraged.
- 10.7.2.3.3. The chairperson asks whether there are any questions relevant to the report and gives an opportunity for Director of the Health care facilities and senior officers to review and discuss the statement of findings with the team. Besides correcting any errors of fact, the discussion should extend to any draft recommendations and action that would need a response from the facility.
- 10.7.2.3.4. The Survey Chairperson should advise the health care facility management that the team's findings are tentative and will be reviewed by the National Committees' for final report.

10.7.3. Writing The Survey Report

- 10.7.3.1. The draft report should be organized according to the document Guide for Writing a Survey Report (available in electronic form). The report should give primary emphasis to description and evaluation of the pain free program. Appropriate references should be made to the database, to document noteworthy strengths and weaknesses. The survey team's list of strengths and concerns should be supported by documentation in the report narrative, and the deficiencies should be anchored to the standards and criteria.
- 10.7.3.2. The draft of the written report should be completed by the end of the site visit and signatures of all team members obtained. Deadline for team members to submit their

write-ups to the secretary is within seven days after the visit.

- 10.7.3.3. The Survey Team' Secretary is responsible for completing the final version of the draft report in two weeks.
- 10.7.3.4. The report is sent by the Survey Team' Secretary to the Chairperson. The Chairperson shall approve it in two weeks and forward to National Committee.
- 10.7.3.5. The committee secretariat shall send a copy of approved report to the surveyed facility.
- 10.7.3.6. The Health care facilities Director is asked to correct any errors of fact. If the Director disagrees with the tone or conclusions of the report, he or she may send the evidence of correction to national committee within a month.
- 10.7.3.7. The report must be held in confidence and not released to anyone without authorization from the National Committee.
- 10.7.3.8. The survey team report does not necessarily represent the final report from the National Committee.
- 10.7.3.9. The Facility's certification status will be made following a consideration of the report by the National Committee. The secretariat of the National Committee will notify the Director of the healthcare facility with copies to the Deputy Director General of Health (Medical Program), the Director of Medical Development Division and the relevant *Pejabat Kesehatan Negeri*.
- 10.7.3.10. The certification status is public information but the survey findings and deliberations of the survey team and the National Committee are confidential.

- 10.7.3.11. The surveyed facility is at liberty to make public the survey report and details of the National Committee decision as it deems appropriate.

10.8. GUIDELINES FOR WRITING A CERTIFICATION REPORT:

After the visit, the surveyor team prepares a formal report. The facility is then given an approved report to provide evidence of correction and comments. This interchange is largely about errors and omissions rather than about the interpretation of conclusions. At all times the National Committee retains the right to draw its own conclusions.

10.8.1. Purpose of Survey Report

- To provide a clear picture of the facility's environment and objectives, program organization, resources, and service deliveries.
- To identify the strengths of the facility.
- To document any concern of the survey team or opportunities for improvement.
- To note major changes, recently implemented or underway, especially those that should be followed-up.

10.8.2. Responsibilities of Team Members in Writing The Report

Each team member will be given specific tasks and responsibility for a part of the report. The report will be discussed and then compiled within seven days by team secretary.

Portions of the survey report specially assigned to individual team members should be completed on site or sent to the team secretary within 7-10 days of the visit. The team secretary is expected to complete the draft report shortly after the visit (4

to 6 weeks is optimum). The secretary is responsible for organizing the contributions from the other team members, to ensure that the overall report is coherent, logical, and internally consistent. If important areas have been omitted from a team member's write up, it is the team secretary's responsibility either to contact that member for additional details or to supply the missing content himself/ herself.

The report should give the team's narrative description and comments in the front part of the report, with references to database sections collated sequentially in the Appendix at the rear of the report. This will clearly differentiate survey commentary from that of the institution.

The team secretary should reserve original copies of hand-outs, database pages, etc. for incorporation, as appropriate, in the final report that is sent to the National Committee for printing. Please type material on one side of the page only, and that the type style is conventional.

It is useful for the team secretary to compare the draft report with the set of strengths and concerns identified by the survey team, to ensure that all areas are well documented in the text.

The team chair and secretary should edit the report for the propriety of attribution to individual staff concerned. While the commentary may be important for documentation, specific persons and departments should, if possible, remain anonymous.

