Ministry of Health

CHECKLIST FOR ASSESSING QUALITY OF HEALTHCARE

Kenya Quality Model for Health

HOSPITALS

CONTENTS

FOREWORD

The Bill of Rights contained in the Constitution of Kenya is clear that every citizen has a right to the highest attainable standard of health, including reproductive health and emergency treatment. Under the Social Pillar, Vision 2030, our country's long-term development blueprint, recognises the need to improve the overall livelihoods of Kenyans, by providing efficient and high quality health care systems with the best standards. The implementation of Kenya Quality Model for Health (KQMH) will help to address this and to secure quality excellence in the health sector as a long-term target. The quality model is designed to guide and facilitate movement towards better quality of services through regular assessment of quality of service delivery (availability, functionality and use of inputs), process optimization and maintaining focus on results.

In 2008, the Ministry of Health revised the Kenya Quality Model (KQM) to the KQMH in order to customise it for the various levels of the healthcare system. However, this review did not consider the clinical content of the quality model. Further, there have been a number of changes in the health sector since 2008 that include the enactment of a new constitution in 2010; the development of the Kenya Health Policy 2015-2030; the adaption of the World Health Organisation Health Systems Building in the Kenya Health Sector Strategic and Investment Plan (KHSSP) 2014-2018; and the development of various clinical standards and guidelines among others. Therefore, the ministry has reviewed the KQMH to ensure that it is comprehensive and that it reflects current national policies and strategies as well as international developments and best practices in the delivery of health services. The review also reflects the changes that have taken place in the health sector since the previous revision in 2008.

This checklist applies to hospitals of public, private and faith-based organization ownership. The checklist should be used hand in hand with the accompanying quality standards. It is hoped that all stakeholders will play an active role in the implementation of this model in all health facilities and that the health workers will make it an integral part of their performance assessment in order to continuously improve the quality of health care provided to achieve the highest attainable level.

This checklist has been prepared under the direction of the KQMH Review Subcommittee and published by the Ministry of Health.

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March 2018

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The development of this checklist marks an important milestone in the efforts of the health sector to ensure that quality health services are provided to all Kenyans. Its use is expected to contribute to attainment of the highest standards of health services delivery as envisaged in the Constitution of Kenya.

This checklist was designed and developed through a long process of consultation, teamwork and information gathering. This process was guided by Dr. Charles Kandie, Head, Division of Standards and Quality Assurance.

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ABBREVIATIONS

DHIS	District Health Information System
HMIS	Health Management Information System
HRH	Human Resources for Health
KHSSP	Kenya Health Sector Strategic Plan
KQMH	Kenya Quality Model for Health
KPI	Key Performance Indicator
IQC	Internal Quality Control
MCH	Maternal and Child Health
MOH	Ministry of Health
MOV	Mode of Verification
QMS	Quality Management System
SOP	Standard Operating Procedure

INTRODUCTION

Background

Improving the quality of healthcare is a key priority in Kenya as reflected in a number of policy and strategy documents. According to Vision 2030, Kenya's economic blueprint, the country aims to have an equitable and affordable healthcare system of the highest possible quality by the year 2030. The overarching goal of the Kenya Health Policy (Ministry of Health, 2014) is 'attaining the highest possible health standards in a manner responsive to the population needs'. The policy aims to achieve this goal through supporting the provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans.

Rationale for the Review of KQMH

The KQMH is a conceptual framework for an integrated approach to improved quality of healthcare in Kenya. In 2001, the Kenya Quality Model (KQM) was developed and introduced by the Ministry of Health (MOH), to guide the organisation of health services to deliver positive health impacts by addressing quality issues. The KQM consisted of standards and a master checklist. In 2008, the KQM was revised to customise it for the various levels of the healthcare system as described in the Kenya Essential Package of Health (KEPH). However, the 2008 review did not consider the clinical content of the quality model. Further, since 2008, there have been changes in the health sector, which needed to be reflected in a new model. These changes include the enactment of a new constitution in 2010; the development of the Kenya Health Policy 2014-2030; the adaption of the World Health Organisation Health Systems Building in the Kenya Health Sector Strategic and Investment Plan (KHSSP) 2014-2018; and the development of various clinical standards and guidelines among others.

The first National Quality Policy Seminar held in Nairobi in 2013 recommended a review of the KQMH, to make it a national quality improvement tool and one that could be legitimized through regulation requiring all providers to use it. The seminar recognized that even though multiple approaches allow implementers to innovate, to be creative and to experiment, there is need to have a common national framework to guide all quality improvement initiatives. In addition, the MOH has identified the KQMH as the vehicle for improving quality of care in the health sector, therefore there is need to review and update it as a prelude for the development of national standards to be used in the national accreditation framework.
The goal of the model is to improve adherence to standards and guidelines based on evidence-based medicine, as well as applying quality principles and tools and satisfying patient / client's needs in a culturally appropriate way. The model uses Standards and Guidelines that are evidence-based and proven to be effective, efficient, affordable and acceptable. It also integrates patient partnership in the healthcare process.

Review Objective

To ensure that the KQMH is comprehensive and reflects current national policies and strategies, as well as international developments and best practices in the delivery of health services.

Principles of the KQMH and Dimensions of Quality

The KQMH integrates evidence-based medicine through wide dissemination of public health and clinical standards and guidelines embedded with total quality management and patient partnership. The eight principles underlying KQMH are:

- Leadership
- Customer orientation
- Involvement of people and stakeholders
- Systems approach to management
- Process orientation
- Continuous quality improvement
- Evidence-based decision making

The 12 dimensions of the KQMH implemented through the standards described in this document are organised around structure, processes and results, as follows:

I. Structure:

a) Leadership
b) Human Resources
c) Policies, Standards and Guidelines
d) Facility and Infrastructure
e) Supplies Management
f) Equipment
g) Transport
h) Referral Systems
i) Health Records and Health Management Information Systems
j) Financial Management

II. Processes:

a) Outpatient services
b) Patient-centred care
c) Infection prevention and control
d) Inpatient services
e) Accidents and emergencies
f) Surgical emergencies
g) Anaesthesia
h) Safe delivery
i) Neonatal care
j) Dialysis services
k) Laboratory services
l) Pharmacy services
m) Radiology services

n) Mortuary services

III. Results, measured against set key performance indicators.

Requirement

This checklist is intended for use in all levels of health facilities, in line with the services provided. It should be used for facility self-assessment, peer assessment of network of facilities and by external assessors such as regulator or certification bodies. All facilities shall carry out self-assessment. The role of the assessor will be to validate the assessment results.

The classification of levels of healthcare delivery is as defined by the Health ACT 2017 as shown in the table below

Level of healthcare delivery	***Roles***
Level 2: Dispensary/clinic	• Treatment of minor ailments • Rehabilitative services • Preventive and promotive services. • Does not provide in-patient services
Level 3: Health Centre	• Out-patient care • Limited emergency care • Maternity for normal deliveries • Laboratories, oral health and referral services; • Preventive and promotive services; • In-patient observations
Level 4: Primary Hospital	• Clinical supportive supervision to lower level facilities • Referral level out-patient care • In-patient services • Emergency obstetric care and oral health services • Surgery on inpatient basis • Client health education • Specialized laboratory tests • Radiology services • Proper case management of referral cases • Proper counter referral • Provision of logistical support to the lower facilities in the catchment area; • Coordination of information flow from facilities in the catchment area.
Level 5: Secondary Hospital	• Provision of specialized services • Training facilities for cadres of health workers who function at the primary care level • Serve as an internship centre for all staff, up to medical officers • Serves as a research centre, that provides research services for issues of county importance

Level of healthcare delivery	*Roles*
Level 6: Tertiary Hospital	• Provides highly specialized services. These include general specialization; discipline specialization; and geographical/regional specialization including highly specialized healthcare for area/regional specialization; • Research centre, provides training and research services for issues of national importance.

Scoring system

Dimension 1-11

Score	*Notes*
0	No documented/observable effort of compliance. (This is denoted NO in the scoring sheet)
1	Partial. (Standard is not fully met, there is need for improvement. State areas for improvement under remarks). This is denoted P in the scoring sheet
3	Fully compliant. This is denoted YES in the scoring sheet

Dimension 12

Score		*Notes*
0	-	More than 75% off target
1	-	75 to 50% off target
2	-	49 to 25% off target
3	-	25 to 1% off target
4	-	Met Target

Documents required during assessment

The following documents (where applicable) should be available at the beginning of the assessment process. Availability of a full self-assessment report prepared during the previous 12 months is highly desirable.

Health facility strategic plan or annual work plans Facility risk assessment report Facility license and lease certificate Quality improvement implementation reports KQMH self-assessment reports Human resource records Staff satisfaction survey report Infrastructure maintenance report 5S audit & implementation report Equipment maintenance report Quarterly referral reports Data analysis and dissemination report Financial audit report	Patient satisfaction survey reports IPC audit report HAI surveillance report Quarterly reports on turn-around-time at the A&E Mortality audit reports Quarterly resuscitation drills reports for all clinical areas Internal audit report for the laboratory

Facility profile

Facility Name:	
Facility Contacts:	
Kenya Master Health Facility List coordinates:	
Level:	
County:	
Sub-county:	
Population of catchment area:	
Type of facility:	
a) Public facility	
b) Private facility	
c) FBOs/CBOs	
Range of services offered ***(Fill in the services offered by the facility in the space provided below):***	

STRUCTURE

Dimension 1: Leadership

Quality Standard	*Requirement*	*Score (tick appropriate box)*	*Remarks*
1.1 Leadership and Management Responsibilities			
1.1.1 The health facility management shall ensure compliance with regulatory requirements.	Facility has a valid licence or is gazetted to offer healthcare services *(MOV- Gazette notice /licence)*	☐ Yes ☐ No	
	The facility is licensed for provision of laboratory, radiology and other relevant services *(MOV- relevant licenses)*	☐ Yes ☐ No ☐ P[1] ☐ N/A	
1.1.2 The facility shall have in place governance structures in line with relevant legislation (10)	Organogram in place *(MOV-Observation)*	☐ Yes ☐ No	
	Facility has a management unit constituted as per legislation *(MOV-In Public facilities- Gazette notice, list of board members* *In Private facilities- letters of appointment for board members, list of board members)*	☐ Yes ☐ No	

[1] P – Partially; N/A – Not Applicable

Quality Standard	*Requirement*	*Score (tick appropriate box)*	*Remarks*
	Facility management unit has terms of reference *(MOV- TORs available)*	☐ Yes ☐ No	
1.1.3 The health facility leadership shall identify and plan for the services it offers	Facility has a strategic plan/ business plan *(MOV-availability of current plan)*	☐ Yes ☐ No	
	Annual work plan with a budget *(MOV-availability of current plan)*	☐ Yes ☐ No	
	Departmental work plans in place (*MOV-availability of current plan*)	☐ Yes ☐ No ☐ P	
1.1.4 The health facility management shall commit to the implementation of the Kenya Quality Model for Health (KQMH) (9)	Management allocates resources for implementation of quality improvement initiatives(*MOV- report on capacity development of staff on KQMH, budget, staffing*)	☐ Yes ☐ No ☐ P	
	Mission and vision statements are aligned to the county/national health sector's mission and vision *(MOV- confirm alignment with Kenya Health Policy)*	☐ Yes ☐ No ☐ P	
1.1.5 The health facility management shall have a designated quality improvement team (QIT).	Quality improvement team appointed with terms of reference *(MOV- HR records)*	☐ Yes ☐ No	
	QIT coordinator appointed with terms of reference *(MOV-HR records)*	☐ Yes ☐ No	

Quality Standard	*Requirement*	*Score (tick appropriate box)*	*Remarks*
	QIT meets at least once every quarter. *(MOV-minutes)*	☐ Yes ☐ No	
	All Work Improvement Teams (WITs) meet monthly *(MOV-minutes)*	☐ Yes ☐ No	
1.1.6 The health facility shall comply with ethical principles.	Documented procedure for administrative consent for undertaking of health interventions and research (MOV-*Documented procedure*)	☐ Yes ☐ No	
	Documented procedure for monitoring adverse effect of health interventions and research *(MOV-Documented procedure)*	☐ Yes ☐ No	
1.2 Management Review and Continuous Improvement			
1.2.1 Management shall continually review the facility operations	Facility management team meets on a monthly basis *(MOV- Minutes)*	☐ Yes ☐ No	
	Facility holds monthly clinical meetings (*MOV-Minutes)*	☐ Yes ☐ No	
	Quality management review meetings are held on a quarterly basis. *(MOV-Minutes)*	☐ Yes ☐ No	

Quality Standard	*Requirement*	*Score (tick appropriate box)*	*Remarks*
	Clear quality improvement agenda for the meetings (to include among others results of self-assessment; Customer satisfaction feedback; Process performance; Status of preventive and corrective actions; Risk management; Follow-up actions from previous management reviews; Recommendations for improvement) *(MOV-Minutes for management review meetings)*	☐ Yes ☐ No ☐ P	
1.2.2 Management shall support staff to engage in a continuous quality improvement process.	Areas for improvement are identified through biannual quality assessments (*MOV- report on identified areas for improvement*).	☐ Yes ☐ No ☐ P	
	Facility implementation of quality improvement plans *(MOV- reports on quality improvement projects)*	☐ Yes ☐ No ☐ P	
1.2.3 The facility shall carry out regular quality review and assessment of the effectiveness of its quality improvement initiatives	Self-assessment carried out biannually *(MOV- assessment reports)*	☐ Yes ☐ No ☐ P	
1.2.4 The facility shall evaluate benefits of improvement interventions at least	The facility evaluates benefits of improvement interventions at least once annually *(MOV- evaluation report)*	☐ Yes ☐ No ☐ P	
	The facility disseminates success stories and lessons learnt at least once annually.	☐ Yes ☐ No	

Quality Standard	*Requirement*	*Score (tick appropriate box)*	*Remarks*
once annually and success stories and lessons learnt communicated	(*MOV- minutes/report of dissemination meetings/ brochures/ social media/ internet links)*	☐ P	
1.3 Risk Management			
The facility has in place measures to reduce or eliminate clinical risks	The facility conducts risk assessment for all clinical services (*MOV- risk assessment report)*	☐ Yes ☐ No	
	The facility has put in place measures to mitigate the identified risks *(MOV- mitigation plan/report)*	☐ Yes ☐ No	

Dimension 2: Human Resources Management and Development

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
2.1 The health facility is adequately staffed as per the established HRH norms and standards.	Facility is staffed as per established HRH norms *(MOV-HR records)*	☐ Yes ☐ No	
	Facility has a documented procedure for task shifting or responsibility sharing between different professional cadres *(MOV-documented protocol)*	☐ Yes ☐ No	
2.2 The health facility maintains an updated record of all staff.	Facility has an up to date personnel file that contains the following at a minimum:		
	– Registration with relevant professional bodies. *(MOV-personnel file with listed documents*. Sample 5 files)	☐ Yes ☐ No ☐ P	
	– Relevant academic certificates *(MOV-personnel file with listed documents*. Sample 5 files)	☐ Yes ☐ No ☐ P	
	– Current curriculum vitae (*MOV-personnel file with listed documents*. Sample 5 files)	☐ Yes ☐ No ☐ P	
	– Letters of appointment (*MOV-personnel file with listed documents*. Sample 5 files)	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	– Signed job description (*MOV-personnel file with listed documents*. Sample 5 files)	☐ Yes ☐ No ☐ P	
2.3 The health facility implements staff performance appraisal.	Management staff have signed their annual performance contracts (*MOV- HR records for updated performance contracts)*	☐ Yes ☐ No ☐ P	
	Staff appraised at least once in a year *(MOV-personnel file* with appraisal documents)	☐ Yes ☐ No ☐ P	
	Recommendations of the appraisals implemented by the HR *(MOV-documented actions on recommendations)*	☐ Yes ☐ No ☐ P	
2.4 Facility staff engages in continuous medical education.	Facility implements a continuous medical education programme *(MOV- HR records and schedule and file with minutes on CME sessions)*	☐ Yes ☐ No	
	All staff who provide direct patient care have received training in basic cardiopulmonary resuscitation and the training is repeated at least every two years *(MOV- HR records)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
2.5 Facility has staff motivation programme	Facility has a system for recognition and/or rewards of high achievers *(MOV-Administration records)*	☐ Yes ☐ No	
	Team building activity carried out at least once per year (*MOV-Administration records)*	☐ Yes ☐ No	
	Motivation plan communicated to all staff *(MOV- HR records)*	☐ Yes ☐ No	
2.6 There shall be an induction into service programme for all new staff.	There is an induction schedule for all the new staff. Induction to include but not limited to the organizational structure, work area, staff facilities, health & safety requirements and occupational hazards *(MOV-documented schedule)*	☐ Yes ☐ No ☐ P	
	Induction report countersigned by new staff and by the designated staff in the various departments within the health facility *(MOV-Induction reports filed in the staff files)*	☐ Yes ☐ No ☐ P	
2.7 The health facility shall allocate funds for training of staff as informed by capacity needs	Annual training needs assessment conducted and documented (*MOV-Training needs assessment for the current calendar* or *financial year)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Costed training schedule in place *(MOV-training schedule)*	☐ Yes ☐ No	
	Budget allocated for training *(MOV-administration records)*	☐ Yes ☐ No	
2.8 The health facility has in place a mechanism for knowledge management.	The facility has a documented procedure for sharing of new knowledge which includes schedule of knowledge management activities including feedback from training, conference reports, learning sessions *(MOV-documented procedure)*	☐ Yes ☐ No ☐ P	
2.9 The facility provides internship programme in accordance to MOH and other relevant guidelines	There is evidence of approval of the health facility to act as an internship centre *(MOV-Documented approval)*	☐ Yes ☐ No ☐ NA	
	There is a documented MoU between the health facility and training institution on internship programs *(MOV-Documented approval)*	☐ Yes ☐ No ☐ NA	
	There are documented guidelines for interns, students and registrars on attachment *(MOV- HR records)*	☐ Yes ☐ No ☐ NA	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	There is an up to date register for interns and students *(MOV- HR records)*	☐ Yes ☐ No ☐ NA	
2.10 Staff satisfaction shall be assessed and monitored.	The facility assess and monitor job satisfaction *(MOV- Staff satisfaction report)*	☐ Yes ☐ No	

