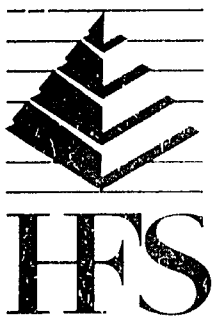

Health

Financing

and

Sustainability

Project

Technical Note No. 21

KENYA NATIONAL HOSPITAL INSURANCE FUND UNIT COSTING AND QUALITY ASSESSMENT REPORT

Submitted to:

Health Services Division
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Bureau of Research and Development
Agency for International Development

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ABSTRACT

The National Health Insurance Fund in Kenya is updating its reimbursement design to expand its provider base to include outpatient services. This report is part of a study designed to estimate the daily total cost per inpatient day for various levels and types of health care facilities. It describes unit costing and quality assessment methodologies that can be applied to determine realistic reimbursement schedules for specific services based on the standard cost appropriate for the quality range in which the provider facility falls. The report is based on the results of a survey of 14 hospitals.

CONTENTS

EXHIBITS

ACRONYMS

DGH	Domestic Government Hospital
HFS	Health Financing and Sustainability Project
HPN	Health, Population and Nutrition
KNH	Kenyatta National Hospital
Ksh	Kenyan shilling
MSH	Management Sciences for Health
NHIF	National Hospital Insurance Fund
PGH	Provincial Government Hospital
RVU	Relative Value Unit
USAID	U.S. Agency for International Development

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- Aga Khan Hospital
- Holy Family Nangina Hospital
- Kendu Adventist Hospital
- Kijabe Medical Center
- Mater Misericordie Hospital
- M.P. Shah Hospital
- Nairobi West Nursing Home
- New Port Reitz Hospital
- Nyeri Consolata Hospital
- Nyeri PGH
- Naivasha DGH
- Nakuru Maternity Hospital
- Nakuru PGH
- P.C.E.A. Kikuyu Hospital

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EXECUTIVE SUMMARY

The National Hospital Insurance Fund (NHIF) was established by the Government of Kenya in 1966 to assist salaried employees of the government in financing their treatment at high-quality private hospitals, thereby relieving congestion in the free public facilities. Government and private-sector employees, self-employed people, and other personnel who are compensated above a certain level have been mandated to contribute to NHIF.

The terms of the plan remained unchanged until 1990, when increased contributions and enhanced benefit levels were introduced. Because of inflation and the increase in per capita income, a greater number of employees qualified for the program. However, reimbursement rates for the cost of private hospital treatment had not kept pace with inflation and were largely outdated.

In its effort to update this reimbursement design, the National Hospital Insurance Fund is considering reimbursing health care providers for the full cost of treating its members. In addition, it is considering expanding benefits to include outpatient services. However, there is little information about actual costs upon which the new reimbursement schedule can be based.

At the request of USAID/Nairobi, the Health Financing and Sustainability (HFS) Project assisted the National Hospital Insurance Fund in developing a Unit Costing and Quality Assessment Report for determining hospital inpatient service reimbursement rates in Kenya. The study developed an approach to unit costing (Unit Costing Methodology) and devised a hospital service/quality (Quality Assessment Methodology) survey to be used as an incentive to improve the quality of care that hospitals in Kenya deliver. A survey of 14 hospitals (8 mission hospitals, 3 government hospitals, and 3 private for-profit hospitals) was conducted.

The unit costing methodology provides the framework for calculating the unit cost of total services offered by the hospital. Cost data for personnel salary and benefits, supplies and drugs, food, and other recurrent costs were obtained from hospital accounting records. Additionally, statistics on the cost of services in nine major departments were gathered. These statistics include inpatient days, laboratory tests, radiology exams, pharmacy prescriptions, theater operations, physician days/visits, physiotherapy treatments, and outpatient visits. The unit costs of these services are separated into salaries, medical supplies/drugs, food, and other.

The quality assessment survey builds upon the current rating system for hospitals which the National Hospital Insurance Fund uses. It differentiates among the diverse levels of quality which exist at the 14

hospitals using objective and replicable criteria. In a simple yes/no checklist format, the survey measures hospital characteristics that are likely to have an effect on quality.

The unit costing approach was applied to the hospitals to determine a standard cost base for reimbursement. The quality assessment survey enhances the reimbursement schedule by establishing quality ranges and matching those ranges with more appropriate standard costs.

The desired effect of these new reimbursement criteria is to encourage hospitals to provide high-quality services to NHIF beneficiaries. By linking reimbursement levels to quality, NHIF gives the hospital an incentive to continuously improve quality. At the same time, the program encourages hospitals to control costs. In the long term, high quality patient care at a reasonable cost allows more beneficiary coverage for NHIF, which in turn complements the larger agenda of the Ministry of Health and provides the hospital a reimbursement rate that covers its costs of service. Finally, the new system establishes a framework for the development of future reimbursement methods. The current per diem reimbursement system tends to encourage long inpatient stays.