The final survey report should be sent for review to:

- Each member of National Committee.
- The Director of Health care facility.

10.8.3. Pain free program Certification Report Format

10.8.3.1. Cover Page

Should include:

Title: e.g. Report of the Pain Free Healthcare Facility Survey of Healthcare facility ...

Date:

Prepared by: The Survey Team appointed by the National Pain Free Program Committee of the Ministry of Health Malaysia.

Footnote: This privileged communication is the property of the National Pain Free Program Committee of the Ministry of Health Malaysia.

The Survey Team that visited Healthcare facility ... (the name of the health care facilities) on ... (date) is pleased to provide the following report of its findings and conclusions.

Respectfully,

Name, Chairperson (signed):

Name, Secretary (signed):

Name, Member:

Name, Member:

Name, Member:

10.8.3.2. Table of Contents

10.8.3.3. Introduction and Composition of the Survey Team

A typical example:

A survey of Healthcare facility... (name of health care facilities) was conducted on ... (date) by the Survey Team appointed by the National Pain Free Program Committee of MOH. The team expresses its appreciation to

the Health care facility Director ... (name) and the administrative staff for their interest and candor during the survey visit.

The Facility Liaison Officer ... (name), and ... (any other persons) deserve special thanks for the smooth coordination of the visit, tactful management of scheduling changes and timely provision of additional items of information requested during the visit.

After the paragraph introduction, list the members of the survey team, giving their names, titles and institutions and their roles in the survey team as chair, secretary, member or faculty fellow.

For example:

Chair:

Name:

Designation:

Secretary:

Name:

Designation:

Member:

Name:

Designation:

10.8.3.4. Summary of Survey Team Findings

Summarise the survey team's findings under the following headings:

- Strength
- Areas of Concern
- Opportunities for Improvement
- Services/Programs under Development or Areas in Transition that need to be followed up.

For each of the above heading, for example, Institutional Strength, start with Mission and Objectives, then go on to Services/Program, Assessment of Service Deliveries, Staff, Resources, Monitoring and Evaluation, Governance and Continuous Quality Improvement. Repeat the same sequence for Areas of Concern, Opportunities for Improvement and Program under Development/ Thrust areas to be followed up.

In general, adhere to the points reported orally in the exit conferences with the Healthcare Facility's Director, and follow the order in which the items will be listed in the body of the report. For the concerns or problems, give a sense of relative urgency and seriousness, and express any recommendations in generic or alternative terms rather than prescriptive solutions. All items cited here should be supported by documentation in the body of the report.

10.8.3.5. Partial Certification Survey(S) And Progress Report(S)

If applicable, summarize (use bullets, paraphrase and combine items, if necessary, to be succinct) the key findings and recommendations of the most recent survey of the health care facilities, including progress reports addressing any problems identified previously. Give the dates of the prior survey(s) and reports. Conclude this by summarizing the areas of concern in the previous survey that have been corrected and problems that still remain.

10.8.3.6. The Facility Pain Free Database

Comment on the organization, completeness and internal consistency of the database. Were the numerical data (applicant, admissions, financial etc) updated to the current year?

10.8.3.7. Continuous Quality Improvement

Briefly describe and comment on the institutional quality system and the mechanisms for rectifying deficiencies.

10.8.4. Summary

Comment on the health care facility strategic assessment and planning (or the absence thereof) that serves as a framework to the accomplishment of its goals and objectives.

Summaries the evaluation of the pain free activities, listing the specific strengths, deficiencies, problem areas and opportunities for development. This is the most significant portion of the report and should judge the health care facilities' pain free program and activities.

10.8.5. Conclusion

Recommends to the National Committee type of certification to be granted on the basis of judgment that:

- The pain free services and activities provided are relevant and there is evidence that the objectives are being met.
- There is evidence of quality management for sustainability of the pain free program and the embrace of change

If there are significant deficiencies and non-compliance with the standards evaluated, conditional or no certification status is granted.