Dimension 3: Policies, Standards and Guidelines

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
3.1 Health care facility shall align their operations with current Health Act, Kenya Health Policy and the Kenya Health Sector Strategic Plan.	The operation plan for the health facility is aligned to the current Health Act, Kenya Health Policy and KHSSP *(MOV-Current annual operational plan and objectives)*	☐ Yes ☐ No	
3.2 Health facilities shall, at the minimum, have the relevant policy and strategic documents available on site	The facility has in place all key policy documents and strategic plan including but not limited to the following: (*MOV- confirm availability of documents or internet access)*		
	– Current Kenya Health Policy	☐ Yes ☐ No	
	– Current Kenya Health Sector Strategic and Investment Plan	☐ Yes ☐ No	
	– Human Resources Norms and Standards	☐ Yes ☐ No	
	– Infrastructure Norms and Standards	☐ Yes ☐ No	
	– Previous year's annual performance report(s)	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
3.3 A management system shall be in place for the implementation and regular review of standard operating procedures	SOPs strategically displayed *(MOV-SOPs in each service delivery area)*	☐ Yes ☐ No ☐ P	
	Evidence that standard operating procedures and are reviewed at least once a year *(MOV- SOP with date of update displayed)*	☐ Yes ☐ No ☐ P	
3.4 Staff members are regularly updated on the current policies, standards and guidelines	There is a documented plan for updating staff on the current policies, standards and guideline (*MOV-documented plan)*	☐ Yes ☐ No	
3.5 Facility shall ensure the availability of standard clinical treatment guidelines.	The facility has relevant standard clinical treatment guidelines. *(MOV- confirm physical or virtual access)*	☐ Yes ☐ No	
	Use and adherence to guidelines is monitored. *(MOV-monitoring report)*	☐ Yes ☐ No	

Dimension 4: Facilities and Infrastructure

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
4.1 The health facility shall be planned, managed, and comply with the applicable guidelines, policies, gazette notices and regulations.	The design of the facility is approved by the relevant authorities. *(MOV-Approval of design)*	☐ Yes ☐ No	
	The design of the facility complies with the infrastructure norms and standards. *(MOV- Checklist for assessing and monitoring infrastructure)*	☐ Yes ☐ No	
4.2 Physical facilities and Environmental conditions			
4.2.1 The health facility layout shall provide adequate space for quality health service delivery, while ensuring safety of personnel, patients and visitors.	-The facility layout is appropriate for delivering health services. *(MOV- sample 1 outpatient and 2 inpatient service areas)*	☐ Yes ☐ No ☐ P	
	The service delivery rooms are well ventilated. *(MOV- sample 1 outpatient and 2 inpatient service area)*	☐ Yes ☐ No	
	The service delivery rooms are well lit. *(MOV- sample 1 outpatient and 2 inpatient service area)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	The service delivery rooms have the required equipment *(MOV- sample 1 outpatient and 2 inpatient service area)*	☐ Yes ☐ No	
	The service delivery rooms have hand hygiene facilities *(MOV- sample 1 outpatient and 2 inpatient service area)*	☐ Yes ☐ No ☐ p	
	The facility has an accessibility ramp for disabled/wheelchair patients *(MOV-observation)*	☐ Yes ☐ No	
4.2.2 Environment monitoring shall be done in all relevant areas.	Environmental monitoring done in all relevant areas for the following *(MOV- Monitoring log sheets, observation)*		
	☐ Humidity	☐ Yes ☐ No ☐ P	
	☐ Light	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	☐ Electrical supply	☐ Yes ☐ No ☐ P	
	☐ Temperature	☐ Yes ☐ No ☐ P	
	☐ Sound	☐ Yes ☐ No ☐ P	
	☐ Vibrations	☐ Yes ☐ No ☐ P	
	There is evidence of corrective action on opportunities identified for improvement in the following areas *(MOV-Documented plans for corrective measures)*		
	☐ Humidity	☐ Yes ☐ No ☐ P	
	☐ Light	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	☐ Electrical supply	☐ Yes ☐ No ☐ P	
	☐ Temperature	☐ Yes ☐ No ☐ P	
	☐ Sound	☐ Yes ☐ No ☐ P	
	☐ Vibrations	☐ Yes ☐ No ☐ P	
4. 3 Sanitation and Hygiene			
4.3.1 The health facility infrastructure shall be designed, constructed and maintained to facilitate proper cleaning and drainage, infection prevention and control and pest, rodents and scavenger control	The facility maintains smooth surfaces throughout to facilitate cleaning *(MOV-observation of evidence of smooth surfaces)*	☐ Yes ☐ No ☐ P	
	Design, construction and maintenance of the health facility allows fast drainage of water in sinks, wash basins, ablution and laundry area *(MOV-- interview maintenance staff and observation)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Maintenance of the health facility aids control of pests, rodents and scavengers *(MOV- interview public health staff and observation)*	☐ Yes ☐ No	
4.3.2 Facility shall ensure there is adequate safe running water at all times	Reliable sources of safe running water (*MOV- observation*)	☐ Yes ☐ No	
4.4 Management of waste and hazardous materials			
4.4.1 The health facility shall implement measures on use, handling, storage and disposal of hazardous materials and waste.	Safe location for hazardous materials and wastes *(MOV-physical facility or contract for outsourced services)*	☐ Yes ☐ No	
	Labelling of hazardous materials and wastes *(MOV-observation)*	☐ Yes ☐ No	
	Access to certified incinerator (MOV-Interview with staff)	☐ Yes ☐ No	
	Disposal protocols in place *(MOV- disposal protocls)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Facility reports incidents to allow corrective actions (*MOV- periodic reports)*	☐ Yes ☐ No	
	The facility has competent personnel responsible for waste disposal *(MOV-designated officer with terms of reference or contract in case of outsourced services)*	☐ Yes ☐ No	
4.5 Lighting and security			
4.5.1 The health facility shall have a reliable and stable power supply.	The facility has a reliable and stable power supply *(MOV-observation)*	☐ Yes ☐ No	
	The facility has a power back-up *(MOV-evidence of functional and serviceable power back-up equipment)*	☐ Yes ☐ No	
4.5.2 The health facility shall have adequate precautions to ensure the security of its premises, staff, patients and visitors	The facility has a documented security plan *(MOV-Documented security plan*	☐ Yes ☐ No	
	Facility implements the security plan *(MOV- fencing, security guards, metallic grills in relevant areas, secure locks)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
4.6 Disaster Management, Emergency preparedness, and risk reduction			
4.6.1 The health facility shall have in place measures to facilitate emergency preparedness, disaster management and risk reduction.	Training programs on emergency preparedness, disaster management and risk reduction *(MOV-HR records)*	☐ Yes ☐ No	
	Standard operating procedures on emergency preparedness, disaster management and risk reduction *(MOV-SOP)*	☐ Yes ☐ No	
	Fire, safety and security drills *(MOV- drills schedule and report)*	☐ Yes ☐ No	
	Emergency exits and fire assembly points *(MOV-Observation)*	☐ Yes ☐ No	
	Firefighting equipment *(MOV-Observation)*	☐ Yes ☐ No	
	First aid kits *(MOV-Observation)*	☐ Yes ☐ No	
	The facility has personnel responsible for emergency preparedness, disaster management and risk reduction *(MOV-HR records)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
4.7 Storage facilities			
The health facility shall provide for adequate storage space and conditions that maintain the quality of material stored therein.	The health facility has adequate storage space *(MOV-observation)*	☐ Yes ☐ No	
	The storage space is organized to allow for first expiry first out *(MOV-Bin cards and observation)*	☐ Yes ☐ No	
	The storage space has the right environmental conditions (temperature and humidity) *(MOV-temperature and humidity monitoring charts as applicable)*	☐ Yes ☐ No	
4.8 Amenities			
4.8 The health facility has amenities for staff and clients	Availability of changing rooms for staff *(MOV-observation)*	☐ Yes ☐ No	
	Availability of staff lounge *(MOV-observation)*	☐ Yes ☐ No	
	Adequate storage for staff's personal possessions *(MOV-observation)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Availability of safe drinking water *(MOV-interview staff)*	☐ Yes ☐ No	
	Clean and functional toilets are available for staff and clients *(MOV-observation)*	☐ Yes ☐ No	
	The facility has ablution services for the disabled (*MOV-observation)*	☐ Yes ☐ No	
4.9 Linen and laundry services			
4.9 The facility linen and laundry services are operated according to documented procedure.	The facility has a protocol for laundry and linen services which covers: – Collection and storage of contaminated linen – Cleaning of contaminated linen – Storage and distribution of clean linen *(MOV-Linen and laundry protocol)*	☐ Yes ☐ No	
	There is at least one functioning, fully automatic washing machine *(MOV-Observation)*	☐ Yes ☐ No	
	All laundry workers are trained *(MOV- HR records)*	☐ Yes ☐ No	
	The space in the laundry is adequate to deal with the calculated or estimated dry	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	weight of articles to be processed and the type of washing equipment. *(MOV-observation)*		
4.10 Health facility maintenance			
4.10 The healthcare facility infrastructure shall be maintained in a functional condition.	The facility has a maintenance unit with trained staff/ access to maintenance services *(MOV-HR records)*	☐ Yes ☐ No	
	The facility has a costed routine and periodic maintenance plan (*MOV-Maintenance plan*)	☐ Yes ☐ No	
	The facility implements the routine and periodic maintenance plans *(MOV-Reports of corrective actions, up to date service or service contracts for outsourced services)*	☐ Yes ☐ No	
4.11 Implementation of 5S			
The facility shall implement 5S in all its departments	All staff have been trained on 5S (*MOV-Training log sheet)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Facility implements 5S in all its departments *(MOV-Observation, implementation reports)*	☐ Yes ☐ No ☐ P	
	Implementation of 5S monitored and evaluated *(MOV- 5S audit reports)*	☐ Yes ☐ No	

Dimension 5: Supplies Management

Standard	Requirements	Score (tick appropriate box)	Remarks
5.1 Planning for procurement			
Approved plans for procurement of goods and services are available and incorporated in the facility budget.	The facility has an approved procurement plan *(MOV-Documented plan for current financial/calendar year, minutes)*	☐ Yes ☐ No	
	The procurement plan is incorporated in the facility budget. *(MOV-Approved budget)*	☐ Yes ☐ No	
5.2 Prequalification of suppliers			
Prequalification of suppliers shall be done in line with guidelines and regulations.	The facility carries out the prequalification of suppliers *(MOV-List of pre-qualified suppliers/vendors, licences of supplies)*	☐ Yes ☐ No	
	The facility evaluates performance of suppliers annually (*MOV- Minutes of evaluation meetings*)	☐ Yes ☐ No	
5.3 Procedure for procurement			
There shall be a documented procedure for ordering, reception and	The facility has qualified personnel designated to handle procurement *(MOV-HR records)*	☐ Yes ☐ No	

Standard	Requirements	Score (tick appropriate box)	Remarks
storage of goods and services.	An inventory management system is in place *(MOV-confirm for paper based or electronic system)*	☐ Yes ☐ No	
	Specifications for all products and services to be procured are in place *(MOV-List/log sheet of specifications)*	☐ Yes ☐ No ☐ P	
	The inventory records are up to date *(MOV-Inventory book)*	☐ Yes ☐ No ☐ P	
	Goods stored according to manufacturer's specification *(MOV-sample 3 items each from pharmacy stores, laboratory, general store and food store)*	☐ Yes ☐ No ☐ P	

Dimension 6: Equipment Management

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
6.1 The health facility shall have adequate equipment as per scope of service.	The facility has a defined list of equipment and quantities required to provide each of the services offered *(MOV-File with list of equipment)*	☐ Yes ☐ No	
	The facility has adequate number of functional equipment as per the scope of service *(MOV-Sample three service delivery areas one for routine outpatient care, support services and inpatient care)*	☐ Yes ☐ No	
	The facility verifies that upon installation and before use, equipment is capable of achieving the necessary performance and complies with relevant requirements. *(MOV- Records of installation, records of validation and verification)*	☐ Yes ☐ No	
6.2 There shall be an updated inventory for all equipment in the facility.	The facility has an updated inventory of all equipment which should include: *(MOV-Equipment inventory book or log sheet)*		
	– Identity of equipment	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	– Manufacturer ‘s name, model and serial number or other unique number	☐ Yes ☐ No	
	– Contact information for the supplier or manufacturer	☐ Yes ☐ No	
	– Date of receiving and installation at facility	☐ Yes ☐ No	
	– Location	☐ Yes ☐ No	
	– Condition when received	☐ Yes ☐ No	
	– Acceptance testing reports	☐ Yes ☐ No	
	– Preventive maintenance records	☐ Yes ☐ No	
	– Service records	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
6.3.Donated equipment received by the facility shall meet the national policy, standards and facility specifications	The facility has access to National Policy on handling of donated equipment (*MOV-availability of the policy)*	☐ Yes ☐ No	
	The facility has standard operation procedures for receiving donated equipment aligned to national policy, standards and facility specification *(MOV- availability of SOP)*	☐ Yes ☐ No	
6.4 All equipment shall be operated by trained and authorized personnel.	The facility equipment is operated by trained and authorised personnel (*MOV-HR records)*	☐ Yes ☐ No ☐ P	
6.5 Operation manuals on the use, safety and maintenance of equipment are available.	All equipment have operation manuals/SOPs for use, safety and maintenance. *(MOV – manuals available on site)*	☐ Yes ☐ No ☐ p	
	Equipment operation manuals are in a language that is understood by users *(MOV – observation of manuals)*	☐ Yes ☐ No ☐ P	
6.6 All equipment shall be maintained in a functional condition.	There is a preventive and periodic maintenance plan for all equipment in the facility *(MOV-Maintenance plan)*	☐ Yes ☐ No	
	All equipment monitored in accordance with the manufacturers' specifications and applicable standards *(MOV-Sample one equipment from the support services)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	The facility has designated personnel for equipment maintenance or service contracts for maintenance with suppliers/manufacturers *(MOV- evidence of designation or contract for out sourced services)*	☐ Yes ☐ No	
	There is a system for calibration and validation of equipment *(MOV-Quality assurance log sheets/reports)*	☐ Yes ☐ No	
6.7 Disposal of equipment			
6.7 There shall be a procedure for disposal of obsolete equipment in line with current regulation	The facility has a procedure for the disposal of obsolete equipment (MOV-SOPs)	☐ Yes ☐ No	
	The disposal is done in accordance with the guidelines and regulations *(MOV-Interview staff responsible equipment disposal)*	☐ Yes ☐ No	

Dimension 7: Transport and Fleet Management

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
7.1 The health facility shall have access to adequate and reliable transport facilities to support safe and effective service provision.	The facility has access to adequate number of utility vehicles (*MOV-feedback from administration)*	☐ Yes ☐ No	
	There is sufficient budget allocation for transport *(MOV-Facility plan with approved budget for transport, interview with staff)*	☐ Yes ☐ No	
7.2 The facility shall maintain all means of transport in a serviceable condition	The facility has protocols for the maintenance of means of transport (where applicable) *(MOV-availability of protocols)*	☐ Yes ☐ No ☐ N/A	
	Service schedules and maintenance records are available and up-to-date *(MOV- services schedules and maintenance records)*	☐ Yes ☐ No ☐ P ☐ NA	
7.3 There is a documented handover process for all vehicles.	There is documented SOP for the handover of all means of transport *(MOV-SOP available)*	☐ Yes ☐ No ☐ NA	
	Evidence of implementation of handover SOPs *(MOV- handover records)*	☐ Yes ☐ No ☐ NA	

Dimension 8: Referral System

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
8.1 The facility shall ensure that referral guidelines and SOPs are available and communicated to the relevant staff	National Referral Guidelines are available and accessible to relevant staff *(MOV- confirm availability/accessibility to the guidelines)*	☐ Yes ☐ No	
	Facility referral SOPs available and accessible to staff *(MOV-SOP available)*	☐ Yes ☐ No	
8.2. The health facility shall ensure that patients are referred in a timely manner to the appropriate health facility or specialist, while ensuring continuity of care and patient safety.	Patients referred within the time set in the service charter *(MOV- Interview responsible staff, files of last 5 referrals)*	☐ Yes ☐ No ☐ P	
	The facility has access to standard ambulance services at all times *(MOV-Observe for availability of ambulances/ service contracts)*	☐ Yes ☐ No	
	Facility ensures a competent staff member accompanies patient during referral *(MOV-Referral schedule/SOPs clearly displayed at service delivery areas)*	☐ Yes ☐ No	
	There is evidence that patients are referred to the appropriate health facility/specialist *(MOV- referral register)*	☐ Yes ☐ No	
	There is continuity of care/ life support for the patient while in transit	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	(MOV- SOPs/ Interview responsible staff)		
8.3 The referring facility effectively communicates with the receiving facility.	The facility provides round-the-clock functional and effective hotline service managed by competent personnel conversant with the management of referrals. *(MOV-call the hotline to confirm functionality)*	☐ Yes ☐ No	
	Referred patients are accompanied with duly filled referral documents containing at a minimum working diagnosis, investigations done, any other care provided (*MOV- sample referral documents)*	☐ Yes ☐ No ☐ P	
	Facility keeps referral records as per the National Referral Strategy *(MOV- referral register)*	☐ Yes ☐ No	
	Feedback is provided to the referring facility *(MOV-Quarterly referral reports)*	☐ Yes ☐ No	
	Contacts details of facilities and specialists to which patients are referred are available *(MOV- Document with emails addresses, telephone and physical addresses)*	☐ Yes ☐ No	
8.4 The health facility shall follow a documented procedure for handover of referred patients	The health facility has a documented procedure for receiving referred patients. This includes but is not limited to: *(MOV-Documented protocols and observation)*		
	Location for receiving referred patients	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Patient admission to the relevant unit and attendance by appropriate specialist *(MOV-Sample 5 patient files)*	☐ Yes ☐ No	
	Involvement of patients and their escorts in handover processes *(MOV-Interview 5 patients)*	☐ Yes ☐ No ☐ P	
8.5 Data on referrals/transfers is collected and used to continuously improve patient care and strengthen the referral system.	The facility collects, analyses and uses the data to continuously improve patient care and strengthen the referral system *(MOV- referral audit, and minutes from HMT discussing referral data)*	☐ Yes ☐ No	