The quality-of-assessment survey proved to be methodologically effective in distinguishing hospitals with differing levels of quality of health care, and the unit costing exercise allowed for a calculation of cost that is more realistic and meaningful. The quality and cost information can then be used to determine a "standard" cost and quality. That standard is not an ideal but instead establishes a level of good patient care at a reasonable cost. It also forms the basis for developing reimbursement schedules that reward hospitals for higher quality and cost effectiveness.

This approach has significant potential for rationalizing the reimbursement mechanism for NHIF and improving the quality of care offered by Kenyan hospitals. As the overall approach is consistent with current NHIF policy and objectives, with proper follow-through, the study can be implemented for all NHIF facilities in Kenya.

1.0 INTRODUCTION

The National Hospital Insurance Fund (NHIF) was established in 1966 as a parastatal to assist Government of Kenya employees to afford the cost of receiving treatment at the high quality private hospitals and to relieve congestion in free public facilities. Contributions have been cumpulsory for government and private-sector employees, self-employed people, and others who are compensated above Ksh 1,000 per month or Ksh 12,000 per year.

NHIF insurance covers the contributor, and his/her spouse and children. Coverage includes only inpatient care up to a combined family maximum of 180 patient days per year in approved NHIF hospitals. The reimbursement rate varies according to the class of hospital in which the patient receives care.

Contribution, benefit, and reimbursement levels remained static from the inception of the program until July 1, 1990, when increased contributions and enhanced benefit levels were introduced. Inflation and increases in per capita income have expanded coverage to a larger segment of the employed population, while reimbursement levels have lost any relevance to costs incurred in treating patients. In most cases, reimbursement covers only a portion of the total hospital invoice.

In an attempt to update the reimbursement design and correct inadequacies, NHIF is considering expanding the provider base to include outpatient services and reimbursing providers for the full cost of providing care to NHIF members. However, there is little information about the cost of services provided on which reimbursement levels can be based.

This report was developed as part of a study designed to estimate the total cost per inpatient day for specific levels and types of health care facilities. This study assisted the NHIF in rationalizing its current reimbursement levels and establish relevant levels. It provides guidelines for developing a unit costing approach and hospital service/quality survey for the NHIF to use in setting appropriate reimbursement rates for hospitals. The approach is consistent with the objectives of the NHIF and reflective of the insights gained from visits to a number of Kenyan hospitals.

Methodologies were field tested on a preliminary basis. They provided useful information and appeared to be realistic in terms of the amount of effort that would be involved and the data that was available from the hospitals. The output of the unit costing and hospital service/quality survey was standard costs for each hospital that are associated with different ranges of quality, as determined by the application of this methodology. By conducting the service/quality survey at each of the Kenyan hospitals not included in this study, the NHIF will be able to

reimburse each hospital based on the standard cost appropriate for the quality range in which it falls.

The reimbursement rates proposed are on a per diem basis, consistent with the present NHIF approach. Over time, the reimbursement system could move to a rate per admission, with a declining rate per day, and ultimately to a rate per diagnosis. This would discourage excessive lengths of stay and help to contain costs.

The methodology and process in this report were presented and approved by the senior management of NHIF.

1.1 BACKGROUND

The Health Financing and Sustainability (HFS) Project was asked by USAID/Nairobi to assist the NHIF in developing a Unit Costing and Quality Assessment Report for determining hospital inpatient service reimbursement rates in Kenya. The study developed an approach to unit costing (Unit Costing Methodology) and devised a hospital service/quality (Quality Assessment Methodology) survey to be used as an incentive to improve the quality of care these hospitals deliver.

1.1.1 Unit Costing

The unit costing methodology provides the framework for determining the unit cost of total services provided by the hospital. Cost data for personnel salaries and benefits, supplies and drugs, food, and other recurrent costs were obtained from hospital accounting records. Statistics were gathered for services to be costed in the nine major departments. These statistics include inpatient days, laboratory tests, radiology exams, pharmacy prescriptions, theater operations, physician days/visits, physiotherapy treatments, and outpatient visits. The unit costs of the services are separated into salaries, medical supplies/drugs, food, and other.

1.1.2 Quality Assessment

The quality assessment survey differentiates the diverse levels of quality that exist at these 14 hospitals using objective and replicable criteria. In a simple yes/no checklist format, it measures hospital characteristics that are likely to have an effect on quality. It also builds upon the current rating system for hospitals which the NHIF uses.

The survey measures five areas of hospital service and quality:

- Service existence/availability
- Hospital staffing
- Facility status
- Quality process/information
- Patient service/satisfaction

Initial broad weights were assigned to the different service/quality areas and have been refined based on the survey information collected from the hospitals.