11. RESOURCE MATERIAL

11.1. Teaching and training resource materials

are available in MOH website:

www.moh.gov.my > Penerbitan > Hospital Bebas Kesakitan> Bahan Pendidikan

The available material:

- 11.1.1. P5VS Training Module (Doctors)
- 11.1.2. P5VS Training Module (Paramedics)
- 11.1.3. Introduction to Pain Free Health care facilities
- 11.1.4. Pain Free Health care facilities:
How to Achieve?
- 11.1.5. Pain Management - the R-A-T Approach
- 11.1.6. Multidisciplinary Approach to Pain Management
- 11.1.7. Role of Pharmacist in Pain Management
- 11.1.8. Role of Physiotherapist in pain management
- 11.1.9. Role of Complementary Medicine in PFH
- 11.1.10. Achieving Day Care Surgery thru PFH
- 11.1.11. Minimally Invasive Surgery and PFH

11.2. Available guidelines/ manual

are available in MOH website: www.moh.gov.my --> Penerbitan --> Hospital Bebas Kesakitan--> Garis panduan

The P5VS Guidelines (2nd edition, 2013) are available in the attached CD. The books have also been distributed to all health care facilities with specialists.

11.3. Audit forms

- 11.3.1. The following Audit forms are available in the attached CD and also in the Appendices of this book.
- 11.3.2. The Audit forms can also be retrieved from the MOH website: www.moh.gov.my -> Penerbitan -> Health care facilities Bebas Kesakitan -> Garispanduan

- 11.3.3. *Borang Audit Pelaksanaan Kesakitan sebagai tanda vital ke 5:*
Appendix 1; paramedic page 64-65
Appendix 2; doctor page 66-67
- 11.3.4. *Borang Soal Selidik Pesakit:*
Appendix 3; page 68
- 11.3.5. *Pain as the Fifth Vital Sign: Staff Survey / Borang soal selidik anggota kerja:*
Appendix 4; page 69-70
- 11.3.6. *Laporan Tahunan Pelaksanaan Tahap Kesakitan Sebagai Tanda Vital Kelima:*
Appendix 5; page 71-73
- 11.3.7. Application form for Pain Free Health care facilities Survey:
Appendix 6; page 74

11.4. Other materials (in the manual)

Duties and responsibilities of different members of the Multidisciplinary team are outlined in the Appendices below:

- 11.4.1. Primary unit (page 22-24)
- 11.4.2. Acute Pain Service (page 24-25)
- 11.4.3. Obstetric Analgesia Team (page 25-26)
- 11.4.4. Pharmacists (page 26-31)
- 11.4.5. Physiotherapists (page 31)
- 11.4.6. Occupational Therapist (page 32)
- 11.4.7. Traditional and Complementary Medicine staff (page 32-33)

11.5. Other forms

Other forms that may be useful in the implementation of PFH are also included in the Appendices and in the CD attached.

- 11.5.1. Medication History Assessment Form for Pharmacy (CP1) page 70
- 11.5.2. Pharmacotherapy Review (CP2) for IT Hospital page 77-78, Non-IT page 79-81
- 11.5.3. *Nota rujukan pesakit* page 82-83

Appendix 1

Pain 5th Vital Sign Nursing & AMO Audit form

- i. Tick (✓) at the appropriate column; 2. If the item is optional, tick N/A
 ii. Add only for Pain score < 4 (0-3) or >4 (4-10) depending on the pain score.

S/N	ITEM	SOURCE OF INFORMATION	YES	NO	N/A
S1	Smile and Greet / acknowledge patient	Listen & Observe nurse			
S2	Explain / inform the purpose of the pain assessment ruler.	Listen & Observe nurse			
T1	Teach patient to give pain scores.	Listen & Observe nurse			
T2	Re-teach if necessary.	Listen & Observe nurse			
Add only for Pain score < 4 (0-3)					
	Pain Score < 4 (0-3)				
D1	Document Pain Score	Observe & check document			
T3	Follow the Pain flow chart for nursing action.	Observe nurse			
T4	Carry out nursing action if necessary.	Observe nurse			
T5	Ask patient whether she is comfortable and needs any medication.	Listen & Observe nurse			
T6	Inform patient to tell the nurse if pain score increases.	Listen & Observe nurse			
D2	Document nursing action.	Observe & check document			
Add only for Pain score >4 (4-10)					
	If pain score is ≥ 4 (4-10),				
D1	Document pain score	Observe & check document			
T3	Check Doctor's prescription ordered.	Observe nurse			
T4	Check time of last dose analgesics.	Observe nurse			