Dimension 9: Health Records and Health Management Information Systems

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
9.1 The health facility shall have a system for data management	The health facility has data collection tools *(MOV-Observe at the records unit and one service delivery area)*	☐ Yes ☐ No	
	The health facility has periodic data analysis reports *(MOV-Filed reports)*	☐ Yes ☐ No	
	Results of analysis are disseminated to facility staff for decision-making *(MOV-Filed reports)*	☐ Yes ☐ No	
	Facility has adequate data storage equipment (Cloud, computers, hardcopy files) (*MOV- observation and discussion with responsible staff*)	☐ Yes ☐ No	
	The health facility has defined access rights for electronic data management systems (administrative passwords) *(MOV-Documented protocols)*	☐ Yes ☐ No	
	The health facility has a system for off-site backup and security	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	(MOV- Feedback from records department)		
9.2 The health facility shall upload data on the DHIS as per legal requirements.	The facility has more than one staff member with access rights to upload data onto DHIS (*MOV-user names and passwords of HMT members)*	☐ Yes ☐ No ☐ P ☐ NA	
	The facility uploads service delivery reports defined in the national DHIS manual (*MOV- confirm data upload onto DHIS)*	☐ Yes ☐ No ☐ P	
9.3 Patient management and interventions shall be documented and signed by relevant personnel.	The health facility has a defined minimum criteria of patient history and examination *(MOV-documented criteria)*	☐ Yes ☐ No	
	All treatments are documented and signed by relevant personnel *(MOV- sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Patients' records contain information on diagnosis, treatment, and follow-up steps *(MOV-sample 5 patient files)*	☐ Yes ☐ No	
	Patients identification data include at least the following:		

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
9.4 Patients records shall have minimum identification data.	*(MOV-Sample 5 patients records)*		
	– Name	☐ Yes ☐ No	
	– Unique patient identification	☐ Yes ☐ No	
	– Patients ID number (where applicable)	☐ Yes ☐ No	
	– Date of birth/ age	☐ Yes ☐ No	
	– Sex	☐ Yes ☐ No	
	– Residence	☐ Yes ☐ No	
	– Contacts	☐ Yes ☐ No	
	– Next of kin	☐ Yes ☐ No	
9.5 Medical records shall contain complete, legible and easily traceable information.	All medical records are complete and legible *(MOV-Sample 5 patient records from outpatient and inpatient)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Medical records are retrievable within the timeframe stipulated in the service charter *(MOV-Feedback from HR department/ observation)*	☐ Yes ☐ No	
9.6 Records and information shall be protected from loss, destruction, tampering and unauthorized access or use.	There are guidelines/SOPs for operating the registry to ensure there is no loss, destruction, tampering and unauthorized access to records and information *(MOV- SOP, file movement register)*	☐ Yes ☐ No ☐ P	
	Facility has a secure registry *(MOV-lockable doors, grills, fireproof cabinets, passwords for electronic systems)*	☐ Yes ☐ No	
	Patient records are handled in a confidential manner *(MOV- all staff have filled confidentiality forms)*	☐ Yes ☐ No ☐ P	
9.7 All births and deaths occurring in health facility are recorded and relevant authorities notified.	There is an up to date birth register/ *(MOV-register/ notification book)*	☐ Yes ☐ No	
	There is an up to date death register *(MOV-register, notification book/ burial permit)*	☐ Yes ☐ No	

Dimension 10: Financial Management

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
10.1 The facility shall manage its finances based on policies and/or standard operating procedures	The health facility has standard operating procedures to guide financial management *(MOV-confirm for availability of SOPs)*	☐Yes ☐No	
	Duties are appropriately segregated so that no transaction is handled by one finance team member from start to completion *(MOV-Financial management protocols)*	☐Yes ☐No ☐P	
	Bank accounts managed only on the strength of management board/committee resolution *(MOV-Financial management protocols)*	☐Yes ☐No ☐P	
	The facility carries out annual internal audits *(MOV- audit reports)*	☐Yes ☐No ☐P	
	The facility carries out annual external audits *(MOV- audit reports)*	☐Yes ☐No ☐P	
10.2 The facility shall budget for finances in line with the strategic and annual work plans.	Budgets aligned to the facility's annual work plan and strategic plan *(MOV-Facility's operational plan with budget)*	☐Yes ☐No ☐P	
	Budgets approved by the management board *(MOV- Relevant minutes of board meeting)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	The health facility has a designated budget for implementing quality improvement interventions within the annual work plan (*MOV- Budget*)	☐ Yes ☐ No ☐ P	
10.3 The facility shall maintain financial records to allow for continuous monitoring of income and expenditure in relation to performance data	The facility monitors its income and expenditure in relation to performance data *(MOV- minutes of meetings where monitoring information is discussed)*	☐ Yes ☐ No	
10.4 The health facility shall have mechanisms for credit management/waiver and exemption from payment for patients who are not able to pay for services	There is a documented procedure for credit monitoring/waiver *(MOV- availability of waiver document)*	☐ Yes ☐ No	
	There is a documented procedure for exemptions *(MOV- availability of exemptions document)*	☐ Yes ☐ No	

DIMENSION 11: PROCESSES

Each facility implementing the KQMH standards will endeavour to improve all processes within its operations in the spirit of continuous quality improvement. This shall involve systematic identification of process(s) or area(s) for improvement; planning and target setting for improvement; implementation of improvement initiative; monitoring of improvement; and evaluation of initiatives. This section identifies the core areas required to address current pressing challenges in quality of care within Kenyan health facilities.

11.1 Outpatient Services

Standard	*Requirements*	*Score (tick off the appropriate box)*	*Remarks*
11.1.1 The facility shall plan and implement outpatient services in line with MOH policies and strategies			
11.1.1.1 All patients cared for by the health facilities have their health care needs identified through an assessment process that has been defined by the hospital	The minimum requirements of history taking and physical examination of patients is defined for each clinical discipline(MOV- SOPs)	☐ Yes ☐ No ☐ P	
	Availability of vital signs observation tools, at minimum, thermometer and blood pressure machines *(MOV-observation)*	☐ Yes ☐ No ☐ P	
	Availability of patient examination tools, at minimum, stethoscope and diagnostic kits *(MOV-observation)*	☐ Yes ☐ No ☐ P	
	Facility takes vital signs for all patients *(MOV-Sample 5 patient case files)*	☐ Yes ☐ No ☐ P	
11.1.1.2 The facility provides health education that	The hospital plans education consistent with its mission, services, and patient population.	☐ Yes	

Standard	*Requirements*	*Score (tick off the appropriate box)*	*Remarks*
supports patient and family participation in their care decisions and care processes.	*(MOV-Schedule with topics)*	☐ No ☐ P	
	There is an established structure for health education throughout the hospital. *(MOV-Schedule with topics)*	☐ Yes ☐ No ☐ P	
11.1.1.3 The facility shall establish nutrition plans and procedures to ensure the provision of comprehensive nutrition services.	Nutrition assessment carried out for all patients *(MOV-Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Nutrition assessment tools available, at a minimum, MUAC tapes, BMI calculator, weight/height board (*MOV-Observation*)	☐ Yes ☐ No ☐ P	
	Nutrition counselling services offered to all patients *(MOV-Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Availability of supplementary and therapeutic feeds e.g. FM 75, 100 and *Plumpy Nut* (*MOV- Observation*)	☐ Yes ☐ No ☐ P	
	Micronutrient supplements provided as per patient categorization e.g. iron, folate, Vitamin A, Zinc (*MOV-Sample 5 patient case files)*	☐ Yes ☐ No ☐ P	
	Nutrition services provided by qualified staff (*MOV- HR records*)	☐ Yes ☐ No ☐ P	
	Availability of all KEPI vaccines	☐ Yes	

Standard	*Requirements*	*Score (tick off the appropriate box)*	*Remarks*
11.1.1.4 The facility shall establish procedures to ensure the provision of primary immunization services.	(*MOV- Observation of inventory; stock-outs of any antigens in the preceding 90 days)*	☐ No ☐ P	
	Cold chain facilities are available (*MOV- Observe monitoring charts and vaccine vial monitor*)	☐ Yes ☐ No ☐ P	
	Immunization services provided on a daily basis from Monday to Friday (*MOV-Check immunization register)*	☐ Yes ☐ No ☐ P	
11.1.1.5 The facility shall establish procedures to ensure the provision of comprehensive emergency services.	Availability of emergency tray with essential resuscitation drugs (*MOV- observation)*	☐ Yes ☐ No ☐ P	
	Availability of resuscitation equipment, at a minimum, ambubag, suture pack (*MOV- observation)*	☐ Yes ☐ No ☐ P	
	Availability of staff trained on basic life support (*MOV-HR Records*)	☐ Yes ☐ No ☐ P	
	Response time for all emergency cases is defined and adhered to (*MOV- emergency response protocol; sample 5patient files*)	☐ Yes ☐ No ☐ P	
	Resuscitation drills carried out for all clinical staff, at least once every quarter	☐ Yes	

Standard	*Requirements*	*Score (tick off the appropriate box)*	*Remarks*
	(*MOV-Drills plan and report)*	☐ No ☐ P	
11.1.1.6 The facility shall provide comprehensive management of locally endemic conditions	Facility operates daily at designated times in accordance with level of care (*MOV-patient service charter)*	☐ Yes ☐ No ☐ P	
	Facility follows protocols and guidelines for diagnosis of endemic conditions *(MOV- SOP; Sample 5 patient case files)*	☐ Yes ☐ No ☐ P	
	Facility follows protocols and guidelines for treatment of endemic conditions *(MOV- SOP; Sample 5 patient case files considering disease profile of the area where facility is located)*	☐ Yes ☐ No ☐ P	
	Referral protocols available (*MOV- Observation)*	☐ Yes ☐ No ☐ P	
11.1.1.7 The facility shall provide high quality maternal health and family planning services.	Complete physical examination is carried out for all pregnant women seeking ANC services. *(MOV-ANC register)*	☐ Yes ☐ No ☐ P	
	ANC profile for all antenatal mothers performed and reviewed. (*MOV- Sample 5 patient records*)	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick off the appropriate box)*	*Remarks*
	The facility provides individualized care to all antenatal mothers based on physical, laboratory and other diagnostic examinations. *(MOV- Sample 5 patient records)*	☐ Yes ☐ No ☐ P	
	Availability of both short and long acting methods of family planning *(MOV-FP register; inventory)*	☐ Yes ☐ No ☐ P	
	Postnatal care provided to all mothers and newborns for at least 24 hours before discharge *(MOV-Postnatal service register)*	☐ Yes ☐ No ☐ P	
	Availability of cervical cancer screening services *(MOV-Cervical cancer screening register)*	☐ Yes ☐ No ☐ P	
11.1.2 The facility has a mechanism in place to involve the community in service provision	Facility includes community participants in relevant committees *(MOV-Minutes, management files for committee constitution)*	☐ Yes ☐ No ☐ P	
	There is a feedback mechanism to address complaints and suggestions from the community *(MOV-reports)*	☐ Yes ☐ No ☐ P	
11.1.3 The facility has a system for prevention, control and surveillance of locally endemic conditions	The facility conducts surveillance of diseases of public health importance according to MOH recommendations (*MOV- monthly surveillance reports*)	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick off the appropriate box)*	*Remarks*
	Protocols for management of disease outbreaks are available and in use *(MOV-Protocols)*	☐ Yes ☐ No ☐ P	
	Water samples are collected from community water sources periodically for bacteriological and chemical analysis, analysed and reports given to authorities and the community. *(MOV- Reports)*	☐ Yes ☐ No ☐ P	

11.2 Patient Centred Care

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.2.1.The facility shall have a mechanism to protect the patient's rights	Patient rights charter displayed conspicuously in waiting areas. *(MOV-Observation)*	☐ Yes ☐ No	
	Regular sensitization of patients on their rights *(MOV- schedule/record)*	☐ Yes ☐ No	
	Patients sign consent forms for medical procedures where required *(MOV- Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Facility assures that patients get full range of services regardless of their religious, economic or social status *(MOV- protocol in place)*	☐ Yes ☐ No ☐ P	
11.2.2 Health care providers in the facility shall empower and enable patients/clients to actively participate in their care processes.	All service providers wear tags with name and designation visible to patients at all times *(MOV- observation name and designation tags)*	☐ Yes ☐ No ☐ P	
	Cost of services and any insurance rebates that apply to the patient are displayed or available to the patient. *(MOV-observation)*	☐ Yes ☐ No ☐ P	
	Patients are fully informed on risks and benefits of care given and a written consent obtained from the patient *(MOV- Consent forms)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	The patient and next of kin are supported to cope with debilitating effects of illness/disability *(MOV-Counselling facilities, prayer rooms, referral options to appropriate facilities)*	☐ Yes ☐ No ☐ P	
	Dignity and privacy in relation to patients' care and support is provided (*MOV- patient screens, lockable doors*)	☐ Yes ☐ No ☐ P	
	There is linkage to social and community networks for patient support and care *(MOV- List/inventory of support groups/networks)*	☐ Yes ☐ No ☐ P	
11.2.3 The views of patients/clients and their level of satisfaction shall be assessed	The facility assesses clients' views and level of satisfaction at least once every four months *(MOV- client satisfaction report)*	☐ Yes ☐ No ☐ P	
	Recommendations are acted upon in improvement plans. *(MOV- progress report)*	☐ Yes ☐ No ☐ P	
11.2.4 The facility shall provide a mechanism for client/patient feedback	The facility provides a complaint and compliments box/ book *(MOV-evidence of analysis of feedback results)*	☐ Yes ☐ No	
	A telephone number for patients to provide feedback through is displayed. *(MOV-Observation)*	☐ Yes ☐ No	
	Client feedback analysed and acted upon *(MOV- progress/status report)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.2.5 The facility shall provide amenities for patients and visitors with disabilities	The facility has protocols to follow when dealing with patients with visual and hearing impairments *(MOV-Documented protocols, availability of trained personnel, signage)*	☐ Yes ☐ No ☐ P	
	The facility has provision for ease of movement for the physically handicapped	☐ Yes ☐ No ☐ P	
11.2.6 The facility implements a mechanism to improve accuracy of patient identification.	Patients are identified using at least two identifiers *(MOV-Protocol in place; sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Each patient is provided a hospital bracelet with unique identifier *(MOV- Observe for armband with unique identifier)*	☐ Yes ☐ No ☐ P	
	The same identification is consistently used throughout the care process *(MOV-Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Patients are identified before providing treatments and procedures *(MOV-Protocol in place; sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Patients are identified before undergoing any diagnostic procedures *(MOV-Protocol in place)*	☐ Yes ☐ No ☐ P	
	The facility is implementing a system of reporting, investigation	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	and change management to respond to any patient care mismatching events (*MOV- Documentation of this system, relevant reports)*		
11.2.7 There shall be a pain management protocol as per level of patient care	Pain management protocols are available (*MOV- Observation*)	☐ Yes ☐ No	
	The facility implements processes for addressing the patient's needs for appropriate assessment and management of pain. *(MOV- sample clinical notes)*	☐ Yes ☐ No ☐ P	
11.2.8 The facility shall have a procedure for the care of terminally ill patients	Facility provides individualized plan for palliative care of the terminally ill patient *(MOV- Availability of palliative care plan)*	☐ Yes ☐ No ☐ P	
11.2.9 The facility shall provide for respectful care of the deceased	There is use of written procedures for handling cases of bereavement, performing culturally appropriate last offices, handling of the body and handover to funeral services or last rites as appropriate *(MOV-SOP)*	☐ Yes ☐ No ☐ P	
	There is debriefing and support supervision for care providers to cope with stressful encounters/situations (*MOV- SOP, interview with health providers*)	☐ Yes ☐ No ☐ P	
	Facility provides for standardized, documented procedures on embalming, autopsies, issuance of burial permit as appropriate (*MOV- documented procedure)*	☐ Yes ☐ No ☐ P	

11.3 Infection Prevention and Control

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.3.1 The health facility shall have in place an infection prevention and control governance structure as per the national IPC policy and guidelines	A multidisciplinary IPC committee/ unit in place, with terms of reference *(MOV- Minutes of monthly meetings, clinical reports, appointment letters for committee members)*	☐ Yes ☐ No	
11.3.2 The health facility shall ensure infection prevention and control practice is in accordance with the approved national IPC guidelines and policies	A plan in place to continuously update staff knowledge on infection prevention and control practices *(MOV- Work plans, training schedules, clinical audit schedule)*	☐ Yes ☐ No ☐ P	
	The facility carries out quarterly audits on IPC to support implementation and adherence to IPC standard precautions. The report should include the following areas: *(MOV- Audit reports)*		
	☐ Hand hygiene	☐ Yes ☐ No ☐ P	
	☐ Waste management	☐ Yes ☐ No ☐ P	
	☐ Respiratory hygiene	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	☐ Occupational exposure management	☐ Yes ☐ No ☐ P	
	☐ Personal protective equipment	☐ Yes ☐ No ☐ P	
	☐ Care of linen	☐ Yes ☐ No ☐ P	
	☐ Isolation	☐ Yes ☐ No ☐ P	
	☐ Food handling	☐ Yes ☐ No ☐ P	
	☐ Management of care equipment	☐ Yes ☐ No ☐ P	
	☐ Control of environment	☐ Yes ☐ No ☐ P	
11.3.3The health facility shall periodically conduct	There facility carries out quarterly healthcare associated infections surveillance.	☐ Yes	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
healthcare associated infections surveillance in accordance with the National IPC guidelines.	(*MOV-Surveillance reports*)	☐ No	
11.3.4 The health facility shall have a plan for management of hazardous occupational exposure of health staff	There is a plan for occupational exposure management of staff health. *(MOV- staff immunization schedules, pre and post-exposure prophylaxis guidelines, needle stick injuries record book)*	☐ Yes ☐ No ☐ P	
11.3.5 The health facility shall ensure adequate IPC supplies at all times	There is mechanism to ensure adequate IPC supplies at all times (*MOV- inventory of IPC supplies lasting at least 6 months)*	☐ Yes ☐ No ☐ P	