1.2 PURPOSE OF THE PROJECT

The unit costing was performed for 14 selected hospitals to determine appropriate standard costs to use as a basis for NCIH reimbursements. The unit costs are based on actual volume statistics and cost information from selected hospitals from the prior year. The costing analysis utilized the most disaggregrated data available. A quality assessment survey was conducted to determine quality ranges and to match the quality ranges with appropriate standard costs.

The goals of the study were to:

- Encourage hospitals to provide high-quality services to NHIF beneficiaries by linking reimbursement levels to quality, thereby giving the hospital a financial incentive to continuously improve quality.

- Encourage hospitals to control costs. Achieving high-quality patient care at a reasonable cost would allow more beneficiary coverage for NHIF and would permit hospitals to recover their costs forservice.

- Establish a framework for development and implementation of improved reimbursement methods in the future. These new methods would eliminate the current per day reimbursement system's tendency to encourage long inpatient stays.

1.3 FIELD WORK

A survey of 14 hospitals (8 mission hospitals, 3 government hospitals, and 3 private for-profit hospitals) was conducted. The sample was not meant to be a representative sample of all NHIF-eligible hospitals; these hospitals were selected as "good examples" of the level

of care that should be expected by NHIF beneficiaries.

The hospitals surveyed are:

- Aga Khan Hospital
- Holy Family Nangina Hospital
- Kendu Adventist Hospital
- Kijabe Medical Center
- Mater Misericordie Hospital
- M.P. Shah Hospital
- Nairobi West Nursing Home
- New Port Reitz Hospital
- Nyeri Consolata Hospital
- Nyeri PGH
- Naivasha DGH
- Nakuru Maternity Hospital
- Nakuru PGH
- P.C.E.A. Kikuyu Hospital

These fourteen hospitals are referred to herein as hospitals A to N.

Information was gathered on the quality of health care services provided by the hospitals and the costs of providing that level of care. The cost data was used to calculate a per day cost for inpatients and per visit cost for outpatients. The quality survey results were analyzed to determine a quality ranking for each hospital on a scale of 0 to 100.

1.4 FINDINGS

The quality assessment survey and unit costing exercise showed that:

- The methodologies are effective to distinguish hospitals with differing levels of quality of health care.
- Unit costing allows the calculation of realistic and meaningful costs of providing that level of care.
- Hospitals have the information needed for costing and were willing to share that information with the survey team.
- Quality and cost are reasonably related after adjustment for outliers.
- A "standard" cost and quality can be determined. This standard is not the ideal standard but is a level of good patient care at reasonable cost.

- Quality and cost information can effectively be used to establish a standard for cost/quality. This standard will form the basis for developing reimbursement schedules that reward hospitals for higher quality and cost effectiveness.

- The unit costing and quality assessment methodologies developed are well suited to determining actual hospital costs and quality.

The overall approach is consistent with the NHIF current policy, approach, and objectives. With proper follow-through the study can be implemented for all NHIF facilities. The study approaches have significant potential for rationalizing the reimbursement mechanism for the NHIF and improving the quality of care offered by Kenyan hospitals.

2.0 BEGINNING THE PROCESS

This section discusses critical questions and suggests implementation steps related to the application of the unit costing and quality assessment methodologies.

2.1 UNIT COSTING METHODOLOGY

The unit costing methodology provides the framework for determining the unit cost of the services provided by the hospitals (*See Appendices A and B*). The services costed include inpatient days, laboratory tests, radiology exams, pharmacy prescriptions, theater operations, physician services, physiotherapy treatments, and outpatient visits. The costs of the services are separated into salaries, medical supplies/drugs, food, and other.

The unit costs are based on actual historical volume statistics and cost information. When detailed volume statistics or cost information are not available, the costing analysis is performed at the greatest level of detail available. In some instances, certain assumptions and adjustments are required to ensure comparability of application across hospitals (e.g., adjustment of salaries and drug costs to include the value of donated resources).

Before applying the unit costing methodology, five key questions must be addressed:

- Does the institution collect cost information by major department (e.g., inpatient ward, laboratory, radiology, theater, etc.) and by type of cost (e.g., labor, materials, supplies, drugs, food, other) within department? If not, can this information reasonably be derived from other data that exist in the facility or from some source outside the facility?

- Does the institution collect statistical information on service provision by major department (e.g., number of inpatient days by ward, laboratory tests, radiology procedures, theater operations, etc.)? If not, can this information be derived with a realistic amount of effort from registers, log books, or other similar sources?

- Is it feasible to identify the portion of each major department's volume into inpatient and outpatient services? Can relative weights for an inpatient versus outpatient unit of service be determined? The determination of weights frequently will be based on the "best guess" of knowledgeable clinicians and managers at the institution and is not expected to be 100 percent accurate.

