



Ministry of Health & Social Welfare

QUARTERLY QUALITY CHECKLIST FOR HOSPITALS

Date received by NaNA: _____

Percentage score: _____

Region: _____

Hospital Name: _____

Type of Hospital (circle): (A) Teaching (B) General (C) Specialised or (D) Other

Status: (A) Public (B) Private for Profit (C) Private for Non-Profit (NGO)

Catchment Area Population: _____

EVALUATION SUMMARY

Structural Quality Sections

No	Service	Max Points	Current Score	Relative Weight in %	A %
1	General Management	28			(Current score/total structural score) X 15 = A
2	Maintenance, Hygiene & Medical Waste Disposal	20			
3	<i>Essential Medicine Management</i>	20			
4	Emergency services	20			
5	<i>Family planning</i>	12			
6	Adolescent and Youth friendly services	8			
7	Laboratory	32			
8	Radiological Services	8		15%	
9	Theater and surgery	22			

	Total Structural Quality	170			
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Process Quality Sections

No	Service	Max Points	Current Score	Relative Weight in %	B %
10	General Consultations (OPD)	36		85%	(Current score/total process score) X 85 = B
11	Child Services	35			
12	ANC and PNC	21			
13	In-patients wards	68			
14	Delivery room	92			
15	Maternity ward	13			
	Total Process Quality Score	264			
	Total Quality Score (A+B)				
	Name: Supervisor		Signature:		
	Name: In charge of Facility		Signature:		
	Date:		Final Score:		

Staffing for hospitals ¹

Category	Hosp. Norms (5)	In post	Vacant
Medical Officer	15/Hosp		
Reg. Nurse	30/Hosp		
Midwife	25/Hosp		

¹As per draft MOHSW norms.

EN	50/Hosp		
CHN	0		
Pharmacy	14/Hosp		
Laboratory	12/Hosp		
X-ray	4/Hosp		
Anaesthetist	9/Hosp		
Medical Records	10/Hosp		
Revenue Collectors	8/Hosp		
Admin.	8/Hosp		
Dental	6/Hosp		
Pub Health Officer	1/Hosp		
CAN	20/Hosp		
Orderlies	70/Hosp		
Labourers	8/Hosp		
Stores	8/Hosp		
Transport	4/Hosp		
Maintenance	8/Hosp		
Security	20/Hosp		
Catering	8/Hosp		

Laundry	10/Hosp		
Mortuary	4/Hosp		
Eye Health	8/Hosp		
Pub.Health Nurse	0		
Physiotherapy	6/Hosp		
Social Welfare	4/Hosp		
TBA	0		
VHW	0		

NB: Supervisors are to refer to the Guidelines on the use of the Hospital Checklist. For items/criteria that is/are available the supervisors should use the provided ballot boxes as shown below

- (not available)
- (available)

Structural Quality Sections

1	General Management	Full Marks	Part Marks	No Marks	Comments
1.1	Planning and Administration				
1.1.1	(1) <input type="checkbox"/> Updated duty roster present (for the quarter) (2) <input type="checkbox"/> Staff leave calendar (3) <input type="checkbox"/> Qualified staff present during official hours with uniforms in all departments per their grade, (4) <input type="checkbox"/> Updated staff attendance register and kept by in charge obstetric services) <i>Give full marks if all the four items are available and part marks if 2-3 out of 4 are available and no marks if less than 2</i>	2	1	0	
1.1.2	Staff meeting conducted monthly with adequate quorum (including quarterly CAC meetings) Each monthly minutes contain:	2	1	0	

	<p>(1) <input type="checkbox"/> date of the meeting;</p> <p>(2) <input type="checkbox"/> signed list of participants;</p> <p>(3) <input type="checkbox"/> follow-up of decisions taken during the previous meeting;</p> <p>(4) <input type="checkbox"/> there is a list of developed recommendations or decisions taken;</p> <p>(5) <input type="checkbox"/> each month the monthly financial balance is discussed;</p> <p>(6) <input type="checkbox"/> minutes of the meeting are signed by the chair.</p> <p><i>Give full marks if all the three meetings were held and the minutes meet the above criteria, give part marks if all the meetings were held but minutes are not meeting the full criteria, and no marks if less than 3 meetings were held.</i></p>				
1.1.3	<p>(1) <input type="checkbox"/> Visitors book with a section on findings and recommendations,</p> <p>(2) <input type="checkbox"/> inventory register,</p> <p>(3) <input type="checkbox"/> repair plans and reports,</p> <p>(4) <input type="checkbox"/> returns (human, material and finance)</p> <p>(5) <input type="checkbox"/> Workshop Feedback book with signatures of the health workers that attended the feedback meetings</p> <p><i>All books should be up to date</i></p> <p><i>Give full marks if all the five items are available and part marks if 3-4 out of 5 are available and no marks if less than 2.</i></p>	2	1	0	
1.1.4	<p>Business plan</p> <p>(1) <input type="checkbox"/> Business plan available</p> <p>(2) <input type="checkbox"/> The HC business plan is complete and provides analysis translated into action.</p> <p>(3) <input type="checkbox"/> The HC convincingly demonstrates that it implements plans expressed in last business plans per 3 strategies.</p> <p>Check for Health facility plans availability for non-RBF facilities.</p> <p><i>Give full marks if all the three items have been met and part marks if 2 out of 3 are met and no marks if less than 2.</i></p>	2	1	0	
1.1.5	<p>Financial and accounting documents (including for RBF) available and well kept</p> <p>(1) <input type="checkbox"/> Bank statements, receipts, invoices available for all transactions</p> <p>(2) <input type="checkbox"/> Filed in clearly labelled files</p> <p>(3) <input type="checkbox"/> Cashbook is well balanced and indicates both receipts of RBF benefits and expenditures for each month for the quarter</p> <p>(4) <input type="checkbox"/> Financial statements prepared and submitted to RHD and copies filed</p> <p>(5) <input type="checkbox"/> Procurement procedures are constantly applied per Gambia Public Procurement Authority Regulations.</p> <p><i>Give full marks if all the five items of the criteria are fulfilled and part marks if 3-4 out of 5 are fulfilled and no marks if less than 2.</i></p>	2	1	0	

1.2	Records, information management (HMIS) and planning				
1.2.1	<p>HMIS returns are filled with summary of data in graphs and charts</p> <p>(1) <input type="checkbox"/> All three HMIS returns are filled and neatly filed</p> <p>(2) <input type="checkbox"/> Complete filling of the OPD above five and under five registers</p> <p>(3) <input type="checkbox"/> Graphs on the HMIS data displayed and updated</p> <p>(4) <input type="checkbox"/> The report is submitted to the RHD submitted by the 5th of the month following</p> <p><i>Give full marks if all the four items are available and part marks if 2-3 out of 4 are available and no marks if less than 2</i></p>	2	1	0	
1.2.2	<p>Hospital quarterly data review meetings with reports available</p> <p>Clinical Meetings happening monthly with reports available</p> <p>Descriptive statistics available and displaced in-particular Maternal and Child Health data.</p> <p><i>Give full marks if all the three meetings minutes have and part marks if 2 out of three meetings and no marks if less than 2 meetings have evidence of data discussion.</i></p>	2	1	0	
1.2.3	<p>Number of Maternal deaths/ near miss reviewed for every maternal death</p> <p>Assessment- Ask how many maternal deaths occurred in the quarter and ask for minutes of each audit. <i>(Give full marks if all maternal deaths were audited, give part marks if 50% were audited and no marks if less than 50% were audited)</i></p>	6	3	0	
1.3	<p>Referral feedback mechanism and patient feedback mechanism in place</p> <p>(1) <input type="checkbox"/> Availability of Pigeon hole</p> <p>(2) <input type="checkbox"/> Effective functioning of referral feedback</p> <p><i>Availability of a suggestion box</i></p>	2	1	0	
1.4	<p>Ambulance and General Transport Management</p> <p>(1) <input type="checkbox"/> Vehicle maintenance register available,</p> <p>(2) <input type="checkbox"/> filled and maintenance carried out according maintenance plan.</p> <p>(3) <input type="checkbox"/> Vehicle log book available and maintained/filled</p> <p><i>Give full marks if all the three items have been met and part marks if 2 out of 3 are met and no marks if less than 2.</i></p>	2	1	0	
1.5	Staffs on duty appropriately dressed with Proper and correct Uniforms and name tags	4	0	0	
1.6	Hospital has power back up system (functional generator) with fuel	2	1	0	
Total Points General Management		/28			
Recommendations					