11.4 Inpatient Care

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.4.1 The management shall ensure that the facility has adequate resources and skills to provide quality inpatient care	Adequate beds are available and Functional. There are no patients sharing beds. (*MOV-Observation)*	☐ Yes ☐ No ☐ P	
	Each patient has access to a nurse call system at all times. (*MOV-Observation)*	☐ Yes ☐ No ☐ P	
	There are ward screens (*MOV-Observation)*	☐ Yes ☐ No ☐ P	
	Mattresses, bed linen, towels and gowns for patients are available, in good condition and in use (*MOV-Observation)*	☐ Yes ☐ No ☐ P	
	Equipment for facilitating patients' mobility are available and in good condition. (*MOV-Observation)*	☐ Yes ☐ No ☐ P	
	Equipment and materials for monitoring patients' vital signs are provided. (*MOV-Observation)*	☐ Yes ☐ No ☐ P	
11.4.2 The facility shall ensure triaging of patients is conducted based on the patient's/clients condition	Facility develops and uses protocols for triaging of patients *(MOV- Triage protocol AND Tagging of Patients or patent files)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.4.3 The health facility shall ensure that comprehensive patient assessment is conducted	The facility carries out comprehensive assessment of the patient, which includes patients' biodata, history of present illness, past medical history, family history and social history upon admission (*MOV- outpatient form, patient's cardex, admissions register)*	☐ Yes ☐ No ☐ P	
	The facility documents baseline vital signs *(MOV- observations chart, fluid charts, nursing care plan, cardex)*	☐ Yes ☐ No ☐ P	
11.4.4 The health facility shall categorize patients into the prescribed level of care	The health facility has a displayed protocol for categorization of patients for prescribed levels of care: Category "A" critical , Category "B" unstable Category "C" stable (*MOV- Arrangement of patients according to their categorized level of care, documented protocol of care offered to the patient)*	☐ Yes ☐ No ☐ P	
11.4.5 The health facility shall continuously carry out episodic patient assessment	The facility carries out episodic patient assessment and records vitals in the appropriate charts of care *(MOV- Observations chart, fluid charts, nursing care plan, Cardex)*	☐ Yes ☐ No ☐ P	
11.4.6 The facility shall have in place standardized diagnostics and treatment processes	Facility follows protocols and guidelines for diagnostics and treatment *(MOV- SOP; Sample 5 patient case files)*	☐ Yes ☐ No ☐ P	
	Facility follows standardized procedure for handover of patients between units *(MOV-SOP, clinical notes)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.4.7 The health facility shall administer and document prescribed medication using the 5R principle	The facility administers prescribed medication using the 5R principle - right patient, right drug, right dosage, right route, right time - and documentation done in the treatment sheet and patient's cardex *(MOV- protocol of drug administration, cardex, 5 treatment sheets*)	☐ Yes ☐ No ☐ P	
11.4.8 The health facility shall ensure full documentation of all procedures is correctly done	Documentation of all procedures is done in the relevant charts/ sheets (*MOV- cardex, fluid/feeding charts, treatment sheet, turning sheet, observation charts, nursing care plan)*	☐ Yes ☐ No ☐ P	
11.4.9 The facility shall have a documented standardized process for conducting ward rounds	Facility provides for daily scheduled ward rounds and other clinical reviews of patients *(MOV-Schedules for ward rounds)*	☐ Yes ☐ No ☐ P	
	Facility staff follow guidelines and procedures for inter-professional consultation meetings and case conferences *(MOV-Schedules)*	☐ Yes ☐ No ☐ P	
11.4.10 The facility shall categorize nutrition status of all inpatients and provide culturally sensitive food and drinks for inpatient care	Assessment of nutritional status of all patients is done on admission and continuously monitored (*MOV-Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Dietary counselling and feeding support is provided by nutritionists or other competent staff *(MOV- Schedules for nutritionists)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	A suitably qualified and/or experienced person advises on meal development *(MOV-HR Records)*	☐ Yes ☐ No ☐ P	
	There is a planned weekly menu that is adhered to *(MOV- Updated facility patient menu)*	☐ Yes ☐ No ☐ P	
	Facility provides inpatients with culturally sensitive food *(MOV-Interview 5 inpatients)*	☐ Yes ☐ No ☐ P	
11.4.11 The facility shall put in place measures for prevention of falls and patient mobilization to prevent bed sores, stress ulcers, thrombosis	Facility provides protocols for prevention of falls (*MOV- availability of protocols)*	☐ Yes ☐ No ☐ P	
	Facility provides protocols for patient mobilization to prevent bed sores, stress ulcers, thrombosis (*MOV- availability of protocols)*	☐ Yes ☐ No ☐ P	
	Measures are in place to prevent immobility and prevent the complications of immobility. (*MOV-SOPs)*	☐ Yes ☐ No ☐ P	
	There is evidence that the patient, when confined to bed or immobile, receives assistance with lifting, moving, positioning, turning in bed and transferring from and back to bed. (*MOV-Observation; interview 5 patients)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	There is evidence that pressure relieving techniques (care of skin, turning in bed on schedule, observing and preventing potential bedsores) are implemented and documented. (*MOV-SOPs: Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Patients receive professional physiotherapy care and assistance with rehabilitation if required. (*MOV-SOPs)*	☐ Yes ☐ No ☐ P	
11.4.12 The facility shall have a documented patient discharge mechanism	Facility has a documented discharge protocol (*MOV- availability of protocol)*	☐ Yes ☐ No	
	There is documentation of discharge of patient against medical advice *(MOV-Discharge Against medical advice forms)*	☐ Yes ☐ No ☐ P	

11.5 Accidents and Emergency

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.5.1 The health facility shall ensure that the accident and emergency department has adequate resources and skills to provide quality emergency care	Facility has adequate number of licensed skilled staff *(MOV- HR records)*	☐ Yes ☐ No	
	Healthcare workers involved in adult emergency care have additional training on Basic Life Support and Advanced Life Support *(MOV-HR records)*	☐ Yes ☐ No ☐ P	
	Healthcare workers involved in paediatric emergency care have additional training on Basic Life Support and Pediatric Advanced Life Support *(MOV-HR records)*	☐ Yes ☐ No ☐ P	
	Facility has adequate emergency equipment and Supplies, fully stocked resuscitation trolley *(MOV-inventory of emergency equipment and supplies)*	☐ Yes ☐ No ☐ P	
11.5.2 The facility shall ensure that triaging is conducted according to current guidelines	Triage guidelines in place *(MOV-Observation)*	☐ Yes ☐ No	
	Triage turn-around time is defined *(MOV-quarterly report on assessment of turn-around-time)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	A record of patient volumes based on the different triage categories is maintained *(MOV- triaging register)*	☐ Yes ☐ No	
11.5.3 The health facility shall ensure that evidence-based emergency care guidelines are available and effectively applied within the Emergency Department	Algorithms for trauma and medical emergencies are available *(MOV- availability of algorithms)*	☐ Yes ☐ No ☐ P	
11.5.4 The facility shall ensure that turn-around times for emergencies is monitored and reviewed.	The following turn-around time is monitored:		
	– Door to Triage	☐ Yes ☐ No	
	– Door to Doctor/clinicians	☐ Yes ☐ No	
	– Laboratory Services	☐ Yes ☐ No	
	– Radiological Services	☐ Yes ☐ No	
	– Decision to Senior Review – Decision to referral	☐ Yes ☐ No	
	– Door to Disposition/Length of Stay in A&E *(MOV-Discharge, Admission, Referral)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Evidence that patients are seen within the time limits set by the triage guidelines *(MOV- quarterly report on assessment of turn-around time)*	☐ Yes ☐ No	
11.5.5 The facility shall evaluate morbidity and mortality data within the A&E department.	Facility maintains records of patients who return to the Emergency Department within 24 hours after being seen. *(MOV- A&E register)*	☐ Yes ☐ No	
	Review of all mortalities conducted within 24 hours of admission *(MOV- mortality audit report)*	☐ Yes ☐ No	
11.5.6 The facility shall provide emergency care, regardless of the ability to pay for service.	Availability and use of protocols for service fee waiver and exemption. *(MOV-protocols; waiver and exemptions register)*	☐ Yes ☐ No ☐ P	
11.5.7 The facility shall be prepared to handle mass casualties at all times	All staff are assessed quarterly on their knowledge of mass casualty management skills and the institutional procedures *(MOV-assessment report)*	☐ Yes ☐ No ☐ P	
	Facility conducts demo drills twice a year to test the facility's preparedness to manage mass casualties *(MOV-drills report)*	☐ Yes ☐ No ☐ P	

11.6 Surgical Emergencies

Standard	*Requirements*	*Score (tick the appropriate box)*	*Remarks*
11.6.1 The surgical departments shall have adequate resources to provide quality emergency surgical care	Availability of surgical emergency response guidelines/protocols. *(MOV-accessible guidelines/ protocols)*	☐ Yes ☐ No	
	Adequate number of formally licenced clinical staff as per HRH norms and standards. *(MOV- Norms and standards and HR records)*	☐ Yes ☐ No	
	All surgical staff should have certification in trauma care and life support. *(MOV- HR records)*	☐ Yes ☐ No	
	Availability of adequate theatre equipment and supplies *(MOV- Observation and equipment inventory)*	☐ Yes ☐ No	
	Availability of adequate resuscitation equipment in all surgical clinical areas *(MOV- Observation and equipment inventory)*	☐ Yes ☐ No	
	Access to adequate blood supply *(MOV-interview clinical and laboratory staff)*	☐ Yes ☐ No	
	Two operating rooms available for elective and emergency surgery *(MOV-Observation)*	☐ Yes ☐ No ☐ NA	

Standard	*Requirements*	*Score (tick the appropriate box)*	*Remarks*
	Access to functioning support facilities (ICU, laboratory and rehabilitation services). *(MOV-interview clinical staff and observation)*	☐ Yes ☐ No	
11.6.2 The facility shall make provision for priority care of critically ill surgical patients	Categorization of patients based on their illness status. *(MOV-Protocol)*	☐ Yes ☐ No	
	The time from decision to operate to actual time of surgery is recorded in the patient notes. *(MOV-Sample 5 patient files)*	☐ Yes ☐ No	
	Application of escalation protocols to deal with deteriorating patients. *(MOV-Interview clinical staff)*	☐ Yes ☐ No	
	Daily scheduled ward rounds attended by a surgeon.*(MOV-Procedure manual, duty rota)*	☐ Yes ☐ No	
11.6.3 The health facility shall assure the safety of surgical patients.	All surgical patients' files have a filled-in safe surgical checklist (based on WHO prototype) and is signed by both the nurse and the surgeon. *(MOV- confirm with 5 patient files. See Appendix 8 for WHO prototype)*	☐ Yes ☐ No	
11.6.4 Non-operative patients shall be reviewed within no more than 24 hours after admission.	All emergency patients are discussed with the consultant surgeon. *(MOV- Confirm with patient notes for documentation of the decision)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick the appropriate box)*	*Remarks*
11.6.5 There shall be a structured delegation and handing-over process of emergency surgical cases.	Senior surgeon delegates responsibility for emergency surgical cases to appropriate staff (*MOV- documented procedure)*	☐ Yes ☐ No	
	All emergency cases undergo peer discussion *(MOV-Protocol)*	☐ Yes ☐ No	
	Documented handing over procedure available *(MOV-handing over procedure)*	☐ Yes ☐ No	
	The surgical unit carries out scheduled handover rounds with names of participants clearly documented. *(MOV- ward-round register)*	☐ Yes ☐ No	
11.6.6 The facility shall give each patient clear information on discharge and explain how to make contact with a healthcare professional if the need arises.	The surgical unit has a structured discharge summary with information on presenting complaints, clinical findings, investigation findings and treatment and discharge instructions. *(MOV-Sample 5 discharge notes)*	☐ Yes ☐ No ☐ P	

11.7 Anaesthesia

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
11.7.1 The management shall ensure that the facility has adequate resources and skills to provide quality anesthesia care	Each theatre in the hospital has one anaesthesia care provider attending to one patient per unit time. *(MOV- observation)*	☐ Yes ☐ No	
	Each theatre has at least one theatre technician adequately trained in assisting both the surgical and anaesthesia teams. (*MOV-HR records)*	☐ Yes ☐ No	
	Responsibilities for monitoring and reviewing anaesthesia services are defined and carried out *(MOV-SOP)*	☐ Yes ☐ No	
	All staff in clinical contact with patients under anaesthesia are appropriately trained in resuscitation skills. *(MOV-HR records)*	☐ Yes ☐ No ☐ P	
	Presence of theatre users committee to facilitate implementation of work plans. This committee has, at bare minimum, the theatre nurse in charge, the resident anaesthesia care provider, the resident surgeon/gynaecologist	☐ Yes ☐ No	

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
	and a member of the hospital administrative team. *(MOV- Documentation)*		
	The theatre committee meets at least quarterly and chart out theatre work plans as well as serve to review any critical incidents/outcomes in perioperative care. (*MOV-Minutes of meetings)*	☐ Yes ☐ No ☐ P	
	Availability of adequate anaesthesia equipment and supplies as outlined in the appendix (*MOV- Observation and equipment inventory)*	☐ Yes ☐ No ☐ P	
11.7.2 The facility management shall ensure that there is adequate space and recording material for peri-operative care	There is standard anaesthetic chart enabling contemporaneous documentation on perioperative care (*MOV-observation)*	☐ Yes ☐ No	
	The facility has adequate perioperative monitoring devices (*MOV- Observation and equipment inventory)*	☐ Yes ☐ No ☐ P	
11.7.3 The facility shall have in place a mechanism to ensure that pre-anaesthesia assessment is carried out for all patients scheduled to undergo surgery.	Pre-anaesthesia assessment is performed for patients scheduled to undergo surgery. *(MOV- clinical notes from patient records)*	☐ Yes ☐ No ☐ P	
	Separate pre-induction assessment is performed to re-evaluate patients immediately before the induction of anaesthesia *(MOV- SOP, patient clinical notes)*	☐ Yes ☐ No ☐ P	

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
	The patient, family, and/or decision makers are educated on the risks, benefits, and alternatives of anaesthesia. (*MOV-SOP)*	☐ Yes ☐ No ☐ P	
11.7.4 The facility shall ensure that each patient's anaesthesia care is planned and documented	The anaesthesia care of each patient is planned and documented in the patient's record. (*MOV-SOP; Patient clinical records)*	☐ Yes ☐ No ☐ P	
	The anaesthesia agent, dose and anaesthetic technique are documented in the patient's record. (*MOV-SOP; patient clinical records)*	☐ Yes ☐ No ☐ P	
11.7.5 The facility shall have procedures to ensure each patient is monitored during anaesthesia	All patients undergoing anaesthesia are monitored for circulation, ventilation and oxygenation on the minimum (*MOV- patient clinical records, SOP*)	☐ Yes ☐ No ☐ P	
	A medical practitioner whose sole responsibility is the provision of anaesthetic care for patients is constantly present from induction of anaesthesia until safe transfer to Recovery Room staff or Intensive Care Unit. *(MOV-SOP)*	☐ Yes ☐ No ☐ P	
11.7.6 The facility shall have adequate post-anaesthesia care unit facilities	Presence of a dedicated Post Anaesthesia Care Unit (*MOV-observation)*	☐ Yes ☐ No ☐ P	

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
	Presence of adequate staffing (MOV-HR records)	☐ Yes ☐ No ☐ P	
	Presence of adequate monitoring and emergency care equipment and drugs. (*MOV-observation; equipment inventory)*	☐ Yes ☐ No ☐ P	
	Availability of post anaesthesia to theatre bed ratio of at least 1:1.5 (*MOV-HR records)*	☐ Yes ☐ No ☐ P	
11.7.7 Each patient's post-anaesthesia status shall be monitored and documented	All patients are monitored during the post-anaesthesia recovery period. Particular attention is given to monitoring oxygenation, ventilation, circulation and temperature. (*MOV-SOP; patient clinical notes)*	☐ Yes ☐ No ☐ P	
	Observations are documented in the patient's clinical record. This should include at least, state of consciousness, colour, respiratory rate, oxygen saturation, pulse and blood pressure and level of pain. (*MOV-SOP; patient clinical notes)*	☐ Yes ☐ No ☐ P	
	Patients are discharged from the post-anaesthesia care unit in accordance with national guidelines (*MOV-SOP; patient clinical notes)*	☐ Yes ☐ No ☐ P	

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
	Staff record, for each patient, time recovery is started and time recovery phase is complete *(MOV-Patient's records; SOP)*	☐ Yes ☐ No ☐ P	
	All post anaesthesia patients are accompanied to the recovery room and adequately handed over to the nursing staff by the anaesthesia care provider.	☐ Yes ☐ No ☐ P	

11.8 Safe delivery

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
11.8.1 The health facility management shall avail skilled personnel, infrastructure and equipment to offer life-saving emergency and quality maternal care	The staff establishment for maternity services is as per the human resources norms and standards (*MOV- HR records*)	☐ Yes ☐ No	
	Maternity department has adequate equipment (See appendix for list of equipment) *(MOV- functional equipment)*	☐ Yes ☐ No ☐ P	
	Labour ward is clean, has adequate lighting and is optimally aerated (*MOV- Observation)*	☐ Yes ☐ No ☐ P	
11.8.2 The health facility shall ensure that all delivery unit staff provide respectful maternity care	Client rights protocol strategically placed *(MOV-observation)*	☐ Yes ☐ No	
	Client experience questionnaire administered at discharge *(MOV-monthly reports)*	☐ Yes ☐ No	
	Mechanism of responding to client complaints in place *(MOV- Complaint and compliments box/ book, evidence of analysis of feedback results)*	☐ Yes ☐ No	
	There is provision for privacy for patients *(MOV- Observation)*	☐ Yes ☐ No	
11.8.3 The health facility shall ensure that risk	Assessment of the patients done within 15 minutes of admission by a skilled health provider	☐ Yes ☐ No	

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
assessment is conducted and that intrapartum care is provided appropriately	*(MOV-Sample 5 patient files)*	☐ p	
	WHO checklist on risk assessment of mother and baby filled for all deliveries *(MOV- sample 5 patient files for completeness)*	☐ Yes ☐ No ☐ p	
	MEOW (Modified Early Obstetric Warning Score) filled for every patient (*MOV- sample 5 patient files for completeness)*	☐ Yes ☐ No ☐ P	
	Partograph available on site, and there is evidence of its proper use *(MOV- sample 5 patient files for completeness)*	☐ Yes ☐ No ☐ P	
	Foetal surveillance conducted for every mother in labour, in line with national guidelines (*MOV-Relevant charts*)	☐ Yes ☐ No ☐ P	
11.8.4 The health facility shall ensure that emergency maternity care is supported by timely diagnostics and laboratory services	Timely diagnostics and laboratory services provided for emergency maternal care including but not limited to: – Malaria, blood sugar, HB, urinalysis, blood typing, rhesus compatibility (*MOV- reports on turn-around-time for laboratory services)*	☐ Yes ☐ No ☐ P	

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
11.8.5 The health facility shall ensure that there is immediate post-delivery reassessment of the mother and the neonate within 15 minutes of delivery	All clients are assessed for the following: (*MOV- sample 5 patient files*)		
	– Contraction of the uterus	☐ Yes ☐ No ☐ P	
	– Tears in the birth canal	☐ Yes ☐ No ☐ P	
	– Breathing of the new born	☐ Yes ☐ No ☐ P	
	– Newborn Apgar score	☐ Yes ☐ No ☐ P	
	– Recheck the umbilical cord	☐ Yes ☐ No ☐ P	
11.8.6 The health facility shall ensure that emergency vaginal delivery is expedited	Protocols for assisted vaginal delivery displayed *(MOV-Observation)*	☐ Yes ☐ No	
	Availability of functional instruments for assisted vaginal delivery e.g. forceps, vacuum set *(MOV-Observation)*	☐ Yes ☐ No	