- How reliable are the data? The data collected will never be perfect and should be based on reasonable estimates. Some basic reasonability testing should be performed before accepting the data as part of a sample to be used to derive an overall reimbursement scheme. Since the end result of the reimbursement calculation can simply be an overall cost per day or pervisit, there is more room for some inaccuracy in the data by department and type of cost.

- How comparable are the data across institutions? If institutions will be compared with one another or a sample used as the basis for setting a standard, the data need to be reasonably consistent for a valid "equal playing field" comparison. Information taken from different time periods or different regions of the country could be misleading in times of local inflation variations or significant regional variations in wage rates, drug costs, or other costs.

Once these questions have been addressed, information can be collected from a sample of institutions for the purpose of developing a standard cost.

In collecting the information, it is important not to simply send a form to the institution, asking that it be completed. Doing so will likely result in unusable data because the people at the facility may not understand how to complete the form. Instead, it is important to have trained individuals visit the facility and interview the staff to collect the information. This helps ensure that unique questions asked during the visit are effectively addressed and that the methodology is consistently applied across facilities.

There are six major steps in the application of the unit costing methodology that serve as the basis for determining a "standard." These steps apply whether the institutions are hospitals, health centers, clinics, or nursing homes.

- *Modify* the cost and statistics collection instrument so that it is appropriate for the type of institution being studied. This will involve determining the relevant departments and the meaningful statistics for each of these departments across the set of institutions.

- *Fully train* the personnel who will visit the institution. This training should be comprehensive so that the interviewer can effectively deal with unusual situations that may arise, and to ensure reasonable consistency in the collection of data and completion of the questionnaire. An important part of the training should be applying the costing approach to an institution to compare and evaluate the results.

- *Select* an appropriate sample of institutions for applying the unit costing methodology. This sample does not need to be an exact reflection of the complete set of institutions in the study. It should be somewhat skewed towards the institutions that have complete information and whose patient services are considered "above average." The purpose is to set a standard that will reflect "good" not "average" performance. The sample should be of a reasonable size but need not be large enough for "statistical validity." It should include a variety of institutions. For example, the sample size used for the Kenya project was 14 and included at least three facilities from each of the different types of hospitals: the mission hospitals, private hospitals or nursing homes, and government hospitals.

- *Apply* the unit costing approach at each selected facility. The process should take approximately one to two days per site and may often require requesting that missing or incomplete information be sent at a later date.

- *Evaluate and compare* the information obtained to that obtained from other facilities to identify any inconsistencies or unreasonable information. In cases where information is missing or inconsistent with other facilities, additional visits may be required to the institution to verify or correct the data.

- *Identify*, in conjunction with the quality assessment methodology information, the subset of hospitals that will be used as the "standard" of good quality care (based on a reasonable cost). This standard group should all be within the same range of quality and have relatively consistent costs per inpatient day.

2.2 QUALITY ASSESSMENT METHODOLOGY

The service/quality survey seeks to differentiate the diverse levels of quality which exist at the hospitals using objective and replicable criteria (*See Appendices C and D*). In a simple yes/no checklist format, it measures hospital characteristics which are likely to have an effect on quality. It builds upon the current rating system for hospitals which the NHIF uses.

The survey measures five areas of hospital service and quality:

- Service existence/availability
- Hospital staffing
- Facility status
- Quality process/information
- Patient service/satisfaction.

Initial broad weightings were assigned to the different service/quality areas. These weights allowed for the calculation of quality ratings on a scale of 100 for each of the five quality areas and a total rating for each hospital. These values were refined based on the survey information collected.

In applying the quality assessment methodology, four key questions must be addressed:

- Are the major areas (services, staffing, facilities, quality process, and patient satisfaction) and specific questions for these areas appropriate for the type and level of facility being evaluated? The survey developed for this study was for Kenyan hospitals and may require significant modification if applied to health centers or clinics. Modification and expansion may also be required to account for unique aspects of the health care system in other countries.

- What are the appropriate weights to be applied to the major areas and for each question within an area? The weights in the quality survey should reflect two concerns: 1) the relative importance of the specialty and general health care services provided at the hospital; and 2) how the institution should be motivated to improve the quality and cost of care provided. If improving the qualifications of the staff is particularly important, that section should be more heavily weighted; if patient service and satisfaction is a top priority, the weights for that section should be adjusted accordingly.

- How reliable and unbiased are the data and information that will be collected? While the quality survey has been designed to minimize the amount of manipulation that can occur in its application by adopting a yes/no format with explicit instructions and guidelines for each question, the impartiality can be circumvented if appropriate procedures and training are not established. Application by well-trained personnel and review of responses to the questionnaire will help ensure reliable results. It is important that the quality assessment study not be announced until a few days before the field visit so that the institution will not have the time to temporarily improve its scores on the quality questions.