2	Maintenance and Hygiene	Full Marks	Part Marks	No Marks	Comments
2.1	<p>Maintenance Outside</p> <p>(1) <input type="checkbox"/> Fence at health facility available and well maintained (Fence with gate, can be closed at night and there are no holes)</p> <p>(2) <input type="checkbox"/> Walls painted</p> <p>(3) <input type="checkbox"/> Roof intact</p> <p>(4) <input type="checkbox"/> Ceiling well kept</p> <p>(5) <input type="checkbox"/> Clean and well maintained environment</p> <p><i>Give full marks if all the five items of the criteria are fulfilled and part marks if 3-4 out of 5 are fulfilled and no marks if less than 2.</i></p>	2	1	0	
2.2	<p>Fire fighting equipment:</p> <p>(1) <input type="checkbox"/> Fire extinguishers available</p> <p>(2) <input type="checkbox"/> Functional and easily accessible (if not functional was a report made)</p> <p>(3) <input type="checkbox"/> When was the last service and training of staff</p> <p>(4) <input type="checkbox"/> Fire exits clearly marked, assembling area, evacuation plan per department</p> <p><i>Give full marks if all the four items are available and part marks if 2-3 out of 4 are available and no marks if less than 2.</i></p>	2	1	0	
2.3	<p>Garbage bins in the courtyard</p> <p>(1) <input type="checkbox"/> Availability of garbage bins in courtyard</p> <p>(2) <input type="checkbox"/> Bins with lids and plastic lining,</p> <p>(3) <input type="checkbox"/> Accessible to clients</p> <p>(4) <input type="checkbox"/> Not full, without hazardous waste (e.g. sharps, used cotton wool etc.)</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
2.4	<p>Presence of working latrines/toilets which are well-maintained</p> <p>(1) <input type="checkbox"/> Available in adequate numbers at least 2 per ward/unit</p> <p>(2) <input type="checkbox"/> Working</p> <p>(3) <input type="checkbox"/> Well-maintained</p> <p>(4) <input type="checkbox"/> Clean</p> <p>(5) <input type="checkbox"/> Appropriately located</p> <p><i>Give full marks if all the five items of the criteria are fulfilled and part marks if 3-4, and no marks if less than 2.</i></p>	2	1	0	
	Infection Prevention and control				
2.5	<p>(1) <input type="checkbox"/> Infection control guidelines/policy available and being used (check for running water and soap)</p> <p>(2) <input type="checkbox"/> Functional Infection Control committee and minutes available</p> <p><i>Give full marks if all the both items of the criteria are fulfilled</i></p>	2	1	0	

	<i>and part marks if 1 out of 2, and no marks if none.</i>				
2.6	<p>Incinerator is available</p> <p>(1) <input type="checkbox"/>The incinerator is constructed and maintained per norms. If not yet available, is the garbage taken to a central point?</p> <p>(2) <input type="checkbox"/>No waste or medical waste in the courtyard</p> <p><i>Give full marks if all the both items of the criteria are fulfilled and part marks if 1 out of 2, and no marks if none.</i></p>	2	1	0	
2.7	<p>Sterilization per norms using a functional pressure sterilizer/autoclave.</p> <p><i>Give full marks if available and functional and none if not available or not functional</i></p>	2	1	0	
2.8	<p>Hygienic conditions assured during wound dressing and injections</p> <p>(1) <input type="checkbox"/>Sterile dressing packs available and</p> <p>(2)<input type="checkbox"/> availability of sharp box</p> <p><i>Give full marks if all the both items of the criteria are fulfilled and part marks if 1 out of 2, and no marks if none.</i></p>	2	1	0	
2.9	<p>Disposal of Medical Waste per National Norms</p> <p>(1) <input type="checkbox"/>Facility using black bin liners (Plastic) for non-contaminated medical waste</p> <p>(2) <input type="checkbox"/>Yellow for contaminated waste</p> <p>(3) <input type="checkbox"/>Red for organic medical waste</p> <p>(4) <input type="checkbox"/>There are bins with lids and foot pedals</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2</i></p>	2	1	0	
2.10	<p>Protective gear for personnel managing medical waste available</p> <p>(1) <input type="checkbox"/>boots</p> <p>(2) <input type="checkbox"/>plastic clothing</p> <p>(3) <input type="checkbox"/>thick plastic/rubber gloves and</p> <p>(4) <input type="checkbox"/>a wheelbarrow to transport the medical waste</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
Total Points Maintenance and Hygiene		/20			
Recommendations					

3	Essential Medicines (EM) Management	Full Marks	Part Marks	No Marks	Comments
3.1	<p>Medicines stored in a secured storeroom (BURGLAR PROOFING) (1) <input type="checkbox"/>Clean place, well ventilated with all medicines on labelled shelves.</p> <p>(2) <input type="checkbox"/>Medicine and medical consumables stored alphabetically and apply the First Expiry - First Out (FEFO)</p>	2	1	0	

	principle <i>Give full marks if both criteria are met,</i>				
3.2	(1) <input type="checkbox"/> Hospital orders two monthly and supplementary orders (Verify from CRIV) (2) <input type="checkbox"/> Health facility is submitting LMIS returns for tracer essential medicines to the RHD <i>Give full marks both criteria are met, and no part marks</i>	2	1	0	
3.3	Staff maintains stock cards for EM showing security stock levels = monthly average consumption x3 Supply in register corresponds with 3 monthly physical supply No stock out of the following essential medicines in last 60 DAYS Check stock cards of the following commodities <input type="checkbox"/> Magnesium sulphate <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Oxytocin <input type="checkbox"/> Paracetamol <input type="checkbox"/> Mebendazole <input type="checkbox"/> Vitamin A <input type="checkbox"/> RUTF (plumpy nut) <input type="checkbox"/> F75 <input type="checkbox"/> F100 <input type="checkbox"/> OI/ART medicines <i>Give full marks if 9-10 of the tracer medicines selected have stock cards, with minimum and maximum stocks documented and not stock out reported in the last 60 days and part marks if 6-8 meet the criteria and no marks if less than 6</i>	2	1	0	
3.4	Drug prescription and dispensing Check the last five prescriptions to ensure they are per guidelines <i>Give full marks if all the prescriptions are per guidelines and part marks if 3 or more and no marks if less than 3</i>	4	1	0	
3.5	Regular medicine requisition (1) <input type="checkbox"/> Medicine dispensing bags labeled (2) <input type="checkbox"/> Medicines to clients are uniquely dispensed through prescriptions (copies). (3) <input type="checkbox"/> Prescriptions are found in the wards and OPD (4) <input type="checkbox"/> Specimen signatures for prescribers available at the pharmacy <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	4	1	0	
3.6	Was prescribed medicine available Check /exit interviews for 10 clients who have been dispensed with medicines for % of medicines given <i>Give full marks if 10 out of 10 patients received all the prescribed medicine, give part marks if 6-9 patients and no marks if less than 6</i>	4	1	0	
3.7	Absence of expired medicine or medicine with unreadable labels. Reviewer verifies randomly 3 medicine and 2	2	1	0	

	consumables (1) <input type="checkbox"/> Expired/unreadable labels medicine well separated from stock and (2) <input type="checkbox"/> disposed of per protocol <i>Give full marks if for all items the two criteria are met, and no part marks</i>				
Total Points Essential Medicines		/20			
Recommendations					