T5	Serve medication as prescribed OR Carry out nursing action as required.	Observe nurse			
T6	Inform doctor for prescription if analgesics not ordered.	Listen & Observe nurse			
D2	Record pain analgesics after serving.	Observe & check document			
T7	Reassess pain score 30 mins – 1 hour after serving of analgesics.	Observe nurse			
D3	Record reassessed pain score	Observe & check document			
Add for both < 4 (0-3) and >4 (4-10)					
S3	Advise patient to inform the nurse if pain increase (for pain score < 4(0-3) or if pain is not relieved	Listen / Observe nurse			
S4	Listen and respond promptly and politely to patient's questions.	Listen & observe nurse			
S5	Give reassurance if patient requires medication and medication has not been prescribed.	Listen & observe nurse			
D3 /D4	Accurate and complete documentation.	Check document			

AUDIT REPORT (Please [✓] in the appropriate box)

RATING

ITEM	CONFORMANCE	NON CONFORMANCE
Technical Skill		
Soft Skill		
Documentation		

Conformance

Non-Conformance

REMARKS

NO.	REMARKS

Auditor 1 [Name and Signature]:

Auditor 2 [Name and Signature]:

Appendix 2



BORANG AUDIT PELAKSANAAN PAIN AS THE FIFTH VITAL SIGN (P5VS) OLEH DOKTOR (30% daripada jumlah katil yang diwartakan)

SOALAN		YA	TIDAK
1.	Adakah dokumen rujukan (iaitu garis panduan P5VS) ada di dalam Fail/ <i>Folder Pain Management Kit?</i> (fail/ komputer)		
2.	Adakah tahap kesakitan anda (pesakit) diambil oleh anggota kesihatan? (pesakit)		
3.	Adakah anda (pesakit) telah diperkenalkan/ diberi penerangan tentang tahap kesakitan? Cth: pembaris skala, tahap kesakitan (<i>pain score</i>) (pesakit)		
4.	Adakah tahap kesakitan pesakit diketahui oleh doktor dan dicatat di dalam fail pesakit? (fail pesakit)		
5.	Adakah tahap kesakitan pesakit sentiasa < 4? (fail pesakit) *sekiranya jawapan adalah "YA", tidak perlu menjawab soalan 6 & 7.		
6.	a) Bagi pesakit yang <i>pre-operative</i> / bukan <i>operative</i> : Bagi tahap kesakitan 4 dan ke atas, adakah preskripsi rawatan kesakitan yang diberi berdasarkan <i>analgesic ladder?</i> (jika tiada kontraindikasi) (fail pesakit)		
	b) Bagi pesakit <i>post-operative</i> : Bagi tahap kesakitan 4 dan ke atas, adakah preskripsi rawatan kesakitan diberikan kepada pesakit mengikut <i>analgesic ladder?</i> (jika tiada kontraindikasi) (fail pesakit)		
7.	Bagi tahap kesakitan 4 dan ke atas, adakah penilaian semula dilakukan dalam masa 1-4 jam selepas menerima rawatan? (fail pesakit)		
JUMLAH (Soalan 1-7)			

KESIMPULAN	
a) Bagi tahap kesakitan < 4 (Soalan 1-5): Keberkesanan pelaksanaan P5VS (Berkesan jika jumlah jawapan 'Ya' adalah ≥ 4)	
b) Bagi tahap kesakitan ≥ 4 (Soalan 1-7): Keberkesanan pelaksanaan P5VS (Berkesan jika jumlah jawapan 'Ya' adalah ≥ 6)	
SOALAN	CATATAN (<i>Remarks</i>)
1	
2	
3	
4	
5	
6	
7	

Peratusan Keseluruhan yang dicapai :
(Keberkesanan pelaksanaan $\geq 80\%$)

.....

Disempurnakan oleh:

.....

Disempurnakan oleh:

.....