- How frequently should the quality survey be done and how much information should be shared with the facility about the questions and weights in the survey and the facility's detailed results? The most effective way to encourage rapid improvement in quality is to repeat the survey every six months. This timing should best motivate the institutions by giving them relatively immediate rewards for improving quality and encourage continuous quality improvement. An annual time-frame

would also be effective and may be more feasible in terms of human resource requirements and other constraints. A time-frame longer than one year is not advisable because of the limited motivational impact of such a long interval.

Once these questions have been addressed, information can be collected from the hospital. Responses to the questions in the survey should be obtained through interviews with the heads of departments and by observation. Wherever possible, answers should be supported by evidence, such as registers of utilization, expenditure reports for the department, and interviews with staff from other departments.

As in the process for collecting information in Unit Costing, it is important not to simply send a form to the institution, asking that it be completed. This will likely result in unusable data because the people at the facility may not understand how to complete the form or may give biased responses. Instead, it is important to have trained individuals visit the facility and interview the staff to collect the information. This helps ensure that unique questions asked during the visit are effectively addressed and that the methodology is consistently applied across facilities.

There are five major steps in the application of the quality assessment survey that will serve as the basis for determining a "standard."

- *Revise* the questions and weights for the quality survey instrument to reflect the type and level of service of the institutions and the motivational importance placed on the different quality areas.

- *Fully* train the personnel who will visit the institutions to obtain data and information for the quality assessment. This training should be comprehensive so that the interviewer can effectively deal with unusual situations which may occur, and to ensure reasonable consistency in the collection of data and the completion of the questionnaire.

- *Complete* the quality assessment survey at each selected facility. The process should take approximately eight hours per site and will require interviews with various management and department personnel. The information should not come just from the administrator or the medical director but from the staff in charge of nursing, laboratory, radiology, pharmacy, and other departments. Much of the information should also be verified by actual observation.

- *Evaluate and compare* the information obtained to that obtained from other facilities to identify any inconsistencies or unreasonable information. In cases where information is missing

or inconsistent with other facilities, additional visits may be required to the institution to verify or correct the data.

- *Identify*, in conjunction with the unit costing methodology, the subset of hospitals that will be used as the "standard" of good quality care. This standard group should all be within the same range of quality and have relatively consistent costs per inpatient day. Be cognizant of high quality and high cost hospitals which for financial and other reasons may not be the standard, but instead be above the standard.

Unlike the unit costing study where only the sample is required to set the standard, the quality assessment survey must ultimately be done for all the institutions on a regular basis.

2.3 INTEGRATION OF COST AND QUALITY

Once the unit costing and quality assessment methodologies have been applied, they need to be properly integrated to develop a reimbursement scheme based on the "standard" for cost and quality. For the hospitals studied in Kenya, this was relatively straightforward given the clustering of the hospitals with "good care at a reasonable cost" in the 56 to 60 point quality range. It was thus possible to set a foundation reimbursement rate for that group and then to develop the complete, consistent reimbursement schedule for higher and lower quality ranges.

In other situations where this may not be the case, important consideration should be given to what a fair and economically realistic base rate would be for "good quality at a reasonable cost" (assuming that is the stated objective). The potential motivational effects of the resulting reimbursement scheme should be seriously reviewed.

One important aspect of this process is the existence of the wealth of detailed cost and quality information that is obtained in developing the final cost per day and total quality score. This information can be especially useful in identifying why one institution's cost may be higher/lower or why its quality may be higher/lower.

In the longer term, this same information can be used by the reporting facilities to analyze departmental productivity, perform quarterly variance analysis from budget, and identify the best demonstrated practices for efficiency and effectiveness. It could also be used by NHIF management as the basis for methods of reimbursement other than a per day approach, such as per discharge or some form of global reimbursement.

The following chapters present and discuss the unit costing methodology, quality assessment methodology, and study results.

3.0 THE UNIT COSTING METHODOLOGY

The Unit Costing Model was developed on a spreadsheet program (Appendix B presents Unit Costing Worksheets). The purpose was to provide a framework for estimating the unit cost of major patient care services provided by the 14 selected hospitals. Total hospital costs were allocated to determine a total cost per day for inpatients and per visit for outpatients. In order to provide more information for analyzing the per day/per visit costs, the model calculates costs per unit for the services provided by the major patient-care departments identified later in this section. Appendix A presents statistics and costs for the 14 hospitals surveyed. Hospital A is utilized in this section for reference.

Total costs are allocated to nine major departments based on inpatient and outpatient services. This allows the calculation of a cost per day and a cost per visit. For each major department (and in some hospitals the statistic for physician services are the inpatient days) costs are allocated on the basis of the volume of services provided to patients who receive inpatient or outpatient services or treatment (e.g., laboratory: the percent of inpatient laboratory tests to total laboratory tests multiplied by the total laboratory cost will equal the laboratory cost portion allocated to the inpatient laboratory).