4	Emergency Services	Full Marks	Part Marks	No Marks	Comments
4.1	Presence of an emergency protocol displayed on the wall (check for procedure to be followed and phone numbers to be called, triaging of patients) Presence of the various protocols for the various emergencies (1) <input type="checkbox"/> Road traffic accident (2) <input type="checkbox"/> Medical emergency (Asthma/ (3) <input type="checkbox"/> Surgical emergency (4) <input type="checkbox"/> Bites (dogs, snakes, etc.) <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	2	1	0	
4.2	Is the following equipment available and functional? (1) <input type="checkbox"/> Suction machine (2) <input type="checkbox"/> airways (3) <input type="checkbox"/> bags and mask (ambu-bag) (4) <input type="checkbox"/> oxygen and nebulizer, thermometer <i>If not functional was a report made?</i> <i>Give full marks if all 4 criteria are met and items functional (easily accessible not stored under lock and key) and give part marks if available but not functional and a report was made, no marks if available but not functional and no report made/ not available</i>	2	1	0	
4.3	Emergency tray Labelling: (1) <input type="checkbox"/> Emergency tray is available (2) <input type="checkbox"/> The tray is clearly labelled (3) <input type="checkbox"/> The medicines and accessories are also labelled (4) <input type="checkbox"/> Labels are clear, legible and durable <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	2	1	0	

4.4	<p>Emergency tray, (1) <input type="checkbox"/> With all the necessary medicine 50% dextrose, adrenaline, hydrocortisone, lignocaine, diazepam, atropine (2) <input type="checkbox"/> emergency tray book available, up to date and (3) <input type="checkbox"/> no expired medicines on the tray <i>Give full marks if all the 3 items of the criteria are fulfilled and part marks if 2 out of 3, and no marks if less than 2.</i></p>	2	1	0	
4.5	<p>Important Accessories: (1) <input type="checkbox"/> Cannulas (2) <input type="checkbox"/> Giving sets (3) <input type="checkbox"/> Syringes and needles (4) <input type="checkbox"/> Drip stand (5) <input type="checkbox"/> Swabs (6) <input type="checkbox"/> Strapping (7) <input type="checkbox"/> Disinfectant (8) <input type="checkbox"/> Gloves (9) <input type="checkbox"/> Facemask (10) <input type="checkbox"/> Specimen bottles (<i>Should be available as part of emergency services</i>) <i>Give full marks if 9-10 out of 10 items of the criteria are fulfilled and part marks if 6-8 out of 10, and no marks if less than 6.</i></p>	4	1	0	
4.6	<p>IV fluids (1) <input type="checkbox"/> ringer lactate (2) <input type="checkbox"/> 5% dextrose (3) <input type="checkbox"/> normal saline) (4) blood and blood products <i>Give full marks if all the 4 items of the criteria are fulfilled and part marks if 3 are available, and no marks if 2 or less.</i></p>	2	1	0	
4.7	<p>Functional ambulance, communication systems (1) <input type="checkbox"/> Functional ambulance (2) <input type="checkbox"/> Functional means of communication available 24/7 (3) <input type="checkbox"/> Available and filled referral register (4) <input type="checkbox"/> Referral notes and feedback notes of complicated cases referred from facility to major facility/hospital level <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less</i></p>	4	1	0	
4.7	<p>Medical doctor and support staff on call. <i>Duty roster/ on call for medical and support staff (lab, x-ray, anesthetist, theatre nurse).</i></p>	2	0	0	
Total Points Emergency Services		/20			

Recommendations

5	Family planning	Full Marks	Part Marks	No Marks	Comments
5.1	(1) <input type="checkbox"/> FP guideline available (2) <input type="checkbox"/> Equipment available and Functional <input type="checkbox"/> Weighing Scale, <input type="checkbox"/> stethoscope, <input type="checkbox"/> sphygmomanometer, vaginal specula, <input type="checkbox"/> light source, <input type="checkbox"/> IUCD insertion kits <input type="checkbox"/> Ayre's spatula <input type="checkbox"/> cervical brushes <i>Give full marks if both criteria are met and part marks if 1 out of two is met and no marks if none is met</i>	2	1	0	
5.2	(1) <input type="checkbox"/> FP registers available and updated. (2) <input type="checkbox"/> Regular re-visit for FP methods (3) <input type="checkbox"/> Retention cards updated for each client <i>Give full marks if all the 3 criteria are met, give part marks if 2 out of three criteria items are met and no marks if less than 2</i>	2	1	0	
5.3	Confidentiality (auditory and visual) in consultation room assured (1) <input type="checkbox"/> Room with doors (2) <input type="checkbox"/> curtains at windows or non-transparent glass (3) <input type="checkbox"/> one client counselled at a time <i>Give full marks if all the 3 criteria are met, give part marks if 2 out of three criteria items are met and no marks if less than 2</i>	2	1	0	
5.4	Family planning methods available for demonstration to potential users (1) <input type="checkbox"/> Contraceptive Injectables (depo) (2) <input type="checkbox"/> Implants (Implanon/Jadelle) (3) <input type="checkbox"/> Intrauterine Contraceptive Device (IUCD) (4) <input type="checkbox"/> Oral contraceptives (both combined and Progestin-Only Hormonal Methods suitable for breastfeeding mothers) (5) <input type="checkbox"/> Condoms (F and M) are available for demonstration (the latter also for HIV education) (6) <input type="checkbox"/> Emergency contraception <i>Give full marks if all the 6 items of the criteria are met and part marks if 3-5 out of 6 and none if less than 3.</i>	2	1	0	
5.5	IUCD available and staff trained to use it (1) <input type="checkbox"/> At least five IUCDs (2) <input type="checkbox"/> at least one staff has in-service training to use it <i>Give full marks if both criteria are met and part marks if one is</i>	2	1	0	

	<i>met.</i>				
5.6	Implant method available and staff trained to use it (1) <input type="checkbox"/> At least five implants available (2) <input type="checkbox"/> at least one staff has in-service training to use it <i>Give full marks if both criteria are met and part marks if one is met</i>	2	1	0	
Total Points Family		/12			
Recommendations					

6	Youth Friendly Services	Full Marks	Part Marks	No Marks	Comments
6.1	1) <input type="checkbox"/> Availability of facilities to entice the youth to visit the clinic <i>e.g. Indoor or outdoor games, video club etc.</i> (2) <input type="checkbox"/> Having at least monthly organised activities <i>Give full marks if both criteria are met and no part marks</i>	2	1	0	
6.2	Existence of a youth friendly guideline and used	2	1	0	
6.3	Availability of at least one trained counsellors during organised activity and room available	2	1	0	
6.4	Availability of (1) <input type="checkbox"/> brochures (2) <input type="checkbox"/> posters (3) leaflets that address the needs of adolescents <i>Give full marks if all the three items have been met and part marks if 2 out of 3 are met and no marks if less than 2</i>	2	1	0	
Total Points Youth friendly services		/8			
Recommendations					

7	Laboratory	Full Marks	Part Marks	No Marks	Comments
7.1	Laboratory technician or technologist is available	2	0	0	
7.2	Laboratory is open every day of the week or on call Reviewer verifies the last 2 weekend days if there is a record of services offered in the laboratory register	2	0	0	

7.3	(1) <input type="checkbox"/> Standard Operating Procedures available and being used (SOPs to be uniform for all facilities) (2) <input type="checkbox"/> List of laboratory tests/investigations visible for the public with fees <i>Give full marks if both criteria are met and part mark if one is met and no marks if none is met.</i>	2	1	0	
7.4	Availability of parasites demonstrations On plastic paper, in a color book, or put on wall Stools: Ascaris, entamoeba, ankylostoma and schistosome <i>Give full marks if all the four are available, part mark if 2-3 out of four and no marks if less than 2.</i>	2	1	0	
7.5	Microscope available and functional Functional objectives; immersion oil available, mirror or electricity, blades, cover glass,	2	1	0	
7.6	Personal Protective Equipment (PPE) for the laboratory staff	2	1	0	
7.7	Minimum 3 months' stock of reagents Check availability of essential reagents and stored separately from specimens <i>Give full marks if all the three randomly selected items have minimum stock levels at least, part marks if 2 out of 3 and no marks if less than 2</i>	2	0	0	
7.8	HIV tests available (1) <input type="checkbox"/> Test kits for HIV (At the least 20 HIV rapid tests available in the laboratory; non-expired) (2) <input type="checkbox"/> RPR (3) <input type="checkbox"/> HepB tests available, and stored blood tested if applicable <i>Give full marks if all the three tests are available and part marks if 2 out of 3 and no marks if less than 2</i>	2	1	0	
7.9	Centrifuge available and functional CD4 counts performed	2	1	0	
7.10	Waste management Appropriate waste management practices in place <i>Check for</i> (1) <input type="checkbox"/> Clinical waste in a bin lined with red plastic with lid (2) <input type="checkbox"/> Organic waste in a bin lined with black plastic with lid (3) <input type="checkbox"/> Sharp container for sharp objects available (4) <input type="checkbox"/> Medical waste destroyed per guidelines <i>Give full marks if all the four criteria are fulfilled and part marks if 2 – 3 are fulfilled and no marks if less than 2.</i>	2	1	0	
7.11	TB tests are available At least 20 (sputum) tests available in the laboratory; non-expired,	2	1	0	
7.12	Personnel adequately washes dirty pipettes in containers with antiseptic (or having disposables)	2	1	0	
7.13	Availability of a functional safety cabinet in the laboratory	2	1	0	
7.14	Sterilization per the norms (1) <input type="checkbox"/> Functional sterilizer available (2) <input type="checkbox"/> Register for sterilizations used and filled	2	1	0	