Auditor 1
Nama:

Auditor 2
Nama:

Appendix 3

BORANG SOAL SELIDIK PESAKIT

(Sila jawab semua soalan dibawah. Kerjasama tuan/puan amatlah dihargai untuk menjayakan kajian ini. Terima kasih.) Objektif kajian ini adalah untuk mendapatkan pendapat anda mengenai penilaian dan pengurusan kesakitan pesakit bagi tujuan meningkatkan lagi mutu perkhidmatan dan kepuasan pelanggan di hospital ini.

BIODATA:

WAD/ KLINIK:

- a. Jantina : Lelaki/ Perempuan
- b. Kumpulan Umur : <12 tahun 12-20 tahun
 21-30 tahun 31-40 tahun
 41-50 tahun 51-60 tahun
 61-70 tahun >70 tahun
- c. Warganegara : Malaysia/ Bukan Malaysia
- d. Tahap Pendidikan : Sekolah Rendah/Sekolah Menengah/
Pengajian Tinggi/ Tiada

BIL	SOALAN	YA	TIDAK
1.	Adakah jururawat menilai tahap kesakitan anda : a. Semasa kemasukan ke wad/ klinik b. Sepanjang menerima rawatan di wad/ klinik		
2.	Adakah penerangan yang diberi oleh jururawat tentang tahap kesakitan dan rawatan kesakitan senang difahami?		
3.	Adakah rawatan kesakitan diberikan pada jangka masa yang anda rasa berpatutan?		
4.	Adakah penilaian tahap kesakitan penting untuk keselesaan anda?		
5.	Adakah anda mendapat rawatan kesakitan yang memuaskan semasa dan selepas : (tanda yang berkaitan sahaja)		
	<input type="checkbox"/> Pembedahan		
	<input type="checkbox"/> Kelahiran anak		
	<input type="checkbox"/> Prosidur		
	<input type="checkbox"/> Fisioterapi / Pemulihan carakerja		
	<input type="checkbox"/> Discaj		
6.	Adakah anda berpuas hati dengan rawatan kesakitan yang diterima semasa anda berada di fasiliti kesihatan ini?		

Appendix 4

PAIN AS THE FIFTH VITAL SIGN: STAFF SURVEY

- A. Gender: Male/ Female
- B. Post: HO/MO/Specialist/JM/SN/Sister/Matron/AMO/Allied Health/Pharmacist
- C. Department: _____

<p>No of years in service:</p> <p><input type="checkbox"/> <2 years</p> <p><input type="checkbox"/> 2-<5 years</p> <p><input type="checkbox"/> 5- <10 years</p> <p><input type="checkbox"/> >10 years</p>	<p>Age (years):</p> <p><input type="checkbox"/> 21-30</p> <p><input type="checkbox"/> 31-40</p> <p><input type="checkbox"/> 41-50</p> <p><input type="checkbox"/> >50</p>
---	--

- D. Have you attended course on P5VS or read the guideline? Yes / No

Instructions: Please tick (✓) at the appropriate boxes

No	Question <i>Soalan</i>	Strongly agree <i>Teramat setuju</i>	Agree <i>Setuju</i>	Neutral <i>Neutral</i>	Disagree <i>Tidak Setuju</i>	Strongly disagree <i>Teramat tidak</i>
1.	Pain assessment should be done on admission. <i>Penilaian tahap kesakitan perlu dilakukan semasa kemasukan ke wad/jabatan kecemasan dan trauma.</i>					
2.	In acute pain, opioids prescription has high risk for addiction. <i>Dalam kesakitan akut, preskripsi opioids berisiko tinggi untuk menyebabkan ketagihan.</i>					
3.	Pain assessment should ONLY be done when the patient complains of pain. <i>Penilaian tahap kesakitan HANYA perlu dilakukan kepada pesakit yang mengadu sakit.</i>					
4.	If pain relief is given to the patient regularly it will mask all signs of complications or severity of disease. <i>Jika ubat analgesik diberi mengikut jadual, ia akan mengaburi kesemua tanda komplikasi dan ketenatan penyakit.</i>					