3.1 SOURCE OF COST INFORMATION

Cost data and other information on hospital costs were obtained from the most recent annual accounting records (audited, where available) or other reliable source such as management accounts (e.g., the periodic detailed reports prepared for internal use by management). The costs are normally referred to as recurrent costs of operating each department, and include personnel, small equipment, supplies, materials, drugs, electricity, and other costs attributed to the department.

It was necessary to obtain additional data to determine the allocation of expenses in each major department account. Supplies for laboratory, radiology, theater, and other departments include medical, non-medical, and drug supplies. These were separated and directly allocated to the appropriate major departments.

3.2 COSTS BY DEPARTMENT

Eleven categories were identified as cost centers. These included nine major departments and two cost areas. The nine major departments were selected because they are directly involved with patient care (See Appendix B):

- **Wards:** patient care units where inpatients are lodged during their hospitalization
- **Laboratory:** provides testing of inpatients and outpatients for various diseases
- **Radiology:** provides services using X-rays and other forms of radiation for diagnosis and treatment
- **Pharmacy:** the internal "drugstore" of the hospital which serves the hospital inpatient, outpatient, and other units of the hospital that administer drugs
- **Theater:** the room specially equipped for the performance of surgical operations
- **Physiotherapy:** provides inpatient and outpatient treatment (does not include X-ray or other types of radiation) through the use of physical means, such as exercise, massage, light, cold, heat, and electricity
- **Other:** any other significant direct patient care departments
- **Physicians:** a person qualified by a doctor's degree in medicine
- **Outpatient:** all services provided to a person who does not require lodging in a patient care unit (Ward)

The two cost areas include:

- Overhead
- Capital

Direct materials and labor can be directly allocated to departments, but overhead, including such costs as depreciation, administration, housekeeping, maintenance, utilities, telephone, and other expenses, cannot be directly allocated to departments. These costs must be identified and allocated to the departments based on common statistics. The term "capital" identifies the assets of the hospital with a life of more than one year that are not bought and sold in the ordinary course of business.

For each hospital, the total costs of departments and areas make up the final "per day" or "per visit" unit cost. Collecting costs by the above departments and areas makes it possible to compare between hospitals the unit cost of the services provided. This comparison also helps to highlight any missing or inconsistent cost data obtained from the hospitals.

3.3 CATEGORIES OF COSTS

There are three categories of costs that have been identified for this study: direct, indirect, and capital.

3.3.1 Direct Costs

These are costs that can be identified and allocated to a specific department (Appendix B). The four direct cost items for this study are:

- Labor (salaries/wages and staff benefits)—This is the total payroll cost, excluding benefits which are directly identifiable on the payroll account. The total cost of benefits from the payroll account are recorded separately, and the percentage of benefits to total payroll cost are then calculated. The cost of payroll (salaries) and the percentage of benefits information are entered into the spreadsheet. Labor, including benefits, will be automatically calculated by the spreadsheet. Appendix A,

- Drugs/supplies—All departments should be charged with the supplies and drugs that are purchased specifically for them. A record of purchase requests and/or procurement invoices identifying each department's volume of usage should be available from the stores manager. If there are no separate accounts for each department's drugs and supplies, an estimate should be made. Reasonable estimates of each area's consumption may be obtained from the stores manager or the annual budget.

- Food—This cost will normally be allocated only to inpatients. A register of the number of meals served should be available from the kitchen manager. They should also be able to provide an estimate of the cost of foodstuffs and the average cost per meal. However, hospital records should be reviewed to determine if the hospital has a Nurse Training School or training facility. If it does, the cost of food for these areas should be separated.

- Other (all other costs which are directly charged to that cost area)—The "other amount" for the overhead cost area will be costs that are not associated with the three categories of cost above: labor and benefits, supplies and drugs, or food. For example, a patient's gown and bed linen would be charged directly to the Ward. Expenses will be obtained from hospital accounting records for a period of twelve months. The sampling period should be consistent for data obtained to support expenses, statistics, and quality assessment. Expenses will be entered into the spreadsheet.

3.3.2 Indirect Costs

These are costs allocated to each of the major departments on the basis of the percent of the department's direct costs to the hospital's total direct costs. In the spreadsheet, indirect inpatient and outpatient costs were calculated (See *Appendix B)*. For example, in Exhibit 1 is an example of the allocation of indirect (overhead) costs based on total direct costs.