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
	Timely documentation of the procedures for assisted vaginal deliveries *(MOV- sample 5 patient files)*	☐ Yes ☐ No ☐ P	
11.8.7 The health facility shall ensure that emergency Caesarean Section is performed within 30 minutes of decision-making.	Emergency Caesarean Section carried out within 30 minutes of decision-making. *MOV-Preoperative checklist, documentation indicating time action taken, sample 5 patient files*)	☐ Yes ☐ No ☐ P	
	Relevant laboratory investigations done within 30 minutes of decision-making *(MOV- Lab requests, clinical notes)*	☐ Yes ☐ No ☐ P	
	Voluntary informed consent secured for all patients scheduled to undergo surgical obstetrics procedures *(MOV- Signed consent form, -documented procedure for obtaining consent)*	☐ Yes ☐ No ☐ P	
	Pre-operative checklist available in the patient's file, signed by the nurse and the surgeon (*MOV- Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Pre-operative anaesthetic review is made prior to conducting the emergency Caesarean Section *(MOV- Sample 5 patient files)*	☐ Yes ☐ No ☐ P	

Standard	*Areas for assessment*	*Score (tick the appropriate box)*	*Remarks*
11.8.8 The health service provider shall continually monitor the vital signs of a patient who has post-partum haemorrhage	Continuous monitoring of vital signs and documentation done every 15 minutes for the first two hours then half hourly in the 3rd hour *(MOV- Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	PPH escalation protocols displayed *(MOV- observation)*	☐ Yes ☐ No ☐ P	
11.8.9 The health facility shall ensure that its staff offer baby friendly practices	Baby-friendly services offered *(MOV- observation for rooming in)*	☐ Yes ☐ No ☐ P	
11.8.10 The health facility shall ensure that the service providers conduct ward hand-over rounds	Ward hand-over rounds conducted *(MOV- Sample 5 patient files)*	☐ Yes ☐ No	

11.9 Neonatal Care

Standard	*Requirements*	*Score (tick the appropriate box)*	*Remarks*
11.9.1 The health facility shall ensure that skilled personnel, infrastructure and equipment are available to offer life-saving emergency and quality newborn care	Healthcare provider available 24 hours a day, 7 days a week. *(MOV-HR records; staff rota)*	☐ Yes ☐ No	
	At least 2 skilled health workers trained in goal-oriented ANC and Essential Newborn Care *(MOV-HR records)*	☐ Yes ☐ No	
	Facility has adequate infrastructure and equipment to offer life-saving emergency and quality newborn care *(MOV-Observe and review inventory as per level of facility)*	☐ Yes ☐ No ☐ P	
	Resuscitation space/table available in labour ward, theatre, postnatal ward and paediatric ward. *(MOV-Observation)*	☐ Yes ☐ No ☐ P	
	Nursery space adjacent to labour ward (*MOV-Observation)*	☐ Yes ☐ No	
	Beds assigned for Kangaroo Mother Care (KMC) in postnatal wards *(MOV-Observation)*	☐ Yes ☐ No	
11.9.2 The health facility shall manage all newborns as prescribed in the	Facility uses baby wraps to keep newborns warm at all times *(MOV- observation, interview staff)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick the appropriate box)*	*Remarks*
Essential Newborn Care guidelines	Breastfeeding within one hour of delivery for well babies *(MOV- SOPs displayed, interview staff and clients)*	☐ Yes ☐ No ☐ P	
	Administration of Vitamin K after delivery *(MOV- check patient files on the last 5 deliveries)*	☐ Yes ☐ No ☐ P	
	Use of 4% chlorhexidine formulation for cord care *(MOV- check patient files for the last 5 deliveries)*	☐ Yes ☐ No ☐ P	
	Administration of tetracycline eye ointment to baby immediately after birth *(MOV- check patient files for the last 5 deliveries)*	☐ Yes ☐ No ☐ P	
	Immediate skin-to-skin contact between mother/parent and baby is practiced at the facility (Kangaroo Mother Care for babies <2,500gms) *(MOV- interview staff and clients)*	☐ Yes ☐ No ☐ P	
11.9.3 The facility shall be adequately prepared for resucitation of newborn babies within one minute of birth	The facility has a complete set of resuscitation equipment (suction ball, functional paediatric ambu-bag and mask, resuscitare) *(MOV- Observation/ check inventory as per level of facility)*	☐ Yes ☐ No	
	The facility conducts resuscitation drills	☐ Yes	

Standard	*Requirements*	*Score (tick the appropriate box)*	*Remarks*
	(MOV-quarterly report)	☐ No	
	Babies vital signs observed within two hours of delivery *(MOV- sample patient notes for the last 5 deliveries)*	☐ Yes ☐ No ☐ P	
11.9.4 The facility shall have a mechanism for detecting and referral of babies with danger signs or critically ill babies	The facility has SOPs for detection of babies with danger signs displayed *(MOV-observation)*	☐ Yes ☐ No	
	The facility has drug formulations for managing neonatal infections *(MOV-check drug inventory)*	☐ Yes ☐ No ☐ P	
	The facility uses referral protocols for the critically ill babies or babies with danger signs *(MOV-facility protocol available/ displayed)*	☐ Yes ☐ No	
11.9.5 The facility shall manage neonatal sepsis according to national guidelines	Availability of standard protocol for the management of neonatal sepsis *(MOV-Access to guidelines)*	☐ Yes ☐ No	
11.9.6 The facility shall use the current treatment guidelines for the care of HIV-exposed infants	Facility provides appropriate prophylaxis for HIV-exposed newborn within one hour after delivery *(MOV- sample files of HEIr)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick the appropriate box)*	*Remarks*
11.9.7 The health facility shall ensure infection prevention measures are put in place in the neonatal unit.	Hand hygiene facilities in or near the examination room, labour ward, theatre, postnatal, nursery and paediatric wards. (*MOV- Observation)*	☐ Yes ☐ No ☐ P	
	Hand washing with soap and water between examining babies, before and after procedures; availability of hand sanitizer on site *(MOV-SOP)*	☐ Yes ☐ No ☐ P	
	The newborn unit has disinfection facilities *(MOV- Observe for correct disinfection processes)*	☐ Yes ☐ No ☐ P	
	Staff safely dispose-off sharp objects and waste in well-labelled containers. *(MOV- Check availability of safety boxes and colour-coded waste bins)*	☐ Yes ☐ No	
11.9.8 The facility shall discharge the newborn appropriately in not less than 24 hours after birth.	All newborns stay with the mother in the health facility for a minimum of 24 hours *(MOV-5 Patient files/exit interviews)*	☐ Yes ☐ No ☐ P	
	All mothers receives education on clean chain, cord care, warm chain and breastfeeding. *(MOV- Patient exit interviews)*	☐ Yes ☐ No ☐ P	
	All mothers informed on danger signs to watch out for at home	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick the appropriate box)*	*Remarks*
	(MOV-Patient exit interviews)	☐ P	
	All mothers given postnatal appointments *(MOV-5 Patient files)*	☐ Yes ☐ No ☐ P	
11. 9. 9 The facility shall provide comprehensive health education and service information to the clients	Health facility conducts group health education sessions including: (1) HIV, (2) Danger signs, (3) Infant and young child feeding, (4) KMC, (5) Cord care, (6) Extra care for small babies, (7) Personal Hygiene *(MOV- Observation of Health education schedule materials and actual health education sessions)*	☐ Yes ☐ No ☐ P	

11. Dialysis services

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11. 10.1 The dialysis centre shall ensure availability of qualified staff to provide dialysis services to patients.	The person in charge of a haemodialysis centre is a nephrologist, assisted by other personnel of at least the following qualification: · A Nephrologist · A Physician who has completed recognized training in haemodialysis treatment and maintains an affiliation with Kenya Renal Association (KRA) · Any other Registered Medical Practitioner who has completed recognized training in haemodialysis treatment and maintains an affiliation with KRA (*MOV-HR records, duty roster)*	☐ Yes ☐ No	
	For every five (5) dialysis patients, there is at least one (1) registered nurse with at least six months training in haemodialysis treatment and care in each shift. *(MOV-HR records, duty roster)*	☐ Yes ☐ No	
	All dialysis treatment is provided under the order of: (a) A nephrologist (b) A physician with requisite training under the supervision of a nephrologist. *(MOV- SOP)*	☐ Yes ☐ No ☐ P	
11.10.2 Haemodialysis			
11. 10.2.1 The dialysis centres shall have	The dialysis treatment is monitored closely, with particular attention to: - Any intra-dialytic complications	☐ Yes	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
mechanisms to ensure stringent monitoring of dialysis patient	- Vital signs during dialysis: Blood Pressure, pulse & temperature, blood sugar - Vascular access adequacy achieving blood flow >300, signs of infection (*MOV-SOP; Sample 5 patient case files)*	☐ No ☐ P	
	Each dialysis treatment is recorded in the patient files *(MOV- Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Blood investigations are done at regular predetermined intervals *(MOV- SOPs, sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Dialysis adequacy is monitored at least every three (3) monthly using urea reduction ratio (URR) or Kt/V *(MOV- Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Nutrition status of all patients is routinely monitored *(MOV- Sample 5 patient files)*	☐ Yes ☐ No ☐ P	
11. 10.2.2 All haemodialysis centres shall ensure implementation of, and	All staff working in haemodialysis unit must be tested for Hepatitis B and treated accordingly. *(MOV- SOPs; HR records)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
adherence to strict infection control procedures designed to prevent cross-infection		☐ P	
	All patients are tested for Hepatitis B and C before initiating the first haemodialysis treatment and after returning from another haemodialysis facility *(MOV- SOPs, sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	All Hepatitis B positive persons are considered infectious, and thus dialyzed using separate machines, equipment and instruments. *(MOV- SOPs; observation)*	☐ Yes ☐ No	
	Serology testing is carried out every 6 months for patients who are Hepatitis B and C negative. *(MOV- SOPs, sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Patients who are Hepatitis B negative are vaccinated *(MOV- SOPs, sample 5 patient files)*	☐ Yes ☐ No ☐ P	
	Haemodialysis staff caring for Hepatitis B positive patients do not care for Hepatitis B susceptible patients at the same shift. (*MOV- SOPs; duty roster)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
		☐ P	
	Combined Hepatitis B and Hepatitis C infected patients are isolated. If the isolation facility for combined Hepatitis B and C is not available, the facility makes a provision to have the patient dialyzed in a Hepatitis B isolation unit. For all patients single use of dialyser is mandatory. *(MOV- SOPs; observation)*	☐ Yes ☐ No ☐ P	
	All patients are tested for HIV antibody before initiating first haemodialysis treatment and after returning from another haemodialysis facility. *(MOV- SOPs, sample 5 patient files)*	☐ Yes ☐ No	
	In HIV negative patients, serologic test is performed every 6 months *(MOV- SOPs, sample 5 patient files)*	☐ Yes ☐ No ☐ P	
11. 10.2.3 There shall be adequate space and facilities for all haemodialysis activities to be performed in the haemodialysis centres and for the required volume of work	Availability of a storeroom with adequate space for supplies, consumables and equipment *(MOV-Observation; inventory)*	☐ Yes ☐ No ☐ P	
	A suitable and secure area for clinical waste (*MOV-Observation)*	☐ Yes ☐ No	
	Dialysis room/area with adequate space for dialysis machine and bed/couch/dialysis	☐ Yes	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Chair. It should have provision for segregation of patients who are Hepatitis B *(MOV-Observation)*	☐ No	
	Treatment/ consultation room with facilities and equipment for the treatment and care of end stage renal failure patients. If facility is providing minor procedures to haemodialysis patients then a treatment room, which is located separate from the dialysis room/area is required *(MOV-Observation)*	☐ Yes ☐ No	
	Resuscitation facilities including, but not limited to, cardiac monitoring device with defibrillator, bag-valve-mask, suction apparatus, a functioning laryngoscope, endotracheal tube, drugs commonly used in medical emergency and oxygen supply and all should be easily accessible. *(MOV-Observation; equipment inventory)*	☐ Yes ☐ No ☐ P	
	Appropriately sized water treatment room separated from the dialysis room and all other rooms. There should be provision for the treated water to be delivered to individual haemodialysis machines through pipes made of acrylonitrile butadiene styrene (ABS), cross-linked polyethylene (PEX) or equivalent material. *(MOV-Observation)*	☐ Yes ☐ No	
	Reprocessing room only to be used strictly for dialyser reprocessing, storing of reprocessed dialysers and sterilant. The room should have adequate ventilation to reduce inhalation risk. *(MOV-Observation)*	☐ Yes ☐ No	
	Conveniently located toilet and washbasins for the staff and patients	☐ Yes	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	(MOV-Observation)	☐ No	
	Adequate ventilation by windows, ducts or mechanical means (*MOV-Observation*)	☐ Yes ☐ No	
	Waiting area *(MOV-Observation)*	☐ Yes ☐ No	
11. 10.2.4 The facility shall ensure that there are adequate and functional haemodialysis machines	The haemodialysis machines are capable of performing conventional (diffusive) haemodialysis and preferably convective therapy. *(MOV-Observation; interview of health providers)*	☐ Yes ☐ No	
	The machines meet specifications set by the Ministry of Health**.** *(compare machine properties with MOH specifications)*	☐ Yes ☐ No	
	There is a mechanism to ensure uninterrupted power supply to return blood from the extra-corporeal circuit in the event of power failure *(MOV-SOP)*	☐ Yes ☐ No	
	A minimum of one back-up machine is available for every ten (10) haemodialysis machines. (*MOV-Observation)*	☐ Yes ☐ No	
	Endotoxin retention filter for the dialysate is used when performing high flux haemodialysis *(MOV-SOP)*	☐ Yes	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
		☐ No	
	External surfaces of the haemodialysis machines are disinfected after each dialysis session. *(MOV-SOP; cleaning logs)*	☐ Yes ☐ No	
	All machines have a documented planned preventive maintenance and technical safety check according to manufacturer recommendations. *(MOV- documented preventive maintenance plan)*	☐ Yes ☐ No	
11. 10.2.5 The facility shall have in place a water treatment system that provides safe water for use in haemodialysis	The room that houses the water treatment system is located in an area which minimizes disruption to haemodialysis treatment. *(MOV-Observation)*	☐ Yes ☐ No	
	The room has adequate ventilation to prevent over-heating *(MOV-Observation)*	☐ Yes ☐ No	
	Floor traps are available to drain excess water. *(MOV-Observation)*	☐ Yes ☐ No	
	Flow diagram of the water treatment system is displayed in the water treatment room. *(MOV-Observation)*	☐ Yes ☐ No	
	All water treatment components and equipment are clearly labelled. *(MOV-Observation)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	All columns in pre-treatment are opaque *(MOV-Observation)*	☐ Yes ☐ No	
	Pressure gauge is installed before and after each component to monitor fouling of the components. *(MOV-Observation)*	☐ Yes ☐ No	
	Daily recording of the parameters of water treatment system is performed. (*MOV- check water treatment records; SOPs*)	☐ Yes ☐ No	
	Daily testing for chlorine/chloramine and hardness is done every morning prior to starting haemodialysis treatment *(MOV- check water treatment records; SOPs)*	☐ Yes ☐ No	
	The raw water tank is covered; has a low-level alarm sensor; is inspected for defects and cleaned every 6 months; appropriate capacity that is adequate to enable at least one shift of treatment to be completed if water supply is disrupted *(MOV- Observation; check water treatment records; SOPs)*	☐ Yes ☐ No	
	There are at least two raw water pumps, made of stainless steel *(MOV- Observation)*	☐ Yes ☐ No	
	Backwash of the multimedia sediment filter is carried out at least 2 times per week *(MOV- check water treatment records; SOPs)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Empty Bed Contact Time (EBCT) for the carbon columns is ten (10) minutes in total, or five (5) minutes for each filter stage, if two carbon filters are used to optimise the chlorine and chloramines removal. Backwash is carried out at least twice per week. *(MOV- check water treatment records; SOPs)*	☐ Yes ☐ No	
	Softener Column is regenerated by sodium chloride from brine tank or equivalent *(MOV- SOPs)*	☐ Yes ☐ No	
	The guard filter is replaced as necessary. *(MOV- check water treatment records; SOPs)*	☐ Yes ☐ No	
	The recovery rate of reverse osmosis system is at least 50%. *(MOV- check water treatment records; SOPs)*	☐ Yes ☐ No	
	The water treatment system has the following parameters displayed: - Conductivity of permeate - Permeate flow rate - Reject flow rate - Raw water pressure - Guard-in & guard-out pressure - Reverse osmosis membrane system-in & system-out pressure *(MOV- check water treatment records; SOPs)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Water sample ports are available for sampling at the following points: - Post first carbon column - Post second carbon column - Post softener column/Pre-RO module - Immediate post RO module - First point in the distribution loop - Last point in the distribution loop - Last point of the dialyzer-reprocessing loop *(MOV- check water treatment records; SOPs)*	☐ Yes ☐ No	
	The treated water storage tank is made of stainless steel or high density polyethylene; covered with a tight fitting lid and fitted with ultraviolet irradiator for destruction of bacteria with an air vent with a bacterial filter. *(MOV- observation; SOPs)*	☐ Yes ☐ No	
	Water treatment system is distributed to the individual dialysis stations, and dialyser reprocessing stations using distribution materials and designs which minimize or stop microbiological contamination. *(MOV- check water treatment records; SOPs)*	☐ Yes ☐ No	
	A minimum of six (6) monthly (or as specified by the manufacturer's recommendation) chemical disinfection of distribution loop including the connections to dialysis machine is done, using peracetic acid 2-3% or chlorine dioxide especially when materials of distribution loop are not heat resistant. Weekly heat disinfection of the tank and distribution loop is carried out for a system	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	which incorporates a heater and uses heat resistant piping *(MOV- SOPs)*		
11. 10.2.6 The facility shall have in place measures to ensure that water quality used for haemodialysis is of the right quality.	Dialysis water is produced by the process of reverse osmosis *(MOV-SOP)*	☐ Yes ☐ No	
	Chlorine and chloramines and water hardness testing is performed onsite using commercially available test kits while full analysis for chemical contaminants is performed by an accredited laboratory (*MOV-records for water analysis; SOPs)*	☐ Yes ☐ No	
	Testing for contaminants is carried out daily using commercially available test kits for chlorine and chloramines and every six months in an accredited laboratory for chemical analysis. (*MOV-records for water analysis; SOPs)*	☐ Yes ☐ No	
	Daily testing for chlorine and chloramines is done after each carbon column; testing for hardness after softener column; while Six (6)-monthly full laboratories testing for chemicals is done at raw water point, pre and post reverse osmosis. (*MOV-records for water analysis; SOPs)*	☐ Yes ☐ No	
	The facility takes action if limits are exceeded mainly by evaluating water treatment system and rectifying as necessary (*MOV-records for water analysis; SOPs)*	☐ Yes ☐ No	
	The facility carries out total viable counts using spread plate or membrane filtration technique using Trypton Glucose Extract Agar (TGEA) or equivalent and	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	determines presence of pyrogen/endotoxin using Limulus Amoebocyte Lysate (LAL) method. (*MOV-records for water analysis; SOPs)*		
	The facility carries out monthly testing for bacterial count and endotoxin test (*MOV-records for water analysis; SOPs)*	☐ Yes ☐ No	
11. 10.2.7 The facility shall have a mechanism for efficient reprocessing of dialyser	The reprocessing machine is fully automated integrated unit capable to clean, test and fill the dialyser with disinfectant and is able to perform automatic dilution of sterilant to specified strength. (*MOV-Check machine specifications)*	☐ Yes ☐ No	
	The dialyser reprocessing procedure includes: - Calibration every morning - Cleansing of residual blood and blood products and rinsed with reverse osmosis water. - Testing for residual membrane performance (Total Cell Volume (TCV) and the presence of leaks. Dialyzers with TCV <80% or failed the leak test with TCV not be reused - Filled with appropriate concentration of a germicide. - The machine is sanitized at the end of every day. Every reused dialyser is tested for residual disinfectant prior to use. (*MOV-SOP; Cleaning records)*	☐ Yes ☐ No	
	A separate machine is used for HBs Ag positive or anti HCV positive patients. Single use of dialyser ensured for Hepatitis B & C co-infected patients. (*MOV-SOP; observation)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11. 10.2.8 The facility shall ensure consumables used in haemodialysis are of the right standard	Dialysate used is approved by Kenya Pharmacy and Poisons Board. *(MOV-SOP; Observation)*	☐ Yes ☐ No	
	The dialysate packaging has the following information clearly labelled: - Address of manufacturer - Contents - Concentration of electrolytes - Dialysate concentration ratio - Date of manufacture and expiry *(MOV-SOP; Observation)*	☐ Yes ☐ No	
	Dialysers used by the facility are made from biocompatible membrane. *(MOV-SOP; Observation)*	☐ Yes ☐ No	
	Bloodlines used for haemodialysis treatment meet MOH specifications *(MOV-SOP; Observation)*	☐ Yes ☐ No	
	Arterio-venous needle used for haemodialysis treatment meets MOH specification *(MOV-SOP; Observation)*	☐ Yes ☐ No	
11.10.3 Peritoneal Dialysis (PD)			
11.10.3.1 All equipment and supplies used in the delivery and monitoring of PD therapies shall comply with the relevant standards.	Peritoneal dialysis insertion sets (including PD Catheters) available (*MOV-Observation*)	☐ Yes ☐ No	
	PD tubing sets with infection-preventing designs such as the Y-connector and the use of disconnect systems	☐ Yes	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	(*MOV-Observation*)	☐ No	
	PD cycler for initiation and training in automated PD (*MOV-Observation*)	☐ Yes ☐ No	
	PD fluids should satisfy current quality medical standards (*MOV-Supplies specifications*)	☐ Yes ☐ No	
11.10.3.2 The facility shall have in place provisions for educating of PD patients	The PD training is carried out in a well-equipped PD Training Room (*MOV-Observation*)	☐ Yes ☐ No	
	The PD Training will include the following: ○ Training schedule (topics, guidelines for trainer, pre and post patient training assessment) ○ Teaching aids ○ Home environment assessment ○ Family support assessment *(MOV-Training curriculum)*	☐ Yes ☐ No ☐ P	
11.10.3.3 The facility shall put in place measures to ensure each PD patient is monitored for compliance with an adequate PD dose	All PD patients are monitored using the following parameters		
	Small-Solute Clearance measured at 4-6 weeks after PD onset and when clinically indicated *(MOV-SOPs; sample 5 patient files)*	☐ Yes ☐ No	
	Residual Renal Function (RRF) measured every 3-6 months or when clinically indicated *(MOV-SOPs; sample 5 patient files)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Volume assessment and performance of 2.5% or 4.25% dextrose PET carried out no sooner than 4 weeks after initiation of PD. *(MOV-SOPs; sample 5 patient files)*	☐ Yes ☐ No	
	Nutrition assessment: using Predictive Indices of Nutrition e.g. body weight, lean body mass, serum albumin and pre-albumin, blood urea, subjective global assessment, protein equivalent of nitrogen appearance *(MOV-SOPs; sample 5 patient files)*	☐ Yes ☐ No	
11.10.3.4 The peritoneal dialysis unit shall have in place standard operating procedures for its services	The facility has physical or virtual access to the following SOPs: • Nursing management of patients on PD Guidelines for the PD training program • Care of the peritoneal access (including peritoneal catheter and exit site) • Treatment of infection (peritonitis and PD catheter exit site) • Management of dialysis-related complications • Peritoneal equilibration test • PD adequacy assessment • Patient education on fluid and dietary restrictions (*MOV- Observation)*	☐ Yes ☐ No ☐ P	
11.10.4 The facility carries out, documents and disseminates to all relevant	Audit of dialysis unit carried out *(MOV- Audit report*)	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
staff annual audit reports of the dialysis unit			
	The audit covers at a minimum the following :		
	Patient to dialysis nursing staff ratio (*MOV-audit report)*	☐ Yes ☐ No	
	Functionality of medical equipment (*MOV-audit report)*	☐ Yes ☐ No	
	Audit of care pathway for dialysis preparation to include information given (including proportion of patients offered dialysis), when and who delivers it. (*MOV-audit report)*	☐ Yes ☐ No	
	Audit of information on modality options provided to patients presenting who urgently require renal replacement therapy, and both initial and subsequent modality of renal replacement therapy selected by these patients. (*MOV-audit report)*	☐ Yes ☐ No	
	Audit of care pathway for catheter insertion (*MOV-audit report)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Catheter complications and their resolution (*MOV-audit report)*	☐ Yes ☐ No	
	Frequency of solute clearance estimation (*MOV-audit report)*	☐ Yes ☐ No	
	Frequency of measurement of membrane function, residual urine and peritoneal ultrafiltration volume (*MOV-audit report)*	☐ Yes ☐ No	
	Number of patients regularly requiring hypertonic (3.86% glucose) exchanges to maintain fluid balance (*MOV-audit report)*	☐ Yes ☐ No	
	Identify patients with a total fluid removal <750 ml per day. (*MOV-audit report)*	☐ Yes ☐ No	
	Functionality of infection prevention strategies (*MOV-audit report)*	☐ Yes ☐ No	
	Infection outcomes (*MOV-audit report)*	☐ Yes ☐ No	