5.	Implementing pain as the fifth vital sign increases current workload, however it improves patient care. <i>Pelaksanaan penilaian tahap kesakitan sebagai tanda vital ke-5 menambah beban kerja, tetapi ia meningkatkan kualiti penjagaan pesakit.</i>					
6.	Implementing pain as the fifth vital sign will reduce the patient's length of stay in health care facilities. <i>Pelaksanaan penilaian tahap kesakitan sebagai tanda vital ke-5 akan dapat mengurangkan tempoh pesakit tinggal di health care facilities.</i>					
7.	Implementing pain as the fifth vital sign will improve patient's satisfaction with the health service. <i>Pelaksanaan penilaian tahap kesakitan sebagai tanda vital ke-5 akan meningkatkan tahap kepuasan pesakit terhadap perkhidmatan kesihatan.</i>					
8.	Post operative care must involve pain management. <i>Penjagaan selepas pembedahan perlu melibatkan rawatan kesakitan</i>					
9.	A patient who keeps asking for morphine must be addicted to it. <i>Pesakit yang sering meminta morfin semestinya ketagih kepada ubat tersebut</i>					
10.	Multimodal analgesia has better pain management <i>Kombinasi pelbagai ubat analgesik dapat melegakan kesakitan dengan lebih baik</i>					
11.	Multidisciplinary approach is ineffective in pain management. <i>Pendekatan pelbagai disiplin tidak efektif dalam pengurusan kesakitan</i>					

**Thank you for your cooperation.
Terima kasih atas kerjasama anda**

Appendix 5

LAPORAN TAHUNAN PELAKSANAAN TAHAP KESAKITAN SEBAGAI TANDA VITAL KELIMA (PEKELILING KPK BIL.9/2008) & HOSPITAL/ KLINIK BEBAS KESAKITAN							
BIL	AKTIVITI	SASARAN PENCAPAIAN					
		Hospital Berpakar		Hospital Tanpa Pakar		Klinik Kesihatan	
		Pensijilan	Tanpa pensijilan	Pensijilan	Tanpa Pensijilan	Pensijilan	Tanpa Pensijilan
1.	Mesyuarat Jawatankuasa Peringkat Hospital / Pejabat Kesihatan Daerah secara berkala 2 kali setahun.	100%		100%		100%	
2.	Bengkel latihan Program Bebas Kesakitan peringkat health care facilities/Pejabat Kesihatan Daerah sekali setahun.	100%		100%		100%	
3.	Jabatan klinikal Hospital/Klinik Kesihatan mengadakan CME Program Bebas Kesakitan 2 kali setahun.	100%		100%		100%	

4.	<p>Jumlah anggota yang dilatih mengikut kategori:</p> <ul style="list-style-type: none"> a. Pakar Perubatan b. Pegawai Perubatan c. Pegawai Perubatan Siswazah Jururawat (semua kategori) d. Penolong Pegawai Perubatan e. Anggota Kesihatan Bersekutu f. Pegawai Farmasi g. Pembantu Perawatan Kesihatan 	Bilangan anggota yang dilatih setahun	Bilangan anggota yang dilatih setahun	Bilangan anggota yang dilatih setahun
5.	<p>Jumlah CNE Program P5VS</p> <ul style="list-style-type: none"> A. Hospital (Jabatan/Wad): 12 kali setahun B. Klinik kesihatan : 2 kali setahun 	100%	50%	100%
6.	<p>Jumlah CME Program P5VS kepada Penolong Pegawai Perubatan : 4 kali setahun</p>	100%	100%	100%
7.	<p>Jumlah <i>internal audit</i> yang dijalankan 2 kali setahun.</p>	<p>Bilangan <i>internal audit</i> yang dijalankan setahun.</p>	<p>Bilangan <i>internal audit</i> yang dijalankan setahun.</p>	<p>Bilangan <i>internal audit</i> yang dijalankan setahun.</p>