7.15	Blood bank: emergency preparedness (1) <input type="checkbox"/> One transfusion certified/ laboratory staff member on call (2) <input type="checkbox"/> Sufficient supply of reagents for grouping and X-matching, properly stored (3) <input type="checkbox"/> Minimum units of fresh blood O rhesus negative type, non- expired available at least 5 units	2	1	0	
7.16	Results recorded correctly in laboratory register and match with results in inpatient sheets or OPD examination cards Reviewer verifies last five results and give full marks if the results match and no part marks	2	0	0	
Total Points Laboratory Services		/32			
Recommendations					

8	Radiological Services	Full Marks	Part Marks	No Marks	Comments
8.1	Radiological department manned by qualified staff <i>Give full marks if both criteria are met and no part marks</i>	2	0	0	
8.2	Radiological equipment available and functional (x-ray, ultrasound scan) <i>Give full marks if both equipment is available and functional</i>	2	0	0	
8.3	Availability of protective clothing and necessary safety precautions <i>Give full marks if both criteria are met and no part marks</i>	2	0	0	
8.4	Availability of 2 weeks' stock of consumables (x-ray films, fixers, envelopes etc.) Daily consumption known? <i>Give full marks if both criteria are met and no part marks</i>	2	0	0	
Total Points Radiological Services		/19			
Recommendations					

9	Surgery and theatre services	Full Marks	Part Marks	No Marks	Comments
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9.1	<p>Operating theatre in good state</p> <p>(1) <input type="checkbox"/> Walls of durable material and easily washable walls</p> <p>(2) <input type="checkbox"/> Floor paved with vinyl/ ceramic tiles without cracks, ceiling in good state</p> <p>(3) <input type="checkbox"/> Non-transparent windows and functional doors</p> <p>(4) <input type="checkbox"/> Good appropriate air ventilation system</p> <p><i>Give full marks if all the four criteria are met, part marks if 2-3 out of 4 and no marks if less than 2</i></p>	2	1	0	
9.2	<p>Operating table in good state</p> <p>(1) <input type="checkbox"/> Easy to clean mattress covered with waterproof material.</p> <p>(2) <input type="checkbox"/> Functional hand rests with handcuffs and stirrups.</p> <p>(3) <input type="checkbox"/> Table should be functional, being \ able to raise and tilt.</p> <p><i>Give full marks if all the three criteria are fulfilled and part marks if 2 out of 3 and no marks if less than 3.</i></p>	2	1	0	
9.3	<p>Functional lighting and electricity</p> <p>(1) <input type="checkbox"/> Theatre lamp with functional bulbs</p> <p>(2) <input type="checkbox"/> Assured reserve electricity (generator, solar energy, rechargeable theatre lamps)</p> <p><i>Give full marks if both criteria are met</i></p>	2	1	0	
9.4	<p>Basic equipment and consumables available</p> <p>(1) <input type="checkbox"/> Anaesthetic machine and drugs</p> <p>(2) <input type="checkbox"/> Piped gases (oxygen, nitrous oxide and backup cylinders)</p> <p>(3) <input type="checkbox"/> Aspirator – diathermy and cauterisation</p> <p>(4) <input type="checkbox"/> Functional suction machine</p> <p><i>Give full marks if all the four criteria are met, part marks if 2-3 out of 4 and no marks if less than 2</i></p>	2	1	0	
9.5	<p>(1) <input type="checkbox"/> Lockable drug trolleys, available with working locks.</p> <p>(2) <input type="checkbox"/> Dangerous drugs cupboard (double cupboard) each with a different lock, with DDA registers available.</p> <p><i>Give full marks if both criteria are met and no part marks</i></p>	2	1	0	
9.6	<p>Emergency surgical packs (general and caesarean)</p>	2	1	0	

	- Supervisor verifies the presence of at least 5 kits for each <i>Give full marks if all the ten packs are available, part marks if more than seven packs are available and no marks if less than 7</i>				
9.7	Gowning area available with adequate washing and scrubbing space (1) <input type="checkbox"/> Pedal or elbow tap with disinfection device (2) <input type="checkbox"/> Running water and anti-septic available <i>Give full marks if both criteria are met and part marks if 1 of the 2 and no marks if none is met</i>	2	1	0	
9.8	Theatre clothing available (1) <input type="checkbox"/> Surgical blouse (2) <input type="checkbox"/> Trousers (3) <input type="checkbox"/> Masks (4) <input type="checkbox"/> Hats (5) <input type="checkbox"/> Sandals (6) <input type="checkbox"/> Gumboots (7) <input type="checkbox"/> Goggles and (8) <input type="checkbox"/> Gowning packs <i>Give full marks if all the 8 items are available and part marks if 4-7 out of 8 and no marks if less than 4.</i>	2	1	0	
9.9	Surgical theatre register available and up to date	2	1	0	
9.10	Infection control in the operating theatre (1) <input type="checkbox"/> Bins with liners for infected materials with lids (2) <input type="checkbox"/> Sharps containers well positioned and used (3) <input type="checkbox"/> Separation of linen from infectious cases <i>Give full marks if all the three criteria are met and part marks if 2 out of three and no marks if less than 2</i>	2	1	0	
9.11	Post-operative complications (sepsis, haemorrhage, burst abdomen, wound infections) <i>Information captured in reports</i>	2	1	0	
Total Points Surgery and Theatre services					/22

Recommendations

Process Quality Sections

10	General Consultations – OPD	Full Marks	Part Marks	No Marks	Comments
10.1	<p>Good conditions in waiting area</p> <p>(1) <input type="checkbox"/> Sufficient benches and or chairs protected against sun and rain</p> <p>(2) <input type="checkbox"/> General waste bin for waiting clients, lined with black plastic with lid</p> <p><i>Give full marks if all the two criteria are met and part marks if 1 is met.</i></p>	2	1	0	
10.2	<p>Each Consultation room in good condition</p> <p>(1) <input type="checkbox"/> Walls with durable materials well painted</p> <p>(2) <input type="checkbox"/> floor paved with cement without fissures</p> <p>(3) undamaged ceiling</p> <p>(4) Consultation room and waiting space separated assuring confidentiality with clean curtains and functional door.</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
10.3	<p>Each Consultation room with sufficient furniture</p> <p>(1) <input type="checkbox"/> at least one chair and table for nurse</p> <p>(2) <input type="checkbox"/> two chairs for clients</p> <p>(3) <input type="checkbox"/> examination couch-Non-torn, plastic cover, clean sheet, specific for the OPD consultations only)</p> <p>(4) <input type="checkbox"/> Well ventilated room,</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
10.4	<p>Consultation room (where emergencies are received) has 24/7 light</p> <p>Functioning electricity or solar light or chargeable light present</p> <p><i>Give full marks if the criteria are met and no marks if not</i></p>	2	0	0	
10.5	<p>Consulting staff is well-dressed</p> <p>Prescribed uniform -for all staff in all departments at the hospital</p> <p><i>Give full marks if the criteria are met and no marks if not</i></p>	4	0	0	
10.6	<p>Correct patient registers</p> <p>(1) <input type="checkbox"/> Under 5 and Above 5,</p> <p>(2) <input type="checkbox"/> Correct and sequential numbering of patients per month</p> <p>(3) <input type="checkbox"/> Leave Space between registers per month and</p> <p>(4) <input type="checkbox"/> closed at the end of the month</p>	2	1	0	