11.11 Laboratory

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.11.1 The health facility shall ensure there are adequate resources to provide quality laboratory services	Staffing is in line with the HR norms and standards *(MOV- HR records)*	☐ Yes ☐ No ☐ P	
	Facility has adequate laboratory infrastructure and equipment as per tier of care *(MOV- Adequate equipment as per the scope of work and tier of the health facility)*	☐ Yes ☐ No ☐ P	
	Laboratory room is air conditioned, clean, uncluttered and well ventilated. *(MOV- observations)*	☐ Yes ☐ No ☐ P	
	There is an inventory store with controlled temperatures *(MOV- observations)*	☐ Yes ☐ No ☐ P	
	Benches, well fitted with recommended laboratory chairs *(MOV- observations)*	☐ Yes ☐ No ☐ P	
	Laboratory has proper lighting and access control services *(MOV- observations)*	☐ Yes ☐ No ☐ P	
	Safety cabinets available *(MOV- observations)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	The laboratory monitors environmental conditions that affect testing (*MOV-Monitoring logs*)	☐ Yes ☐ No ☐ P	
11.11.2 General Laboratory Quality Management System			
11.11.2.1 The health facility shall develop and make available a quality manual that summarizes the laboratory's quality management system (QMS).	There is an updated laboratory quality manual that has been communicated to all relevant staff (*MOV-availability of current laboratory manual)*	☐ Yes ☐ No	
	There is a laboratory master list with all documents. (*MOV- availability of master list*)	☐ Yes ☐ No ☐ P	
	The laboratory has defined its scope of service and provides minimum essential tests as required per its level *(MOV- availability of Quality manual in line with ISO 15189, complete document master list)*	☐ Yes ☐ No ☐ P	
11.11.2.2 The health facility shall provide specifications for supplies and consumables	The laboratory provides specifications for its supplies and consumables *(MOV-list with specification for supplies and consumables)*	☐ Yes ☐ No ☐ P	
	The laboratory maintains records for each reagent and consumable used in the performance of examinations, with accurate inventory of its stock. *(MOV-inventory)*	☐ Yes ☐ No ☐ P	
	The laboratory has appropriate storage areas, which are routinely monitored *(MOV-observation)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
		☐ P	
	The laboratory employs First-Expiration-First-Out (FEFO) practice to all reagents/test kits in use. *(MOV-observation/ bin cards)*	☐ Yes ☐ No	
	All expired products labelled and disposed properly. *(MOV-SOPs and records/holding grounds/ observed)*	☐ Yes ☐ No	
11.11.2.3 The health facility shall conduct its internal audits at intervals as defined in the quality manual and address areas important to patient care	Internal audits conducted as described in internal audit procedure. *(MOV-audit reports)*	☐ Yes ☐ No ☐ P	
	Internal audit action plan developed with clear timelines, assigned personnel and documented follow-up. *(MOV- evidence of trained internal auditors, SOP on internal audit, non-conformities identified, corrective actions taken)*	☐ Yes ☐ No	
11.11.3 Pre-examination processes			
11.11.3.1 The health facility shall use standardized laboratory request forms	The laboratory has standardized a request form, with space for inclusion of, but not limited to the following: patient identification including age, gender, date of birth and location/contacts, name or unique identifier of the requesting clinician, date and time of primary sample collection	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	(MOV- Observe for use of a standardized request form across the facility)		
11.11.3.2 The laboratory shall have guidelines for specimen collection and transportation	The laboratory has guidelines for specimen collection (including staff and client safety), labelling, and transportation to persons responsible for primary sample collection *(MOV- sample collection guidelines at sample collection areas)*	☐ Yes ☐ No	
11.11.3.3 The laboratory shall document, review and evaluate referrals to laboratories and consultants' clinics as defined by the laboratory	The laboratory documents, reviews and evaluates referrals to laboratories and consultant clinics *(MOV- referral register/ record)*	☐ Yes ☐ No ☐ P	
	The laboratory maintains a register of referral laboratories and consultants clinics, and all referred specimens are tracked properly using a logbook, tracking form or electronically. *(MOV- criteria for selection and evaluation of referral laboratories and consultants clinics, list of referral laboratories, records of referred samples, evidence of the referring laboratory providing results to the requesting entity)*	☐ Yes ☐ No	
11.11.3.4 There shall be a mechanism for referral of samples to appropriate facilities	A procedure for referral of samples is in place *(MOV- SOP).*	☐ Yes ☐ No	
11.11.4 Examination processes			

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.11.4 .1 The laboratory shall develop Standard Operating Procedures (SOP) for all its processes	The laboratory has Standard Operating Procedures (SOP) for all its processes *(MOV- SOP developed and available at point of use)*	☐ Yes ☐ No ☐ P	
11.11.4 .2 Only trained, qualified and authorized personnel shall be allowed to collect analyse and release the results of patients.	The laboratory is run and managed by qualified and authorized professionals *(MOV- HR Records/Data base – defined qualifications of staff)*	☐ Yes ☐ No ☐ P	
11.11.4 .3 All laboratory equipment shall be maintained in a functional condition.	There is evidence of routine calibration of equipment (including pipettes, centrifuges, balances, and thermometers) scheduled, at minimum, following manufacturer recommendations and verified *(MOV-Calibration records, schedule of calibration, maintenance of equipment, evidence of calibration certificates,)*	☐ Yes ☐ No	
	Preventive maintenance performed on all equipment and recorded *(MOV- Maintenance records)*	☐ Yes ☐ No ☐ P	
	Manufacturer's operator manuals readily available to testing staff in a language understood by the staff. *(MOV- SOPs and manufacturers operating manuals)*	☐ Yes ☐ No ☐ P	
11.11.4.4 Examination procedures shall be verified/validated for the	Examination methods and procedures shall be validated and verified before being introduced into routine use	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
laboratory before being introduced into routine use	(*Note: Standard methods do not need to be validated, but shall be verified) *(See ISO 15189 and CLSI guidelines)* *(MOV- SOP on validation and verification, evidence of validation/ verification of methods. Statement of acceptability of the method)*		
	Each new reagent preparation, new lot number, new shipment of reagents or consumables shall be verified before use and documented *(MOV- Evidence of verification of reagents and consumables before use in laboratory e.g. lot to lot verification)*	☐ Yes ☐ No ☐ P	
11.11.4 .5 Internal Quality Control (IQC) shall be performed, documented, and verified for all tests/procedures before releasing patients' results	IQC results are monitored and reviewed (including biases and Levy-Jennings charts for quantitative tests) and corrective actions taken when quality control results exceed the acceptable range. *(MOV- levy charts analysed and corrective actions taken in case of non-conformity)*	☐ Yes ☐ No ☐ P	
11.11.4 .6 The laboratory shall participate in inter-laboratory comparison programs or proficiency testing or alternative assessment systems for all tests	Inter-laboratory comparison programme(s) have clinically relevant challenges that mimic patients' samples and have the effect of checking the entire examination processes including pre-examination, examination and post examination procedures where possible (*MOV- feedback from the proficiency testing provider on participation on Proficiency testing, corrective actions taken in case of failure of Proficiency testing)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.11.5 Post examination processes			
11.11.5.1 All test results reports shall be legible, technically verified/validated, and confirmed against patient information	Reports of test results are legible, technically verified/validated, and confirmed against patient information *(MOV- Sample 5 lab results)*	☐ Yes ☐ No ☐ P	
11.11.5.2 Results shall be interpreted and released by authorized personnel.	Results interpreted and released by authorized personnel *(MOV- list of authorised personnel to interpret results)*	☐ Yes ☐ No ☐ P	
11.11.5.3 Reporting mechanism shall be in place for critical and urgent results.	Laboratory has a reporting procedure for critical and urgent results *(MOV- SOP on critical reporting, past records on critical reporting)*	☐ Yes ☐ No ☐ P	
11.11.5.4 The laboratory report shall be comprehensive and clear	Laboratory reports are clear and include: - Examination performed, - Patient identification, - Name or unique identifier of the requesting person , - Examination results reported in SI units, or other applicable units, - Biological reference intervals, - Interpretation of results as appropriate, - Identification of person undertaking the examination and person reviewing the results	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	(MOV- evidence of a standardized report)		
11.11.5.5 All archived results shall be properly labelled and stored in a secure location, easily retrievable and accessible only to authorized personnel	Archived results are properly labelled and stored in a secure location accessible only to authorized personnel *(MOV- SOP on archiving, records of archived report)*	☐ Yes ☐ No	
11.11.5.6 The laboratory shall define length of time clinical samples will be retained, which shall be aligned to current regulation.	The laboratory has a defined period for clinical samples retention, which depends on the nature of the sample, the examination and any applicable requirements (regulation) *(MOV- retention guidelines and as per applicable regulations , retention records)*	☐ Yes ☐ No	
11.11.5.7 Sample disposal shall be carried out in accordance with waste management regulations.	Sample disposal carried out in accordance with waste management regulations *(MOV- Records of waste disposal)*	☐ Yes ☐ No ☐ P	
11.11.5.8 Where the laboratory uses information management systems, the laboratory shall define levels of access authorization and responsibilities for the management and use of the laboratory information system	The laboratory defines levels of access authorization and responsibilities for the management and use of the laboratory information system *(MOV- records showing level and authority for access, use of passwords)*	☐ Yes ☐ No	
11.11.5.9 All results that have been transmitted electronically	Results that have been transmitted electronically or reproduced externally to the laboratory (computers, fax	☐ Yes	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
or reproduced externally to the laboratory shall be verified	machines, email and websites and personal web devices) are verified *(MOV- SOP on verification of the software)*	☐ No ☐ P	
11.11.6 Point of Care Testing			
11.11.6.1 The health facility management shall be responsible for ensuring that appropriate measures are put in place to provide and monitor point of care testing within the institution	There is a qualified staff member responsible for developing and implementing point of care testing procedures *(MOV – HR records)*	☐ Yes ☐ No	
	Training program in place for POCT *(MOV- training program)*	☐ **Yes** ☐ **No**	
	Facility proactively deal with nonconformities arising from POCT. *(MOV-failed quality control and EQA reports)*	☐ **Yes** ☐ **No**	
	Facility implements process for comparison of equipment / methods *(MOV- report)*	☐ **Yes** ☐ **No**	
	Procedures for ordering and collection of samples for point of care test are documented *(MOV –observation of documented procedure)*	☐ **Yes** ☐ **No**	

11.12 Pharmacy

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.12.1 The health facility shall provide adequate resources to support provision of quality pharmaceutical services	The pharmacy is appropriately staffed based on the HRH norms and standards *(MOV- HR Records)*	☐ Yes ☐ No	
	All pharmaceutical staff are registered by the Pharmacy and Poisons Board (*MOV- HR Records)*	☐ Yes ☐ No	
	The facility has tablet counters, dispensing software, and refrigerator as per the existing infrastructure norms and standards (*MOV-Observation)*	☐ Yes ☐ No ☐ P	
	The facility has temperature controlled, well ventilated commodity storage room with racks (*MOV-Observation, temperature charts*)	☐ Yes ☐ No	
11.12.2 The health facility shall ensure that pharmaceutical services are provided based on the best pharmaceutical practices	There is a system in place in the pharmacy for detection of prescription errors *(MOV-SOP)*	☐ Yes ☐ No	
	There is a procedure in the pharmacy for rectifying detected pharmaceutical errors *(MOV-Documented procedure)*	☐ Yes ☐ No	
	There is a provision in the pharmacy for confidential counselling of clients on the use of medicines and other products dispensed by the pharmacy *(MOV-Observation)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Pharmacy adheres to the standard operating procedures for extemporaneous preparations and reconstitutions *(MOV- availability of clean water and dispensing containers)*	☐ Yes ☐ No ☐ P	
	There is evidence of storage and use of prescription data for decision making *(MOV- Medicines and Therapeutic Committee minutes)*	☐ Yes ☐ No ☐ P	
11.12.3 The facility shall establish mechanisms for ensuring the safety of medicinal products, including vaccines and herbal medications	There is a checklist to determine that the medicines are of good quality and safe to use *(MOV-Checklist)*	☐ Yes ☐ No	
	Narcotics and psychotropic medicines are accounted for in accordance to the SOPs and specified registers *(MOV- Narcotics register, DDA)*	☐ Yes ☐ No	
	There is a system for pharmaco-vigilance *(MOV- pharmacovigilance register/ forms)*	☐ Yes ☐ No	
11.12.4 The facility shall establish a mechanism for medication therapy management	There is a pharmaceutical care plan, which is communicated to the prescriber/provider and the client. *(MOV-List of available drugs)*	☐ Yes ☐ No	
	There is a tracking chart for medicines *(MOV- availability of tracking chart).*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	There is evidence of documentation of medicines and therapeutic committee meetings. *(MOV- Minutes of MTC)*	☐ Yes ☐ No	
11.12.5 The health facility shall ensure pharmaceutical staff undergo regular training, update their skills and carry out operational research	There is evidence of a CME schedule, register and minutes by the pharmacy department at least once every month *(MOV- CME report)*	☐ Yes ☐ No	
	There is a documented plan of health education for clients/ clinicians *(MOV- Schedules)*	☐ Yes ☐ No	
	There is evidence that the facility carries out operational research to inform pharmacy decisions. *(MOV-Research report)*	☐ Yes ☐ No	