8.	<p>Audit Pelaksanaan <i>Pain as the Fifth Vital Sign</i> dijalankan sekali setahun.</p> <p>A. Hospital</p> <p>i) Doktor ii) Jururawat iii) Penolong Pegawai Perubatan</p> <p>B. Klinik kesihatan</p> <p>i) Doktor ii) Jururawat iii) Penolong Pegawai Perubatan</p>	<p><u>Doktor:</u> Melibatkan sekurang-kurangnya 30% daripada jumlah katil hospital. (Appendix 2)</p> <p><u>Jururawat & PPP:</u> Melibatkan sekurang-kurangnya 30% daripada jumlah anggota. (Appendix 1)</p>	<p><u>Doktor:</u> Melibatkan sekurang-kurangnya 30% daripada jumlah katil hospital. (Appendix 2)</p> <p><u>Jururawat & PPP:</u> Melibatkan sekurang-kurangnya 30% daripada jumlah anggota. (Appendix 1)</p>	<p>Melibatkan sekurang-kurangnya 80% daripada jumlah anggota kesihatan di klinik.</p>
9.	<p>Kajian soal selidik kepuasan pelanggan (point prevalence) sekali setahun</p> <p>Rujuk <i>Appendix 3</i></p>	<p>Melibatkan sekurang-kurangnya 30% daripada jumlah pesakit di hospital.</p>	<p>Melibatkan sekurang-kurangnya 30% daripada jumlah pesakit di hospital.</p>	<p>Melibatkan sekurang-kurangnya 30% daripada jumlah pesakit di klinik kesihatan</p>
10.	<p>Kepuasan pelanggan-berdasarkan soal selidik kepuasan pelanggan</p>	<p>Kepuasan pelanggan $\geq 80\%$</p>	<p>Kepuasan pelanggan $\geq 80\%$</p>	<p>Kepuasan pelanggan $\geq 80\%$</p>

Laporan ini berkuat kuasa pada 2018

Appendix 6

APPLICATION FORM FOR PAIN FREE HEALTH CARE FACILITIES SURVEY

Healthcare Facilities Name :

Healthcare Facilities Address :

NUMBER OF DEPARTMENTS	
HOSPITAL BEDS	
YEAR STARTING PAIN FREE HOSPITAL PROGRAM	
REQUEST DATE FOR SURVEY	

Address to: Unit Audit Klinikal, Cawangan Kualiti Penjagaan Perubatan,
Bahagian Perkembangan Perubatan, Aras 4, Blok E1, Kompleks E,
Presint 1, Pusat Pentadbiran Kerajaan Persekutuan, 62590,

Putrajaya

Tel No (office): 03-88831180/ Fax no: 03-88831176

Email: cau.mdd@moh.gov.my

Appendix 7

Suggested Schedule of Certification Visit

TIME	AGENDA
0830 – 0900	Arrival of auditors
0900-0930	Opening speech by Hospital Director or Hospital representative
	Briefing by Chief Auditor on audit flow for the day
0930-1000	Checking of files by audit team
1000-1300	Audit Visit by auditors team (auditors divide into 2 or 3 teams) to wards, clinics, daycare and other relevant places around the hospital.
1300-1400	Lunch
1400-1500	Discussion on auditor's finding and report
1530-1600	Presentation of auditor's report

APPENDIX 8

MEDICATION HISTORY ASSESSMENT FORM

CP 1

PHARMACY DEPARTMENT,
HOSPITAL.....

FORM TO BE FILLED BY THE PHARMACIST UPON PATIENT ADMISSION

A: PATIENT BIODATA

Full Name	:	_____
Gender	:	M / F _____ Age : _____
RN/IC	:	_____
Address	:	_____
		_____ Phone No : _____
Admission Date/Time	:	_____
Ward/Bed	:	_____
PMHx	:	_____
Last Discharge / Review Date	:	_____

B: REASON FOR ADMISSION

C: ALLERGY & ADVERSE DRUG REACTION

D: DRUG HISTORY

Patient's own drugs checked?