	<i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>				
10.7	<p>(Equipment availability)</p> <p>1) <input type="checkbox"/> Stethoscope, (2) <input type="checkbox"/> BP machine, (3) <input type="checkbox"/> Thermometer, (4) <input type="checkbox"/> Adult weighing scale and (5) <input type="checkbox"/> Diagnostic set available and functional (Otoscope and ophthalmoscope)</p> <p><i>Give full marks if all the five items of the criteria are fulfilled and part marks if 3-4 out of 5, and no marks if less than 3.</i></p>	2	1	0	
10.8	<p>National treatment/programme specific guidelines and protocols</p> <p>Protocols for diagnosis and treatment of common illnesses accessible to staff and/or put on wall.</p> <p>(1) <input type="checkbox"/> Malaria (2) <input type="checkbox"/> TB (3) <input type="checkbox"/> STI (4) <input type="checkbox"/> HIV in each consultation room</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less</i></p>	2	1	0	
10.9	<p>(1) <input type="checkbox"/> Post Exposure Prophylaxis (PEP) policy and guidelines (2) <input type="checkbox"/> knowledge of PEP among staff (3) <input type="checkbox"/> PEP kit readily available in the event of a needle stick injury or other accidents</p> <p><i>Give full marks if all the 3 items of the criteria are fulfilled and part marks if 2 out of 3, and no marks if less than 2.</i></p>	2	1	0	
	Clinical OPD Quality of Care	5/5	3-4/5	2/5	
10.10	<p>% of patients with adequate illness management (Check for the following on 5 recently consulted patients from the OPD register)</p> <p>(1) <input type="checkbox"/> Basic assessment-record of vital signs Temperature, RR, BP, Pulse (2) <input type="checkbox"/> History taking (3) <input type="checkbox"/> Laboratory if applicable (4) <input type="checkbox"/> Diagnosis (5) <input type="checkbox"/> Prescription</p> <p><i>Give full marks if 5 patients have adequate management, part marks if 3-4 out of 5 patients and no marks if less than 3 patients</i></p>	4	2	0	
10.11	<p>% OPD nurses that can correctly state at least 4 TB symptom screening criteria (providers on shift day of assessment)</p> <p>• <i>Assessment: ask five nurses on duty per National TB control guidelines</i></p> <p><i>Give full marks if all the nurses are correct and part marks if 3-4 out of 5 give correct answers and no marks if less than 3</i></p>	4	2	0	
10.12	% Of TB presumptive cases with documented investigations. Source Suspect/Presumptive TB Register	4	2	0	

	<p>Assessment -(take 5 at random patients) Check 5 TB suspected cases from TB suspect register whether</p> <p>(1) <input type="checkbox"/>Sputum was taken</p> <p>(2) <input type="checkbox"/>Results known</p> <p>Give full marks if 5 patients have adequate management, part marks if 3-4 out of 5 patients and no marks if less than 3 patients</p>				
10.13	<p>% TB patients managed per National TB Control Guidelines to treatment. (Source TB Register, TB Treatment card)</p> <p>Assessment- take 5 random patients and check</p> <p>(1) <input type="checkbox"/>Date when initiated on treatment</p> <p>(2) <input type="checkbox"/>Contact tracing done</p> <p>(3) <input type="checkbox"/>HIV status documented</p> <p>(4) <input type="checkbox"/>DOT documented</p> <p>Give full marks if 5 patients have adequate management, part marks if 3-4 out of 5 patients and no marks if less than 3 patients</p>	4	2	0	
Total Points OPD Services		/36			
Recommendations					

11	Child services including IMNCI	Full Marks	Part Marks	No Marks	Comments
11.1	<p>Conditions in waiting area and consultation rooms for child services</p> <p>(1) <input type="checkbox"/>Sufficient benches and or chairs, protected against sun, rain and cold in waiting area</p> <p>(2) <input type="checkbox"/>tidy consultation rooms,</p> <p>(3) <input type="checkbox"/>unbroken windows with clean curtains</p> <p>(4) <input type="checkbox"/>painted walls</p> <p>(5) <input type="checkbox"/>undamaged ceiling</p> <p>(6) <input type="checkbox"/>light functional</p> <p>Give full marks if all the 6 criteria are met and part marks if 3-5 out of 6 are met and no marks if less than 3</p>	2	1	0	
11.2	<p>Integrated Management of Neonatal, Childhood Illnesses strategy is applied</p> <p>IMNCI guidelines are available and accessible to the staff in</p>	2	0	0	

	the consultation room (Check for the presence of the (1) <input type="checkbox"/> IMNCI assessment form and (2) <input type="checkbox"/> IMNCI chart booklet) <i>Give full marks if both are available</i>				
	IMNCI Clinical Quality of care Randomly select 5 cases for review	90-100%	60-89%	>60%	
11.3	% of children in the under five register with a correct IMNCI classification in the last quarter (Check in the under five OPD register on the classification section all children with a correct classification) (SOURCE OPD Under five register) Assessment Criteria: <i>Check one full month of children in the quarter under review and count those with a correct classification per IMNCI- or (RANDOMLY select five pages in the IMNCI register) Denominator will be the total number of children and numerator will be the number with a correct classification</i> <i>Give full marks if more than 90 % of children are correctly classified, give part marks if more than or equal to 60-89% and no marks if less than 60%</i>	4	2	0	
11.4	% Of under five children correctly classified and treated for malaria (SOURCE OPD Under five register) <i>Assessment- (Check one full month for children in the quarter under review and count those with a correct classification for malaria per IMNCI and check if managed per national malaria control guidelines)</i> <i>i.e.Uncomplicated Malaria – oral antimalarial (1st Line)</i> <i>Severe Malaria- admission and parenteral antimalarial</i> <i>Give full marks if more than 90 % of children are correctly classified, give part marks if more than or equal to 60-89% and no marks if less than 60%</i>	4	2	0	
11.5	% of under five children correctly classified and treated for pneumonia (SOURCE OPD Under five register) <i>Assessment- Randomly select 10 cases of children in the quarter under review with a correct classification of pneumonia per IMNCI and check if managed per IMNCI guidelines</i> <i>Pneumonia- Treated with cotrimoxazole</i> <i>Severe Pneumonia- Treated with IV antibiotics</i> <i>Give full marks if more than 90 % of children are correctly classified and treated for pneumonia per guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i>	4	2	0	
11.6	% of under five children correctly classified and treated for diarrhoea (SOURCE OPD Under five register) <i>Assessment- Randomly select 10 cases of children in the quarter under review with a correct classification of diarrhea per IMNCI and check if managed per IMNCI guidelines.</i> <i>Diarrhoea with no dehydration- ORS</i>	6	2	0	

	<p><i>Diarrhoea with some dehydration- ORS</i> <i>Diarrhoea with severe dehydration- management with IV fluids</i> <i>Dysentery- ORS, and an antibiotic</i> <i>Give full marks if more than 90 % of children are correctly classified and treated for diarrhoea per guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i></p>				
	Nutrition management				
11.7	<p>Beam weighing scales and/or Salter scales available and in working conditions</p> <p>(1) <input type="checkbox"/> Scales available and in good state (2) <input type="checkbox"/> Balance calibrated to zero, clean and in good conditions (3) <input type="checkbox"/> weighing pants available (4) <input type="checkbox"/> Height board and MUAC tape available</p> <p><i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i></p>	2	1	0	
11.8	<p>BREAST FEEDING policy available in all the departments <i>Give full marks if the breastfeeding policy is available in all the departments and part marks if available in some</i></p>	2	1	0	
	Clinical quality nutrition management				
11.9	<p>% Of screening records of nutritional status done per protocol <i>Assessment- Check 5 cards of children under five in the OPD WITH (1) Weight for Age updated and (2) properly filled out</i> Source document – patient IWF cards <i>Give full marks if 4 or more records are correct, and part marks if 3 out of 5 and no marks if less than or equal to 2 records.</i></p>	4	2	0	
11.10	<p>(1) <input type="checkbox"/> The IMAM guidelines/Protocol and (2) <input type="checkbox"/> IMAM Inpatient Facility register available in the paediatric ward <i>Give full marks if both criteria are met.</i></p>	1	0	0	
11.11	<p>% Of children under five diagnosed malnutrition managed per IMAM protocol</p> <p><i>Assessment- Verify 10 cases either from the In-Patient Facility register and patient notes</i></p> <p><i>Criteria for admission- Z score -3 and MUAC less than 11.5cm</i></p> <p><i>Treatment – F75 as starter feed, then F100 and then referred to Outpatients Treatment Program (OTP) after stabilization (source- Inpatient Facility Register)</i> <i>Give full marks if 10 are managed correctly per protocol, give part marks if 6-9 and no marks if less than 6.</i></p>	4	2	0	
Total Points Child services		/35			