11.13 Radiology

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
11.13.1 The facility shall ensure that X-Ray infrastructure is developed according to regulation.	The wall thickness of x-ray rooms, window height, ceiling height, doors and room size meet recommended international radiation protection specifications *(MOV- approved building plan)*	☐ Yes ☐ No ☐ P	
	X-ray room ceiling height allows room for ceiling suspended equipment *(MOV- Observation against standards)*	☐ Yes ☐ No	
	X-ray department is located adjacent to casualty department for ease of transfer of emergency cases. *(MOV-Observation)*	☐ Yes ☐ No	
11.13.2 The facility management will ensure radiation safety for staff, patient and the public.	Facility carries out radiation monitoring of all staff working in radiation area on a monthly basis. This should include submission of radiation doses. *(MOV-Radiation monitoring reports)*	☐ Yes ☐ No	
	Radiation protection gear is available for all patients and staff *(MOV-Observation)*	☐ Yes ☐ No	
	Facility monitors radiation within the X-ray department *(MOV- radiation monitoring report)*	☐ Yes ☐ No ☐ P	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Facility has put in place measures to address identified areas of improvement based on results of radiation monitoring *(MOV- Improvement plan)*	☐ Yes ☐ No ☐ P ☐ NA	
11.13.3 Facility management shall ensure that examination request forms are standardised.	Facility uses a standard request form that includes at least fields for: - Patient details (Name, Age, Sex, IP/OP no) - Clinical details - Clinical query to be answered - Referral details - Region and examination details - Procedure priority (e.g. urgent, elective) - Provisional diagnosis. - Gravidity status for females of child bearing age. - History of reaction to iodine based contrast media *(MOV- observe for the above in the request form)*	☐ Yes ☐ No ☐ P	
11.13.4 Imaging departments will ensure patient dignity and comfort is ensured during imaging examinations.	Facility has a secure changing room *(MOV-Observation)*	☐ Yes ☐ No	
	Facility has clean changing gowns *(MOV-Observation)*	☐ Yes ☐ No	

Standard	*Requirements*	*Score (tick appropriate box)*	*Remarks*
	Examination room offers privacy during procedures *(MOV-Observation)*	☐ Yes ☐ No	
	Facility displays 'Examination in Progress' sign at the entrance to the examination room *(MOV-Observation)*	☐ Yes ☐ No	
11.13.5 Imaging departments will ensure a mechanism is in place for immediate reporting of urgent and critical examination results.	The department provides 24 hour services, 7 days a week	☐ Yes ☐ No	

11.14 Mortuary

Standard	Requirements	Score (tick appropriate box)	Remarks
11.14.1 The facility shall have adequate resources to provide quality mortuary services (8)	Staff working in the mortuary have relevant training *(MOV-HR records)*	☐ Yes ☐ No ☐ P	
	The mortuary has functional system for preservation of bodies (e.g. coolers or formalin technology) *(MOV-observation of the mortuary)*	☐ Yes ☐ No	
	A body trolley is available *(MOV-observation)*	☐ Yes ☐ No	
	A dissecting kit is available *(MOV-observation and equipment list)*	☐ Yes ☐ No	
11.14.2 The facility shall have in place documented standard operating procedures for body processing	Bodies are received in line with standard operating procedures *(MOV- Availability of SOP)*	☐ Yes ☐ No	
	Bodies are identified according to standard operating procedures *(MOV- Availability of SOP)*	☐ Yes ☐ No	
	Bodies are stored in line with standard operating procedures *(MOV- Availability of SOP)*	☐ Yes ☐ No	

Standard	Requirements	Score (tick appropriate box)	Remarks
	Bodies are released in line with standard operating procedures *(MOV- Availability of SOP)*	☐ Yes ☐ No	
11.14.3 The mortuary environment shall have a functional drainage system and be free from smells	Mortuary has a working drainage system *(MOV-Observation)*	☐ Yes ☐ No	
	Odour from the mortuary does not reach patient areas and the public *(MOV- Observation)*	☐ Yes ☐ No	

DIMENSION 12: RESULTS

The facility shall assess its performance on a quarterly basis using a set of defined key performance indicators. Trends for the KPIs shall be analysed and documented. These indicators have been outlined in the section below:

No.	*Indicator*	*Benchmark*	*0*	*1*	*2*	*3*	*4*
1	Patient satisfaction index	85%	<21%	21-42%	43-63%	64-84%	≥85%
2	Staff satisfaction index	85%	<21%	21-42%	43-63s%	64-84%	≥85%
3	Average length of hospital stay	4	≥8 days	7 days	6 days	5 days	<4 days
4	Episodes of stock out of any of the 22 essential medicines and supplies lasting over 7 days in the last three month	0	≥7 episodes	5-6 episodes	3-4 episodes	1-2 episodes	0
5	Down time rates for vaccines fridge: Number of days the vaccine fridge was not functional in the past 90 days	0	≥7 days	5-6 days	3-4 days	1-2 days	0 days
6	Proportion of emergency patients referred within 30 minutes of decision making **Numerator**: Number of emergency patients referred by the facility within 30 minutes of decision making **Denominator:** Total number of emergency patients referred by the facility	100%	< 25%	25-49%	50-74%	75-99%	100%
7	Proportion of under year one children vaccinated against Measles and Rubella	90%	< 22	22-44%	45-67%	68-89%	≥90%

No.	*Indicator*	*Benchmark*	*0*	*1*	*2*	*3*	*4*
	Numerator: No. of children under 1 yr immunized against measles **Denominator**: Facility target population under 1year of age						
8	Proportion of patients developing nosocomial infections **Numerator:** Number of patients with nosocomial infections **Denominator:** Total number of inpatients	5%	>8.8%	8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%
9	Proportion of patients with bed sores grade 1 & 2 **Numerator:** Number of patients with bed sores grade 1 & 2 **Denominator:** Total number of inpatients	1%	> 1.75	1.75-1.6%	1.5-1.26%	1.25-1%	<1
10	Proportion of women with perineal tears Grade 2-4 **Numerator:** Number of women with perineal tears **Denominator:** Total number of vaginal deliveries	3	> 5.3	5.3-4.4%	4.5-3.9%	3.8-3%	<3
11	Caesarean Section rate **Numerator:** Number of CS **Denominator:** Total number of births	15%	< 3.8%	3.8-7.4%	7.5-11.3%	11.4-14.9%	≥15
12	Facility-based direct obstetric case fatality rate **Numerator:** Number of maternal deaths at facility	1%	> 1.75	1.75-1.6%	1.5-1.26%	1.25-1%	<1

No.	*Indicator*	*Benchmark*	*0*	*1*	*2*	*3*	*4*
	Denominator: Number of obstetric complications managed at facility						
13	Proportion of maternal deaths audited **Numerator:** Number of maternal deaths audited **Denominator:** Total number of maternal deaths	100%	< 25%	25-49%	50-74%	75-99%	100%
14	Proportions of newborns successfully resuscitated **Numerator:** Number of newborns successfully resuscitated **Denominator:** Number of newborns requiring resuscitation	100%	< 25%	25-49%	50-74%	75-99%	100%
15.	Proportion of babies with confirmed or suspected neonatal infection (including readmissions within seven days of discharge) **Numerator:** Number of babies with confirmed or suspected neonatal infection (including readmissions within seven days of discharge) **Denominator:** Total number of live births in the health facility	5	>8.8%	8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%
16.	Proportion of babies born with low birth weight **Numerator:** Number of babies born with weight <2500g **Denominator:** Total number of live births	5%	>8.8%	8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%

No.	*Indicator*	*Benchmark*	*0*	*1*	*2*	*3*	*4*
17	Survival rate for babies born premature **Numerator:** Number of premature babies who are discharged alive **Denominator:** Total number of babies born premature	90%	< 22	22-44%	45-67%	68-89%	≥90%
18	Facility-based perinatal mortality rate **Numerator:** Number of perinatal deaths (all stillbirths and early neonatal deaths including readmissions) **Denominator:** Total number of births	1%	> 1.75	1.75-1.6%	1.5-1.26%	1.25-1%	<1
19	Stillbirth rate **Numerator:** Number of babies with no signs of life at birth (at or after 28 weeks of gestation and weighting ≥1000 grams) **Denominator:** Total # of births in the facility	10	>17.5 still births per 1000 live births	17.5-15.1 still births per 1000 live births	15.0-12.6 still births per 1000 live births	12.5-10.1 still births per 1000 live births	≤10 still births per 1000 live births
20	Facility-based neonatal mortality rate **Numerator:** Number of neonatal deaths **Denominator:** Total number of livebirths	12 mortalities per 1000 live births	> 21 mortalities per 1000 live births	21-18.1 mortalities per 1000 live births	18-15.1 mortalities per 1000 live births	15.0-12.1 mortalities per 1000 live births	< 12 mortalities per 1000 live births
21	Facility-based pneumonia case fatality rate for children under 5yrs **Numerator:** Number of deaths of children under 5yrs from pneumonia	5%	>8.8%	8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%

No.	*Indicator*	*Benchmark*	*0*	*1*	*2*	*3*	*4*
	Denominator: Total number of pneumonia cases of children under 5 yrs						
22	Facility-based diarrhoea case fatality rate in children under 5 years of age **Numerator:** Number of deaths of children below 5 years of age from diarrhoea **Denominator:** Total number of inpatient diarrhoea cases in children below 5years of age	1%	> 1.75	1.75-1.6%	1.5-1.26%	1.25-1%	<1
23	Percentage of perinatal deaths audited **Numerator:** Number of perinatal deaths audited **Denominator:** Total number of perinatal deaths	100%	< 25%	25-49%	50-74%	75-99%	100%
24	Proportion of repeat surgeries **Numerator:** Number of repeat surgeries in a year **Denominator:** Total number of surgeries in a year	2%	>3.5%	3.5-3.1%	3.0-2.6%	2.5-2%	<2%
25	Surgical rate for cold cases **Numerator:** Number of surgeries conducted for cold cases **Denominator:** Total number of scheduled surgeries	0.9	<0.2	0.2-0.49	0.5-0.69	0.7-0.9	>0.9
26	Proportion of post-surgery complications	10%	>17.5 %	17.5-15.1 %	15.0-12.6 %	12.5-10.1%	≤10 %

No.	*Indicator*	*Benchmark*	*0*	*1*	*2*	*3*	*4*
	Numerator: Number of patients with post-surgery complications **Denominator:** Total number of surgeries						
27	TB cure rate **Numerator:** Number of TB cases cured **Denominator:** Total number of TB cases treated	90%	< 22	22-44%	45-67%	68-89%	≥90%
28	HIV viral load suppression **Numerator:** Number of HIV patients on treatment whose viral loads are suppressed below 1000 copies/µl **Denominator:** Total number of HIV patients on treatment	90%	< 22	22-44%	45-67%	68-89%	≥90%
29	Malaria inpatient case fatality rate **Numerator:** Number of deaths due to malaria **Denominator:** Total number of inpatient malaria cases	5%	>8.8%	8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%
30	Percentage of dialysis patients with most recent haemoglobin above 12g/dl **Numerator:** Number of dialysis patients whose haemoglobin level is above 12g/dl **Denominator:** Total number of patients undergoing dialysis in the last one year.	100%	< 25%	25-49%	50-74%	75-99%	100%

No.	*Indicator*	*Benchmark*	*0*	*1*	*2*	*3*	*4*
31	Percentage of patients being managed for high blood pressure with most recent blood pressure <140/90 mmHg **Numerator:** Number of patients with most recent blood pressure <140/90 mmHg who have been managed for hypertension in the last one year **Denominator:** Total number of patients undergoing treatment for hypertension in the last one year.	100%	< 25%	25-49%	50-74%	75-99%	100%
32	All women of reproductive age accessing care at the health facility are screened for cervical cancer Numerator: Number of women screened for cervical cancer Denominator: All women of reproductive age accessing care at the health facility	75%	<18%	18-37%	37-56%	57-74%	≥75%
33	Facility based inpatient fatality rate (%) **Numerator:** Number of deaths **Denominator:** Total number of admissions	2	>3.5%	3.5-3.1%	3.0-2.6%	2.5-2%	<2%
34	Quarterly data quality audits carried out in the past one year	4	0	1	2	3	4

APPENDICES

Appendix 1: A&E Equipment

The basic equipment and supplies needed for effective running of the A&E are listed below:

Airways/Breathing ▪ Bag valve mask ▪ Chest tube / underwater seal drainage ▪ Combitube ▪ Elastic gum bougies ▪ Endotracheal tube ▪ Laryngeal Mask Airway ▪ Laryngoscope, various sizes of blades ▪ McGill forceps ▪ Nasal prongs ▪ Nasopharyngeal airways ▪ Nebulizer machine ▪ Oropharyngeal airways ▪ Oxygen cylinder with a flow metre ▪ Suction machines, tubes and catheters ▪ Thoracotomy set ▪ Tongue depressor ▪ Tracheostomy set ▪ Transport Ventilators	Other A&E Equipment ▪ Barlows tape measure (for children) ▪ Weighing scale ▪ Telephone and directory ▪ Pedal operated colour-coded waste bins ▪ Safety box for sharps ▪ Blood fridge ▪ Cabinets ▪ Computer (s) and accessories and appropriate software ▪ Drug cabinet ▪ Examination couch ▪ Examination lamps ▪ Hoist ▪ Instrument trays ▪ Office furniture ▪ EPI Refrigerator ▪ Resuscitation trolley/tray ▪ Rollers ▪ Stretchers ▪ Procedure trolleys ▪ Wheel chairs
Splints ▪ Bandages ▪ Cervical collar –hard collar ▪ Plaster of Paris ▪ Spine board ▪ Traction kit	Monitoring Devices ▪ Pulse oximeter ▪ Patient Monitors (invasive*** and non invasive) ▪ Glucometer ▪ Blood gas electrolyte analyser ▪ Spirometer/ peak flow meter ▪ Thermometer

	▪ Diagnosis set ▪ Stethoscope ▪ Sphygmomanometer (Digital & Aneroid)
Circulation/Haemodynamics ▪ 12 lead ECG machine ▪ Blood and fluid warmer ▪ Central venous catheters ▪ Defibrillator/ Automated External Defibrillator (AED) ▪ Foleys catheter s ▪ Infusion pumps ▪ Intraoseous Needles ▪ IV cannulae 14, 16 18 20 and 22 ▪ Syringe pumps	Diagnostic ▪ Mobile X-ray machine ▪ Diagnostic set ▪ Specimen bottles ▪ Lumbar puncture set ▪ Foetal heart monitor ▪ Ultrasound machine

Appendix 2: Essential Medicines

	Medicine	*Description*
1.	Cap Amoxicillin	250mg
2.	Syr Amoxicillin	125mg/5ml
3.	Tab Paracetamol	500mg
4.	Tab Cotrimoxazole	480mg
5.	Tab Albendazole	400mg
6.	Tab Chlorpheniramine	4mg
7.	Tab Artemisinin lumefantrine	20/120mg
8.	Susp Metronidazole	200mg / 5ml
9.	Inj Gentamycin	
10.	Inj Benzylpenicillin	
11	Inj Adrenaline	1mg/ml
12.	Inj Hydrocortisone	100mg/ml
13.	Oral rehydration salt	500ML/satchet
14.	Tetracycline eye ointment	1%
15.	Clotrimazole cream	1%
16.	Inj. Oxytocin	
17.	Infusion Normal Saline	

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Appendix 3: List of Tracer Non-pharmaceutical products

No.	*Item Description*	*Item category*	*Unit of Issue*
1	Cotton, Gauze Plain 36" x 100yds - 1500gms BP weight White colour, Loosely Woven and absorbent	Surgical dressing	**rolls**
2	Cotton wool 400gm	Surgical dressing	**rolls**
3	Giving sets, Blood, Double Chamber	surgical syringes/ needles /cannulas	**Box of 25**
4	Autoclaving Tape	Surgical dressing	**pack of 10**
5	Cord Clumps	Surgical dressing	**pack of 100**
6	**Gloves :**		
	Gynaecological gloves	Surgical gloves	**pairs**
	Surgical Latex Gloves (Sterile) size 7.5 "	Surgical gloves	**Pack of 50 pairs**
	Clean gloves	Surgical gloves	**Pack of 50 pairs**
7	Giving sets, Blood, Double Chamber	surgical syringes/ needles /cannulas	
8	Giving Sets, IV Fluid Infusion, with air inlets	surgical syringes/ needles /cannulas	
9	Catheters Folley's 30ml size - 16 FG	Surgical tubes	**Pieces**
10	I.V. Cannulas : - short Teflon, 18G - short Teflon, 24G	Surgical tubes	**Pack of 50**
11	Safety Boxes	Surgical dressing	**Pack of 50**
12	Sutures: Nylon No. 2/0 1/2" circle reverse,Cutting needle, 26mm, 75cm Non-absorbable (sterile) Polyglycolic acid 2/0 RBN 30mmx75cm	Sutures	**Dozen**
13	Syringes: 2ml with G23 Needle (Reuse Prevention Syringes) 5ml with one G 21needle (Reuse Prevention Syringes)	Surgical syringes/ needles /cannulas	**Box of 100**
14	Zinc Oxide strapping 7.5cm x 4.5m BPC	Surgical dressing	**box of 6 pc**
15	Bandages, Cotton, loose Woven, BP,7.5cm x 4.5m	Surgical dressing	**Dozen**
16	**Blades, Surgical, size 23**	**Surgical tubes**	**pack of 10**

Appendix 4: Assessment for critical intra-partum care

The provider shall conduct a risk assessment for the mother and unborn baby, identify, investigate and take action to reduce chance of bad outcome in accordance with Tables 1 to 9.