Yes

No

Source of medication list :

MEDICATION (Specify strength)	DOSE	FREQUENCY	BALANCE FROM PREVIOUS SUPPLY	WRITE C FOR CONTINUE, DC FOR DISCONTINUE, WH FOR WITHOLD	COMMENTS

NON-PRESCRIPTION MEDICATION (Includes Herbal/Vitamin/Other Supplements)	REASON FOR TAKING	BALANCE/COMMENTS

E: PHARMACIST NOTES

Pharmacist Sign & Stamp: _____

Time / Date: _____

Original : To be kept in patient's folder*Duplicate* : To be kept by Pharmacy

APPENDIX 9

PHARMACOTHERAPY Pharmacy Department, Hospital _____ CP2



REVIEW

DRUG ALLERGY

A. DEMOGRAPHIC DATA						
Name :		MRN :		Age :	Gender : M/ F	
Race : M / C / I / Others		Ht/Wt :		DOA :		Ward/Bed :
Chief Complaint:						
Diagnosis/Impression:						
B. MEDICATION						
ANTIBIOTIC REGIMEN	DATE START	DATE STOP	INDICATION / REASON	RECONCILIATION NOTE S-STOP W-WITHOLD D-CONTINUE ON DISCHARGE (+ DURATION)		
Date	Source	M/organism	Sensitivity	Resistance		
Sampling: Result:						
Sampling: Result:						
Sampling : Result:						

C. DRUG-RELATED ISSUES

- **REGIMEN ISSUES**

(Drug/Dose/Duration/Frequency/Polypharmacy/Contraindication/Significant Drug interaction/Incompatibility)

- **MISCELLANEOUS (Drug administration error/Suggestion on investigation/TDM/TPN)**

Date	Issues	Modification/Monitoring required/Interaction	Reason	Status of Intervention

D. INFORMATION PROVIDED (ADR/Drug toxicity/Drug dosage/Therapeutic efficacy/Drug indication/Drug interaction/Pharmacokinetic/TPN/General product information/Pharmaceutical availability/Pharmaceutical compatibility/Pharmaceutical identification)

--

E. PHARMACIST'S NOTES

--

Pharmacist's Sign & Stamp:

Reviewed by:

D. PHARMACEUTICAL CARE PLAN			
Date	Pharmaceutical Care Issues	Pharmacist's Recommendations / Plan	Outcome

Pharmacist's Sign & Stamp:

Reviewed by:

**NOTA RUJUKAN PESAKIT**

Jabatan Farmasi, Hospital/ Klinik Kesihatan _____

Kepada: Pegawai Perubatan/ Pegawai Farmasi/ Penolong Pegawai Perubatan/ Jururawat
Hospital/Klinik _____PER: PESAKIT: _____
NAMA MRN NO. K/P

Pesakit ini **TELAH/BELUM DIBERI KAUNSELING UBAT-UBATAN** untuk dinilai tahap kefahaman/kepatuhan terhadap terapi ubat yang dipreskripsikan. Diharap pihak tuan/puan dapat memberi kaunseling dan penilaian susulan yang diperlukan untuk meningkatkan keberkesanan rawatan.

2. DIAGNOSIS: _____
3. SENARAI UBAT TERKINI:

NAMA UBAT/DOS DAN FREKUENSI/JANGKAMASA RAWATAN

4. PENILAIAN KEFAHAMAN & KEPATUHAN TERHADAP TERAPI UBAT (tidak berkenaan jika pesakit belum dikaunsel)
 - a. Pesakit telah dikaunsel dan faham tentang ubat/alat bantuan pengubatan yang dipreskripsikan: Ya Tidak
 - b. Tahap kepatuhan terhadap ubat-ubatan : Memuaskan Tidak Memuaskan
 - c. Alat bantuan kepatuhan *Pill box* Risalah ubat Lain-lain Tiada
5. TINDAKAN SUSULAN YANG DIPERLUKAN (*Sila tanda (v) di kotak yang disediakan*)

<input type="checkbox"/>	Kaunseling ubat-ubatan dan alat bantuan pengubatan yang dipreskripsikan
<input type="checkbox"/>	Menilai kepatuhan dan kefahaman terhadap terapi ubat yang dipreskripsikan
<input type="checkbox"/>	Pemantauan terapeutik : (sila nyatakan) _____
<input type="checkbox"/>	Isu penyimpanan ubat-ubatan
<input type="checkbox"/>	Lain-lain: (sila nyatakan)

Sekian, terima kasih.

Tandatangan dan Cop Pegawai Farmasi

No. Tel. :

Tarikh:

(Salinan asal: untuk dihantar kepada fasiliti yang dirujuk)

(Salinan pendua: untuk simpanan Jabatan Farmasi)