Recommendations

12	ANC and PNC for High Risk Pregnancies	Full Marks	Part Marks	No Marks	Comments
12.1	(1) <input type="checkbox"/> Availability of Maternity guideline (2) <input type="checkbox"/> PMTCT Guidelines (3) <input type="checkbox"/> Focused ANC Guidelines <i>Give full marks if all the three items of the criteria are fulfilled</i>	1	0	0	
12.2	Functional equipment (1) <input type="checkbox"/> Weighing scale and calibrated to zero (2) <input type="checkbox"/> Stethoscope (3) <input type="checkbox"/> BP machine (4) <input type="checkbox"/> Foetoscope (5) <input type="checkbox"/> HB meter available and functional in each ANC room <i>Give full marks if all the five items of the criteria are met and part marks if 3-4 out 5 and no marks if less than 2</i>	2	1	0	
	Clinical quality of care ANC services				
12.3	% Of women for high risk ANC who received FANC. Assessment – check for the following parameters of any one full month in the quarter under review for women if correctly entered in the registers or card, Parity, Blood Pressure Laboratory parameters HB, Protein, RPR (VDRL), glucose, sickle cell anaemia results available. Abdominal examination: Fetal heart rate (from 20 wks), fundal height, Presentation (from 36 wks), Fetal movement recorded <i>Give full marks if more than 90 % of have all the parameters documented per guidelines, give part marks if more than or equal to 60-89% and no marks if less than 60%</i>	6	3	0	
12.4	IPT2 administered to pregnant women per national guideline Assessment –check one full month records, IPT 1 to be given as early as 16 weeks but not later than 34 weeks, IPT 2 to be given at least after 4weeks of the IPT1 but not later than 34 weeks of pregnancy <i>Give full marks if more than 90% are correct, and part marks if 60-89% and no marks if less than 60%</i>	4	2	0	
12.5	ANC conducted by qualified personnel Trained nurse, midwife, verified in ANC register <i>Give full marks if 100% of women were seen for ANC by qualified personnel and no part marks</i>	2	0	0	

	Postnatal Care				
12.6	% Of women reviewed within 24hour 7 days, 6 weeks (Source Post Natal Care register) Assessment- check records for one full month in the quarter under review for women with all three complete visits <i>Give full marks if more than 90% are of women had complete 3 PNC visits, and part marks if 60-89% and no marks if less than 60%</i>	6	3	0	
Total Points ANC and PNC		/21			
Recommendations					

13	In-patient wards	Full Marks	Part Marks	No Marks	Comments
13.1	Appearance of building inside, (1) <input type="checkbox"/> Walls- clean and painted (2) <input type="checkbox"/> Floors-Clean and polished (3) <input type="checkbox"/> ceiling / roof with no leaks assess Per department (4) <input type="checkbox"/> Windows have glass <i>Give full marks if all the 4 items have been met and part marks if 2-3 out of 4 are met and no marks if less than 2.</i>	2	1	0	
13.2	Furniture available and in good state Each bed has a (1) <input type="checkbox"/> Standard hospital mattress, (2) <input type="checkbox"/> Clean sheets, (3) <input type="checkbox"/> Bedside cupboard (4) <input type="checkbox"/> Mosquito nets (5) <input type="checkbox"/> Blanket (6) <input type="checkbox"/> And pillow <i>Give full marks if all the 6 items of the criteria are fulfilled and part marks if 3-5 out of 6, and no marks if less than 3.</i>	2	1	0	
13.3	Patient comfort and hygiene The wards are clean: (1) <input type="checkbox"/> no debris on the floor (2) <input type="checkbox"/> no offensive smells (3) <input type="checkbox"/> Space between the beds is at the least one meter (4) <input type="checkbox"/> Each ward has access to potable drinking water <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	2	1	0	
13.4	Equipment and Light available in each ward	2	1	0	

	(1) <input type="checkbox"/> Electricity; solar light or rechargeable battery lamp (2) <input type="checkbox"/> Stethoscope, thermometers and BP Machines <i>Give full marks if both criteria are met and no part marks</i>				
13.5	Confidentiality (1) <input type="checkbox"/> Women in separate ward from men (2) <input type="checkbox"/> Availability of screens in wards. (3) <input type="checkbox"/> In patient register available and is well maintained (4) <input type="checkbox"/> Check identity and hospital bed days <i>Give full marks if all the four items of the criteria are fulfilled and part marks if 2-3 out of 4, and no marks if less than 2.</i>	2	1	0	
13.6	Patients have access to drinking water <i>Give full marks if patients have access to drinking water and no part marks</i>	1	0	0	
13.7	% Hospitalized patients with correctly completed admission form Criteria- Admission forms for hospitalisations available and documenting at a minimum: Vital signs (RR, HR, BP, temperature); history of illness; physical exam; laboratory/radiology results (if applicable); admission diagnosis and treatment <i>Give full marks if all the five have adequate documentation of vital signs and part marks if 3 or more and no marks if less than 3</i>	4	2	0	
13.8	% Hospitalized patients with documentation of vital signs every 6 hours and every half hour for critical patients <i>Give full marks if all the five have adequate documentation of vital signs and part marks if 3 or more and no marks if less than 3</i>	4	2	0	
13.9	% Written record of administration of patient medications maintained (verify for 5 randomly selected patients if possible by checking medication form and questioning nurse and patient/escort). <i>Give full marks if all the five have administration of medicines documented and part marks if 3 or more and no marks if less than 3</i>	4	2	0	
	In-patient wards (Pediatric, Surgery, Medical)				
13.10	In-patient Care <u>Pediatric ward</u>: systematic random sample of 5 patient files from discharged patients from the admission register from the last quarter. Each of the files is subject to the following criteria: % patients receiving total in-patient care. (Source Patient Notes) <i>Assessment -Each patient file meets key standard requirements: 1) Name of patient, age, address and mobile phone number if applicable (2) Date and time of admission (3) History, examination and impression (4) Laboratory investigations documented (4) Notes on Doctors daily examinations which include clinical examinations</i>	4	2	0	

	(5) Observation charts- temperature, blood pressure and respiratory rate Give full marks if all the five have adequate documentation of inpatient care management and part marks if 3 or more and no marks if less than 3				
	Randomly select 5 cases				
13.11	% Of under five children hospitalized correctly treated for malaria (randomly select 5 cases and check if managed per national malaria control guidelines) (SOURCE patient notes) Assessment- randomly select 5 cases with correct classification of malaria per IMNCI and check if managed per National guidelines i.e. Uncomplicated Malaria – oral antimalarial (1 st Line) Severe Malaria- admission and parenteral antimalarial Give full marks if more that 4 patients have adequate management, part marks if 3 out of 5 patients and no marks if less than 2 patients	4	2	0	
13.12	% Of under five hospitalized children correctly treated for pneumonia (SOURCE patient notes) Assessment- randomly select 5 cases with correct classification of pneumoniaper IMNCI and check if managed per IMNCI guidelines Pneumonia- Treated with cotrimoxazole Severe Pneumonia- Treated with IV antibiotics Give full marks if more that 4 patients have adequate management, part marks if 3 out of 5 patients and no marks if less than 2 patients	4	2	0	
13.13	% of under five hospitalized children correctly treated for diarrhoea (SOURCE patient notes) Assessment- randomly select 5 cases with correct classification of diarrhea per IMNCI and check if managed per IMNCI guidelines. Diarrhoea with no dehydration- ORS Diarrhoea with some dehydration- ORS Diarrhea with severe dehydration- management with IV fluids Dysentery- ORS, and an antibiotic Give full marks if more that 4 patients have adequate management, part marks if 3 out of 5 patients and no marks if less than 2 patients	4	2	0	
13.14	1. Separate unit/room/ward for malnourished children available	2	0	0	
13.15	% Admission files that are completed with final diagnosis on discharge and treatment follow-up (Source patient notes of discharged patients)	4	2	0	