Table 1: Criteria for critical intra-partum care

Criteria for critical intrapartum care	*Related criteria available through hyperlink*
Initial assessment of a post-natal mother	•Management of PROM •management of preterm labour
Partogram	Caesarian section
Management of eclampia, severe PET	
Active management of third stage of labour	Management of PPH and manual removal of placenta
Intrapartum care for positive mother	

Table 2: Appropriate status of facility for adequate care

Level (as per the KHSSP)	*Level (WHO)*	*Asterix*
Level 1-3	Basic emergency Obstetrics care unit EMOC	*
Level 4	Comprehensive emergency Obstetrics unit (CEMOC)	**
Level 5-6	Comprehensive emergency Obstetrics unit	***
References		

Appendix 5: List of equipment for maternal care

All facilities will have the following equipment and commodities:

- Delivery beds
- Functional autoclave
- Examination coach
- Tracer drugs (oxytocin, dexamethasone, gentamycin, magnesium sulphate, misoprostol)
- Oxygen
- Baby warmer
- BP monitor
- Fetoscope/Doppler
- Sterile packs
- Speculum pack
- VE pack
- Delivery pack
- Delivery coach
- MVA kits ventose/vaccum extractor
- Resuscitaire
- Emergency tray with requisite drugs
- Resuscitation equipment such as Ambu bag, oxygen and suction machines,

In addition to above tier 3 facilities will have:

- Blood products
- Pulse oximeter
- Functional theatre bed and anaesthetics
- Life support machine (monitor, ventilator, pulse oximeter)

Appendix 6: List of laboratory Equipment

Level 2 and 3 facilities should have at minimum the following equipment:

- Haemoglobinometer
- Refrigerator
- Timer (stop watch)
- Pipette
- Centrifuge
- Glucometer
- Binocular microscope x10, x40, x100,

Level 4 health facilities should have the following equipment in addition to what level 2 and 3 facilities have:

- Haematology analyser
- Autoclave
- Weighing balance
- Tally counter
- Chemistry analyser
- Blood mixer
- Water bath, -20 degrees freezer.

Level 5 health facilities should have the following equipment in addition to what level 4 facilities have:

- Fully automated analyzers
- Safety hood/Biosafety cabinet
- Hot air oven
- Electrophoresis equipment
- Anaerobic jars
- Flow cytometry
- ELISA equipment
- Automatic pipette
- -70 degrees freezers

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Appendix 8: Surgical Safety Checklist

World Health Organization SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia ▶▶▶▶▶▶▶▶▶ Before skin incision ▶▶▶▶▶▶▶▶▶▶▶▶▶ Before patient leaves operating room

SIGN IN

- ☐ PATIENT HAS CONFIRMED:
  - IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- ☐ SITE MARKED/NA
- ☐ ANAESTHESIA SAFETY CHECK COMPLETED
- ☐ PULSE OXIMETER ON PATIENT AND FUNCTIONING

DOES PATIENT HAVE:
KNOWN ALLERGY?

- ☐ NO
- ☐ YES

DIFFICULT AIRWAYS/ASPIRATION RISK?

- ☐ NO
- ☐ YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?

- ☐ NO
- ☐ YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS AVAILABLE

TIME OUT

- ☐ CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE

- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM:
  - PATIENT
  - SITE
  - PROCEDURE

ANTICIPATED CRITICAL EVENTS:

- ☐ SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
- ☐ ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATENT-SPECIFIC CONCERNS?
- ☐ NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR CONCERNS?

HAS ANY ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?

- ☐ YES
- ☐ NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?

- ☐ YES

SIGN OUT

NURSE VERBALLY CONFIRMS WITH THE TEAM:

- ☐ THE NAME OF THE PROCEDURE RECORDED
- ☐ THAT INSTRUMENT, SPONGE AND NEEDLE ARE CORRECT (OR NOT APPLICABLE)
- ☐ HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
- ☐ WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED

- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED

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Appendix 9: Anaesthesia Record

REPUBLIC OF KENYA

ANAESTHESIA RECORD GOK/KSA

NAME		DATE	WARD
IP No.	AGE	GENDER Male ☐ Female ☐	THEATRE
WT (kg)	HT (cm)	ANAESTHETISTS	

PRE- OP DIAGNOSIS

INTRA-OP DIAGNOSIS	SCRUB NURSES
PROPOSED PROCEDURE	PROCEDURE DONE

PRE-OPERATIVE ASSESSMENT | OTT

SMOKING	ALCOHOL	OTHER DRUG USE

CARDIOVASCULAR SYSTEM Normal ☐ Abnormal ☐	Yes	No	COMMENTS (Positive findings/ recommendations) H.R. B.P Pallor ☐
Hypertension/Hypotension	☐	☐	
Easy fatiguability	☐	☐	
Murmur	☐	☐	
Chest pain/ angina / CAD	☐	☐	
Congestive Heart Failure	☐	☐	
Arrythmia	☐	☐	
Peripheral Vascular Disease	☐	☐	
Congenital/Valvular Heart Disease	☐	☐	
Other	☐	☐	

RESPIRATORY SYSTEM Normal ☐ Abnormal ☐			R.R. SpO2 Cyanosis ☐
Asthma	☐	☐	
T.B.	☐	☐	
C.O.P.D.	☐	☐	
Other	☐	☐	
ENDOCRINE SYSTEM Normal ☐ Abnormal ☐			
Diabetes	☐	☐	
Thyroid Disease	☐	☐	
Recent steroid use	☐	☐	
Other	☐	☐	
NEUROLOGICAL SYSTEM Normal ☐ Abnormal ☐			
Seizures	☐	☐	G.C.S.
Elevated ICP	☐	☐	E
Neuromuscular disease	☐	☐	M
C.V.A./Cerebrovascular disease	☐	☐	V
Other	☐	☐	Tot:
RENAL Normal ☐ Abnormal ☐			
ARF	☐	☐	
CRF	☐	☐	
HAEMODIALYSIS	☐	☐	
Other	☐	☐	
GASTROENTEROLOGICAL Normal ☐ Abnormal ☐			
Hepatitis/Cirrhosis/ Jaundice	☐	☐	
Increased risk of reflux	☐	☐	
P.U.D	☐	☐	
Other			

OTHER SIGNIFICANT ANAESTHETIC AND MEDICAL HISTORY/ PHYSICAL EXAMINATION

HISTORY OF PRESENTING ILLNESS

ANAESTHESIA RECORD

AIRWAY	Yes	No	COMMENTS (Positive findings/ recommendations)
Loose teeth	☐	☐	
Dentures	☐	☐	
Anatomical abnormalities	☐	☐	
Mallampati classification _____			
Other	☐	☐	

CURRENT MEDICATION

1		4	STEROID USE
2		5	YES NO
3		6	

ALLERGIES:

_____

SIGNIFICANT LAB RESULTS

Haematology Hb____Hct____Plts____ WBC____PT____INR____APTT____	Normal	Abnormal	N/A	Positive findings/ recommendations
Renal function tests	☐	☐	☐	
Liver function tests	☐	☐	☐	
Glucose	☐	☐	☐	
Sickling Test	☐	☐	☐	
Other_____	☐	☐	☐	

OTHER SIGNIFICANT PRE-OP TESTS

CXR	Normal	☐	Abnormal	☐	
	N/A	☐			
E.C.G.	Normal	☐	Abnormal	☐	
	N/A	☐			
Echo	Normal	☐	Abnormal	☐	
	N/A	☐			
Cardial Cath	Normal	☐	Abnormal	☐	
	N/A	☐		☐	
Other_____	Normal	☐	Abnormal	☐	
	N/A	☐		☐	

ASA: 1 2 3 4 5 E

PRE-OPERATIVE ORDERS / INSTRUCTIONS

Name_____Signed_____Date_____Time_

DRUGS | UNITS | INTRA-OPERATIVE RECORD Date:...../...../..... | INTRA-OPERATIVE RECORD Date:...../...../..... | SYMBOLS

O_2 L/min

Air N_2O L/min

Vapour %

INFUSIONS | RATE

FLUIDS 1

2

3

BLOOD/BLOOD PRODUCTS

WB/ FB

PACKED CELLS

FFP

PLTS / CRYO

TIME 15 30 45 0 15 30 45 0 15 30 45 0 15 30 45 0 15 30 45 0 15 30 45 0 15

HR 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20

TEMP 42 41 40 39 38 37 36 35 34

SpO2

ETCO2

E.C.G.

CVP

LAP

OTHER

POSITION

URINE

FBI

Spo2

ETCO2

E.C.G.

CVP

LAP

OTHER

POSITION | TOTALS

URINE

E.B.L.

AIRWAY

OROPHARYNGEAL ☐

NASOPHARYNGEAL R/L ☐

LMA ☐ SIZE_____

UNDERMASK ☐

OTHER

INTUBATION

DIRECT VISION ☐

BLIND ☐

FIBREOPTIC ☐

ASLEEP ☐ AWAKE ☐

IN SITU ☐

TOPICAL SPRAY_____

BLADE Size_____

CURVED ☐ STRAIGHT ☐

DIFFICULTY_____

ENDOTRACHEAL TUBE

ORAL ☐

NASAL ☐ R / L

ENDOBRONCHIAL ☐ R / L

SIZE_____

LENGTH_____

CUFF ☐

PACK YES ☐ NO ☐

TIME IN_____

TIME OUT

NG TUBE YES ☐ NO ☐

MONITORS LOCATION

ECG_____ ☐ PRECORDIAL STETH ☐ TEMP 1 ☐ TEMP 2 ☐ URINARY CATHETER ☐ PULSE OX_____ ☐ $ETCO_2$ ☐ CVP ☐ NIBP_____ ☐ NERVE STIMULATOR ANAES GAS ANALYSER ☐ OTHER ☐ _____

INDUCTION	TIME
1	
2	
3	
4	
INCISION TIME	

INDUCTION METHOD:

RAPID SEQUENCE ☐

INHALATIONAL ☐

INTRAVENOUS ☐

PRE-OXYGENATION ☐

OTHER_____ ☐

VENTILATION:

METHOD: IPPV ☐ SPONT ☐

MANUAL ☐ OTHER ☐

CIRCUIT: CLOSED ☐ OPEN ☐

TYPE:_____

VENTILATOR TYPE:_____

VENT. SETTINGS

T.V._____

RATE_____

I:E_____

PEEP_____

OTHER

INTRAVENOUS ACCESS

1____G SITE_____

2____G SITE_____

3____G SITE_____

4____G SITE_____

CENTRAL VENOUS ACCESS

1 SIZE_____ LENGTH_____ SITE_____ TYPE_____

2 SIZE_____ LENGTH_____ SITE_____ TYPE_____

ARTERIAL LINES

1 SIZE_____ SITE_____ TYPE_____

2 SIZE_____ SITE_____ TYPE_____

OTHER ACCESS

1 SIZE_____ SITE_____ TYPE_____

TERMINOLOGY

Accreditation: Third party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks.

Advanced life support: The preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation using invasive techniques such as defibrillation, advanced airway management, intravenous access and drug therapy.

Adverse drug reaction: A drug response that is noxious and unintended, and which occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.

Annual plan: The current action plan for the year for achieving organization goals and objectives, which includes the processes, actions and resources needed for this. Also operational plan.

Assessment: Process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed. The assessment forms the basis of a plan of care and treatment for patients or improvement for facilities.

Assessor: External reviewer, assessor of achievement of or compliance with agreed standards, principles and/or criteria.

Basic life support: The preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care, including use of an automated external defibrillator.

Best practice: Approaches that have been shown to produce superior results, selected by a systematic process, and judges as exemplary.

Calibration: The comparison of a measurement instrument or system of unverified accuracy with a measurement instrument or system of known accuracy, in order to detect any variation from required measurement performance.

Care plan: A document that outlines the care and treatment to be provided to a client, a set of actions the healthcare provider will implement to resolve health problems identified by assessment or to achieve the client's goals and needs.

Care-givers: People who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or general frailty.

Clients: Individuals being served or provided with care or treatment by the organization.

Complaint: Expression of a problem, an issue, or dissatisfaction with services that may be verbal or in writing.

Consent: Voluntary agreement or approval given by a client.

Continuity: The provision of coordinated services within and across programs and organizations, and over time.

Continuous quality improvement: A systematic, ongoing effort to raise an organization's performance as measured against a set of standards or indicators.

Criteria: Specific steps to be taken, or activities to be done, to reach a decision or a standard, measurable elements of a standard.

Cultural appropriateness: The design and delivery of services are consistent with the cultural values of clients who use them.

Data: Facts and statistics collected together for reference or analysis, from which information can be generated.

Decontamination: The removal of dangerous substances, rendering harmless by the removal or neutralization of poisons or radioactivity.

Effectiveness: The degree to which services, interventions or actions are provided in accordance with current best practice in order to meet goals and achieve optimal results.

Efficiency: The degree to which resources are brought together to achieve desired results most cost effectively, with minimal waste, re-work and effort

Environment: The overall surroundings where health care is being delivered, including the building, fixtures, fittings and services such as air and water supply. Environment can also include other patients, visitors and the workforce

Escalation protocol: The protocol that sets out the organizational response required for different levels of abnormal physiological measurements or other observed deterioration. The protocol applies to the care of all patients at all times

Ethics: Acknowledged set of principles that are deemed morally correct and which guide professional and moral conduct.

Evaluation: Assessment of the degree of success in meeting the goals and expected results (outcomes) of the organization, services, programs or clients.

Evidence: Data and information used to made decisions. Evidence can be derived from research, experiential learning, indicator data, and evaluations. Evidence is used in a systematic way to evaluate options and make decisions.

Feedback: Information or comment provided by clients in response to a service or query.

Guidelines: Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific circumstances

Hand hygiene: A general term referring to any action of hand cleansing.

Health outcome: The health status of an individual, a group of people or a population that is wholly or partially attributable to an action, agent or circumstance.

Healthcare provider: A person who provides the health care for or on behalf of the organization, group or agency, e.g. a doctor, nurse, allied health professional.

Health record: Information about a patient held in hard or soft copy. The health service record may comprise of clinical records, administrative records and financial records (e.g. invoices, payments and insurance information.

Incident: An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person and/or a complaint, loss or damage.

Indicator: Performance measurement tool that is used as a guide to monitor, evaluate, and improve the quality of services. Indicators relate to structure, process, and outcomes and are

rate based, i.e. have a numerator and denominator so that they can be compared and benchmarked.

Infection control or infection control measures: Actions to prevent the spread of pathogens between people in a healthcare setting. Examples of infection control measures include targeted healthcare associated infection surveillance, infectious disease monitoring, hand hygiene and personal protective equipment.

Informed consent: A process of communication between a patient and their medical officer that results in the patient's authorization or agreement to undergo a specific medical intervention. This communication should ensure the patient has an understanding of all the available options and the expected outcomes such as the success rates and/or side effects for each option

Intervention: Action taken to treat or provide care or other service designed to improve health outcomes.

Leadership: Ability to provide direction and cope with change. It involves establishing a vision, developing strategies for producing the changes needed to implement the vision; aligning people; and motivating and inspiring people to overcome obstacles.

Management: The organization and coordination of the activities of a facility or organization in order to achieve defined objectives. It involves setting targets or goals for the future through planning and budgeting, establishing processes for achieving those targets and allocating resources to accomplish those plans.

Medication history: An accurate recording of a patient's medicines. It comprises a list of all current medicines including all current prescription and non‑prescription medicines, complementary healthcare products and medicines used intermittently; recent changes to medicines; past history of adverse drug reactions including allergies; and recreational drug

Monitoring: Being aware of the state of a system by observing a situation or process for any changes which may occur over time, usually using a measuring tool or device.

Monitoring plan: A written plan that documents the type and frequency of observations to be recorded.

Objective: A target that must be reached if the organization is to achieve its goals. It is the translation of the goals into specific, concrete terms against which results can be measured.

Orientation: A formal process of informing and training workforce upon entry into a position or organization, which covers the policies, processes and procedures applicable to the organization.

Partograph: Tool that can be used by healthcare providers during the birthing process to assess the progress of labor and identify when intervention is necessary.

Patient: A person receiving care in a health facility. Also referred to as consumer or client.

Patient-centered care: The delivery of health care that is responsive to the needs and preferences of patients. Patient-centered care is a dimension of safety and quality.

Patient identifiers: Items of information accepted for use in patient identification, including patient name, date of birth, gender, address, medical record number etc. Health facility and clinicians are responsible for specifying the approved items for patient identification. Identifiers such as room or bed number are not to be used by facilities implementing the KQMH.

Patient rights charter: A clear statement of the rights of all clients of the organization, which all personnel are required to recognize and protect and which is supported by health facility and service policies, procedures and resource levels.

Performance evaluation: The continuous process by which a manager and a staff member review the staff member's performance, set performance goals, and evaluate progress towards these goals.

Performance targets: Expected levels of performance, used to assess performance achieved compared to planned or expected performance.

Policy: A set of principles that reflect the organization's mission and direction. All procedures and protocols are linked to a policy statement.

Procedures: Written sets of instructions conveying the approved and recommended steps for a particular act or series of acts.

Procedures make policies and protocols operational and are specific to an organization.

Protocol: An established set of rules used for the completion of tasks or a set of tasks.

Quality: The degree of excellence, extent to which an organization meets clients' needs and exceeds their expectations.

Quality assessment: Planned and systematic collection and analysis of data about a service, usually focused on service content and delivery specifications and client outcomes

Quality improvement: Ongoing response to quality assessment data about a service in ways that improve the processes by which services are provided to clients.

Referral: The act of a facility or provider directing a client/patient to the care of another facility, or service provider; or giving direction to or on behalf of the client to obtain additional services from another organization or provider.

Rights: Something that can be claimed as justly, fairly, legally, or morally one's own. A formal description of the services that clients can expect and demand from an organization.

Risk: The chance of something happening that will have a negative impact. It is measured by consequences and likelihood.

Risk management: The design and implementation of a program to identify and avoid or minimize risks to patients, employees, volunteers, visitors and the institution.

Safety: The degree to which the potential risk and unintended results are avoided or minimized.

Standard: A desired and achievable level of performance against which actual performance is measured.

Standard Operating Procedures: Set of detailed, written instructions, having the force of a directive, to achieve uniformity or standardization of the performance of a specific function.

Strategic plan:	A formalized plan that establishes the organization's overall goals and that seeks to position the organization in terms of its environment.
Surveillance:	The process of data collection, collation and analysis for the purpose of characterizing groups of risks and identifying control strategies, and the timely dissemination and feedback of data to those who need to know.
System:	The organization of resources, policies, processes and procedures that are integrated, regulated and administered to accomplish the objective of the Standard.

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