EXHIBIT 1
ALLOCATION OF INDIRECT (OVERHEAD) COST (Ksh 000)

DEPARTMENT	Total Direct Costs	Percent Allocated	Overhead Allocated	Total Costs
Wards	362	33.9	163	525
Laboratory	35	3.3	16	51
Radiology	28	2.6	13	41
Pharmacy	376	35.2	170	546
Theater	33	3.1	15	48
Physiotherapy	16	1.5	7	23
Physicians	150	14.0	68	218
Outpatient	69	6.4	31	100
TOTAL	1,069	100.0	482	1,551

The allocations are calculated on each department's direct costs as a percentage of total direct costs. This is the indirect (overhead) amount to be allocated. It is the difference between the total costs that can be specifically identified and allocated to the nine major departments according to direct costs of the hospital. In this example the total direct costs of the nine departments are Ksh 1,069,000, overhead is Ksh 482,000, and the total hospital costs are Ksh 1,551,000.

The formula for calculating a department's indirect cost allocation is as follows:

Department	*Direct Cost/Total Costs*	-	*Percent*
Wards	*362/1,069*	-	*33.9%*
Percent x Indirect Cost		-	*Indirect Cost Allocation*
33.9% x 482		-	*Ksh 163*

Indirect costs include all costs that cannot be directly identified with any of the departments/cost areas, e.g., administration staff costs, electricity, insurance, depreciation, etc. *Appendix B* shows the allocation of indirect costs to each of the major departments in the 14 hospitals studied. The spreadsheet will calculate the indirect percentage and the cost based on the above formulae.

3.3.3 Capital Costs

Capital costs are estimated to be 5 percent of a hospital's total costs. This cost is in addition to any depreciation amount the hospital records based on the historical cost of its fixed assets. If the hospital has recorded capital costs, they are entered on the worksheet's capital cost line (see *Appendix B)*. The spreadsheet will allocate the costs to inpatient and outpatient units.

3.4 TYPES OF MEASURES

The amount of services and/or procedures provided by each of the major departments should be obtained from each department. It is recommended that these figures be obtained for a twelve-month period that coincides with the period the financial and cost data were obtained. Most departments, except "physicians," maintain a register, log, or other record of the volume of services/procedures provided by the department. The hospital's annual report or department summary, in many cases, will also contain department statistics. *Appendix A* presents statistics by major department on the 14 hospitals studied; *Appendix B* shows the spreadsheet format for statistics.

The measures of inpatient and outpatient activities in each of the nine major department are shown in Exhibit 2.

EXHIBIT 2
DEPARTMENT MEASURES

DEPARTMENT	MEASURE
Wards	Days
Laboratory	Tests
Radiology	Exams
Pharmacy	Prescriptions
Theater	Operations
Physiotherapy	Treatments
Other Direct	Processes/ Units
Physicians	Work Days
Outpatient	Visits

For each department, the statistics for both inpatient and outpatients services should be obtained or estimated. The proportion of inpatient and outpatient services will be used to allocate the nine major departments' costs between inpatient and outpatient. The percentage for inpatient services should be entered into the spreadsheet. The following paragraphs discuss the statistics utilized in the Unit Costing spreadsheet.

3.4.1 Wards (Inpatient Days)

Patient days should be obtained separately for each ward and for maternity. This will make it easier to verify the accuracy of the figures. A simple calculation will provide an estimate to compare with the total patient days:

patient admissions X average length of stay = the total inpatient days

This estimate is more accurate if maternity days are calculated separately from other inpatient days, because of the difference in the average length of stay in maternity. The statistic is assumed to be 100 percent inpatient.

3.4.2 Laboratory, Radiology, and Physiotherapy (Inpatient and Outpatient Tests and Treatments)

Each of these departments maintains logs or registers of patient services. To obtain statistics for inpatient and outpatient services, the log should be summarized according to inpatient and outpatient treatments over a twelve-month period. This information should be reviewed and adjusted as required. The percent of inpatient statistic for each of the above services should be calculated and entered into the spreadsheet.

3.4.3 Pharmacy (Prescriptions)

Most hospitals do not maintain statistics of prescriptions. However it is possible to estimate the number of prescriptions for this purpose. For this model the total of outpatient visits and inpatient (ward) days are used. Data collected from one hospital that maintains prescription statistics showed the ratio of inpatient to outpatient prescriptions was roughly equal to the ratio of inpatient days to outpatient visits, an shown in Exhibit 3.

EXHIBIT 3
ALTERNATIVE STATISTIC FOR PRESCRIPTIONS

CATEGORY	AMOUNT	PERCENT
Inpatient Prescriptions	26,663	27
Outpatient Prescriptions	73,718	73
Total Prescriptions	100,381	100
Number of Inpatient Days	35,589	29
Number of Outpatient Visits	87,149	71
Total	122,738	100

The use of inpatient days and outpatient visits as proxies, respectively, for inpatient prescriptions and outpatient prescriptions is obviously imperfect. This approximation should be utilized only if more accurate data on the allocation of prescriptions between these patient groups are not available. The percent of inpatient prescriptions should be entered into the spreadsheet.