	<p>Assessment- Check 5 files of discharged patients and check for (1) Final diagnosis on discharge Treatment follow-up Give full marks if all the five admission files have adequate documentation and part marks if 3 or more and no marks if less than 3</p>				
13.16	<p>In-patient Care <u>Surgical ward</u>: systematic random sample of 5 patient files from discharged patients who had <u>large surgical procedures</u> from the admission register from the last quarter. Each of the files is subject to the following criteria (if 0 operations then 0 score): % patients receiving total in-patient care. (Source Patient Notes) Assessment -Each patient file meets key standard requirements: 1) Name of patient, age, address and mobile phone number if applicable (2) Date and time of admission (3) History, examination and impression (4) Laboratory investigations documented (4) Notes on Doctors daily examinations which include clinical examinations (5) Observation charts- temperature, blood pressure and respiratory rate Give full marks if all the five have adequate documentation of inpatient surgical care management and part marks if 3 or more and no marks if less than 3</p>	4	2	0	
13.17	<p>% Patients with report on surgical procedure and anesthetic method and record of patient's monitoring used Give full marks if all the five have adequate documentation of surgical procedure and anesthetic method and record of patient's monitoring used and part marks if 3 or more and no marks if less than 3</p>	4	2	0	
13.18	<p>% Admission files that are completed with final diagnosis on discharge and treatment follow-up (Source patient notes of discharged patients) Assessment- Check 5 files of discharged patients and check for (1)Final diagnosis on discharge (2) Treatment follow-up Give full marks if all the five admission files have adequate documentation and part marks if 3 or more and no marks if less than 3</p>	4	2	0	
13.19	<p>Registration of post-operative conditions and complications Give full marks if register of post-operative conditions and complications is available</p>	1	0	0	
13.20	<p>In-patient Care <u>Medical ward</u>: systematic random sample of 5 patient files from discharged patients who have delivered from the delivery register from the last quarter. Each of the files is subject to the following criteria: % Patients receiving total in-patient care. (Source Patient Notes)</p>	4	2	0	

	<p>Assessment -Each patient file meets key standard requirements:</p> <p>(1) Name of patient, age, address and mobile phone number if applicable</p> <p>(2) Date and time of admission</p> <p>(3) History, examination and impression</p> <p>(4) Laboratory investigations documented</p> <p>(4) Notes on Doctors daily examinations which include clinical examinations</p> <p>(5) Observation charts- temperature, blood pressure and respiratory rate</p> <p>Give full marks if all the five have adequate documentation of inpatient surgical care management and part marks if 3 or more and no marks if less than 3</p>				
13.21	<p>% Admission files that are completed with final diagnosis on discharge and treatment follow-up (Source patient notes of discharged patients)</p> <p>Assessment- Check 5 files of discharged patients and check for</p> <p>(1)Final diagnosis on discharge</p> <p>(2) Treatment follow-up</p> <p>Give full marks if all the five admission files have adequate documentation and part marks if 3 or more and no marks if less than 3</p>	4	2	0	
Total Points Inpatient Wards		/68			
Recommendations					

14	Maternity and New Born Care	Full Marks	Part Marks	No Marks	Comments
14.1	<p>1) <input type="checkbox"/>Maternity care guideline available at the service delivery point and easily accessible and evidence of use</p> <p>(2) <input type="checkbox"/>Protocols for the management of obstetric complications available and displayed in the labour ward (PPH, Eclampsia, Maternal Sepsis)</p> <p>Give full marks if both criteria are met and no part marks</p>	2	1	0	
14.2	<p>Delivery room is well-maintained</p> <p>(1) <input type="checkbox"/>Walls with durable materials and painted</p>	2	1	0	

	<p>(2) <input type="checkbox"/> Partition between delivery beds</p> <p>(3) <input type="checkbox"/> Delivery room cleaned with disinfectant (Ask for proof/disinfectant bottle)</p> <p>(4) <input type="checkbox"/> Floor level cement, without fissures and ceiling not damaged</p> <p>(5) <input type="checkbox"/> Unbroken windows with clean curtains and</p> <p>(6) <input type="checkbox"/> functional door</p> <p>(7) <input type="checkbox"/> Water with soap in delivery room available (A functioning running water source or at the least 20 L)</p> <p><i>Give full marks if all the seven criteria are met and part marks if 4-6 out of 7 is fulfilled and no marks if less than 4</i></p>				
14.3	<p>Light in delivery room 24 hours</p> <p>Electricity, solar light or rechargeable battery lamp</p> <p><i>Give full marks if criteria are met and no part marks</i></p>	2	1	0	
14.4	<p>Waste from Maternity correctly handled</p> <p>Placenta is collected in a red plastic container with lid or put in closed plastic bag</p> <p><i>Give full marks if criteria are met and no part marks</i></p>	2	0	0	
14.5	<p>(1) <input type="checkbox"/> Availability of a tape to measure length and</p> <p>(2) <input type="checkbox"/> a functional aspirator manual/electric aspirator</p> <p>(3) <input type="checkbox"/> plunged into a non-irritating disinfectant</p> <p><i>Give full marks if all the 3 criteria are met, give part marks if 2 out of three criteria items are met and no marks if less than 2</i></p>	4	0	0	
14.6	<p>Emergency Tray/open cupboard available</p> <p><input type="checkbox"/> 50% dextrose, <input type="checkbox"/> adrenaline, <input type="checkbox"/> lignocaine, <input type="checkbox"/> IM/IV diazepam, <input type="checkbox"/> IM/IV oxytocin, <input type="checkbox"/> IM/IV ergometrine, <input type="checkbox"/> IM/IV Magnesium sulphate, <input type="checkbox"/> IM/IV Sodium Bicarbonate, <input type="checkbox"/> Misoprostol, <input type="checkbox"/> aminophylline, <input type="checkbox"/> calcium gluconate, <input type="checkbox"/> IM/IV Ampicillin, <input type="checkbox"/> IM/IV Crystalline Penicillin, <input type="checkbox"/> IM/IV Gentamycin, <input type="checkbox"/> IM/IV Hydralazine, <input type="checkbox"/> oxygen cylinders or concentrator <input type="checkbox"/> IV Infusions and giving sets, <input type="checkbox"/> IV Fluids (5% Dextrose, Ringer lactate, Normal Saline) <input type="checkbox"/> ambubag, oro-airways, and analgesics</p> <p><i>Give full marks if 18 or more of the criteria items are available and part marks if 15-17 or more items are available and no marks if less than 15 items are available</i></p>	2	1	0	
14.7	<p>(1) <input type="checkbox"/> Availability of at least 10 pairs of sterile gloves</p> <p>(2) <input type="checkbox"/> Mackintosh available for use</p> <p>(3) <input type="checkbox"/> Availability of at least 1 incubators</p> <p>(4) <input type="checkbox"/> At least one phototherapy equipment available and functional</p> <p><i>Give full marks if all the four items are available and part marks if 3/4</i></p>	2	1	0	
14.8	<p>Availability of at least 5 sterilized delivery packs with as content, each pack should have</p> <p><input type="checkbox"/> 1 pair of episiotomy scissor,</p> <p><input type="checkbox"/> 1 artery forceps non-toothed,</p> <p><input type="checkbox"/> 1 artery forceps toothed</p> <p><input type="checkbox"/> 1 kidney dish and bowls</p>				

	<input type="checkbox"/> One needle holder <input type="checkbox"/> Delivery towels and swabs for infection control <i>Give full marks if five steam sterilized standard delivery packs are available and part marks if 3-4 out of five and no marks if less than 3</i>				
14.9	Delivery beds in good state (1) <input type="checkbox"/> Bed with non-torn (2) <input type="checkbox"/> plasticized mattress well cleaned and maintained <i>Give full marks if both criteria are met and no part marks</i>	2	1	0	
	Routine MNH best practices; (mother & new-born) Review 10 records	5/5	3-4/5	2/5	
14.10	% Deliveries performed by a skilled health worker source delivery register <i>Assessment- Check one full month deliveries in the delivery register for the quarter under review and note the cadre that delivered the patient (nurse, nurse midwife or doctor)</i> <i>Give full marks if 95% are delivered by skilled birth attendant, part marks if 60-94% and no marks if less than 60%</i>	6	3	0	
14.11	% Deliveries monitored using a partograph <i>Assessment- randomly select 10 deliveries in the delivery register and ask for the partographs from the facility</i> <i>Give full marks if 10/10 of deliveries were monitored using a partograph, part marks if 7-9/10 and no marks if less than 7</i>	6	3	0	
14.12	Availability and Use of the Partographs (or records) % Of partograms in last month completed per guideline (random review minimum 10 partograms) <i>Assessment: documented at admission and</i> <i>Every 30 minutes (FHR, maternal pulseuterine contractions,</i> <i>Every 2 hours (maternal temperature)</i> <i>Every 4 hours(cervical dilatation descent of presenting part, maternal BP, and urinalysis)</i> Verify 10 randomly selected partographs whether filled per the norms <i>Give full marks if 10/10 of deliveries were monitored correctly using a partograph, part marks if 7-9/10 and no marks if less than 7</i>	6	3	0	
14.13	% Women delivered in last month administered with oxytocin within one minute of delivery of baby during third stage of labour (AMTSL) (source Partograph) <i>Assessment - Verify 10 randomly selected cases for administration of oxytocin 10 units IM within one minute of delivery of foetus</i> <i>Give full marks if 10/10 had correct AMTSL, part marks if 7-9/10 and no marks if less than 7</i>	6	3	0	
14.14	% Women delivered in last month monitored in early post-partum period for early identification of danger signs (source Partograph, PNC register) <i>Assessment -(Review at least 10 charts- uterus contracted, BP, pulse, bladder, temperature checked at immediate and 1 hour postpartum</i> <i>Give full marks if 10/10 were monitored correctly in the</i>	6	3	0	

	<i>postpartum period, part marks if 7-9/10 and no marks if less than 7</i>				
14.15	<p>Newborn Care equipment and supplies</p> <p>(1) <input type="checkbox"/>Sterile clips for umbilical cord</p> <p>(2) <input type="checkbox"/>vitamin K</p> <p>(3) <input type="checkbox"/>tetracycline eye ointment</p> <p>(4) <input type="checkbox"/>resuscitaire and ambubag</p> <p>(5) <input type="checkbox"/>functional suction equipment</p> <p><i>Give full marks if all the 5 items of the criteria are met, and part marks if 3-4 out of five are available and no marks if less than three items</i></p>	2	1	0	
14.16	<p>% babies with APGAR score noted (source Partograph)</p> <p>Assessment- randomly select 10 partographs and note APGAR score filled in at 1st and 5th minute. Reviewer verifies</p> <p><i>Give full marks if 10/10 had an APGAR score documented twice, part marks if 7-9/10 and no marks if less than 7</i></p>	6	3	0	
14.17	<p>% New-borns monitored in early post-partum period per guideline (birth to discharge) for early identification of danger signs (source PNC register)</p> <p>Assessment -Randomly review (every 3rd case) records post-natal register entries for at least 10 new-borns delivered in last month <i>and check for Temp, RR</i></p> <p><i>Give full marks if 10/10 were monitored correctly in the postpartum period, part marks if 7-9/10 and no marks if less than 7</i></p>	6	3	0	
14.18	<p>% New-borns received Vitamin K and eye care in the last month (source partograph)</p> <p>Assessment – randomly select 10 partographs and check if Vit K was administered</p> <p><i>Give full marks if 10/10 were given Vitamin K in the postpartum period, part marks if 7-9/10 and no marks if less than 7</i></p>	6	3	0	
	Management of obstetric complications (Review Five Cases)				
14.19	<p>% Women with PPH last quarter managed per guideline <i>(Check referral forms, delivery register and patient notes)</i></p> <p>Assessment -PPH Cause documented <i>(atony, tear, retained placenta, other)</i></p> <p>-Uterine atony→Oxytocin, massage, IV fluids</p> <p>*Retained placenta →manual removal of the placenta</p> <p>*Vaginal/cervical laceration →sutured</p> <p>* Assess staff Knowledge on management of PPH</p> <p><i>If facility has no capacity, then the patient should have been referred to the next level- hospital in this case</i></p> <p><i>Give 6 marks if 5/5 women were managed per protocol, 4 marks if 4/5 were managed per protocol, and no marks if 3 or less</i></p>	6	3	0	

14.20	<p>% Women with Eclampsia last quarter managed per guideline (Check referral forms, delivery register and patient notes)</p> <p>Assessment –Check if the patients was</p> <ul style="list-style-type: none"> Given magnesium sulphate (refer to STG) Monitored for the vital signs hourly; Was not given ergometrine at all; Given anti hypertensive (refer to STG) Hospitalized for a minimum of 4 days Referred to the next level if necessary <p>Give 6 marks if 5/5 women were managed per protocol, 4 marks if 4/5 were managed per protocol, and no marks if 3 or less</p>	6	3	0	
14.21	<p>% Of women with pre-term labour managed per guidelines (Source- patient notes and delivery register)</p> <p>Assessment- check 5 case notes of women with pre-term labour if managed per protocol</p> <p>Give 6 marks if 5/5 women were managed per protocol, 4 marks if 4/5 were managed per protocol, and no marks if 3 or less</p>	6	3	0	
14.22	<p>% Of pre-term babies managed per guidelines (Source-patient notes and delivery register)</p> <p>Assessment- check 5 case notes of pre-term and low weight babies if managed per protocol</p> <p>Give 6 marks if 5/5 preterm and low weight babies were managed per protocol, 4 marks if 4/5 were managed per protocol, and no marks 3 or less</p>	6	3	0	
Total Points Maternity services		/92			
Recommendations					

15	In-patient maternity ward	Full Marks	Part Marks	No Marks	Comments
15.1	<p>In-patient Care Maternity ward: systematic random sample of 5 patient files from discharged patients who have delivered from the delivery register from the last quarter. Each of the files is subject to the following criteria:</p> <p>% Patients receiving total in-patient care. (Source Patient Notes)</p> <p>Assessment -Each patient file meets key standard requirements: 1) Name of patient, age, address and mobile phone number if applicable (2) Date and time of admission</p>	2	1	0	

	<p>(3) History, examination and impression</p> <p>(4) Laboratory investigations documented</p> <p>(5) Notes on Doctors daily examinations which include clinical examinations and obstetric assessments</p> <p>(6) Observation charts- temperature, blood pressure and respiratory rate</p> <p>Give full marks if all the five have adequate documentation of inpatient surgical care management and part marks if 3 or more and no marks if less than 3</p>				
15.2	<p>% Admission files that are completed with final diagnosis on discharge and treatment follow-up (Source patient notes of discharged patients)</p> <p>Assessment- Check 5 files of discharged patients and check for</p> <p>(1) Final diagnosis on discharge</p> <p>(2) Treatment follow-up</p> <p>Give full marks if all the five admission files have adequate documentation and part marks if 3 or more and no marks if less than 3</p>	2	1	0	
15.3	<p>Maternity Health Information (outcome)</p> <p>Check for the display and evidence of analysis of this information</p>				
15.4	Number of Fresh still births recorded	1	0	0	
15.5	Number of Macerated still births recorded	1	0	0	
15.6	Number New-born resuscitation cases recorded	1	0	0	
15.7	Number of Live births recorded	1	0	0	
15.8	Number of PPH cases recorded	1	0	0	
15.9	Number of Eclampsia cases recorded	1	0	0	
15.20	Number of preterm and low birth weight babies recorded	1	0	0	
15.21	Number of Neonatal sepsis cases reported	1	0	0	
15.22	Number of Maternal sepsis cases recorded	1	0	0	
Total Points Inpatient Maternity Ward		/13			
Recommendations					