3.4.4 Theater (Operations)

The operating theater register or surgical log will provide the statistics for the number of operations performed each month. This information should be reviewed and adjusted as required. In some hospitals tooth extractions are minor operations performed in the theater. These should be excluded from the statistic for "operations" for the sake of consistency with hospitals that have a separate dental unit. This log should be summarized and an annual total obtained. The total should reflect the percent of inpatient and outpatient operations. The percent of inpatient statistic should be entered into the spreadsheet.

3.4.5 Physician (Work Schedule)

This statistic represents the available time of physicians. Interviews with hospital management and the physicians will provide information for developing a physician's work schedule. The schedule will be utilized to allocate physicians' time. The annual time of part-time physicians (those who work less than 20 hours per week) should be estimated based on information obtained from hospital management.

The percent of inpatient and outpatient physicians' time should be obtained or estimated. Allocation of physicians' costs to departments between inpatient and outpatient services should be based on an estimate of the amount of time spent in each department. This allocation is quite straightforward since, usually, there will be a hospital policy and a work schedule regarding physician coverage for inpatient and outpatient areas.

If the physicians' time cannot be determined or accurately estimated, the alternate statistic of inpatient days can be used. The spreadsheet will automatically allocate inpatient days to the physician statistic unless the actual time or accurate estimate is entered into the spreadsheet. In either case the percent of inpatient statistic should be entered into the spreadsheet; the actual percent should be entered, or,if inpatient days are used, the percent will be 100 percent inpatient.

3.4.6 Outpatient (Visits)

This statistic should include only visits for curative services, excluding outpatient visits for family planning, child welfare, and other preventive clinic programs are to be excluded. The hospital should have a register or log for each outpatient service and clinic. The statistics should be reviewed and adjusted as required. The percent of outpatient statistic is assumed to be 100 percent outpatient.

3.4.7 Labor: People

This figure is the number of posts in each of the nine major areas, that is, only the staff who are directly employed in that area/department. The assignment of nursing staff to each ward should be available from the Matron. Personnel assignments in the "other" category should be available from the Medical Officer-in-Charge and/or the Hospital Administrator. The remaining posts assigned to other areas/departments should be totaled and shown as overhead (*See Appendix B*).

3.5 CALCULATING UNIT COSTS

The methodology employs a combination of accounting methods and resource use to determine unit costs. The cost data collected for the nine major departments and overhead area will be entered into the spreadsheet. All costs of operating the hospital are assigned and allocated to the major departments based on direct allocation and Relative Value Unit (RVU) adjustments.

3.5.1 Relative Value Unit (RVU)

The departmental statistic used to allocate costs to each department may not be a sufficiently accurate basis for allocating the costs of the major departments and indirect areas. To compensate for this it is necessary to weight the data so that an appropriate amount of the costs are allocated to the major departments which require more costly services. Appendix A shows the RVU columns for inpatient and outpatient. In the spreadsheet, department inpatient and outpatient volume statistics can be adjusted by a factor that reflects the weight of inpatient to outpatient effort for that department. For example, theater costs should be allocated more to inpatients than outpatients because all major operations and a proportion of the minor operations pertain to inpatients. *Appendix A* (page 2) shows the RVUs assigned to the inpatient and outpatient services of each department in each hospital.

Using Appendix A, Hospital A as an example, shows how the theater operations statistic is adjusted by weighting it five-to-one toward inpatient. This assumption estimates that on average, inpatient operations are five times more difficult and thus more expensive than outpatient operations. Most departments have a one-to-one inpatient to outpatient weighting. The weighting is based on estimates from hospital management. Those departments that hospital management believe should be weighted toward inpatient or outpatient will be entered into the spreadsheet as shown in *Appendix B (page 2)*. The weighting should be reviewed and justified prior to entry into the spreadsheet.

3.5.2 Overhead and Capital

The overhead cost that was entered into the spreadsheet, as shown in Appendix A, is calculated as indirect and allocated to the inpatient and outpatient indirect category. Capital cost data will be entered into the spreadsheet, as shown in Appendix A, and calculated and allocated as capital. For the Kenya survey, the hospital capital costs for the 14 hospitals were estimated to be 5 per cent of the inflation adjusted cost. If capital costs are available, they should be entered into the spreadsheet.

3.5.3 Unit Cost

The unit cost is the average of the inputs used to provide the service, measured by an episode of treatment. Inpatient and outpatient services are costed based on the resources utilized. These resources are the four categories of costs (labor, drugs/supplies, food, and other) and the product of the department (department statistic).

Appendix A provides spreadsheet calculations of Inpatient and Outpatient Unit Costs for each hospital in the survey. There are four pages of data for each hospital, which show: the total costs and costs per day for inpatient services and outpatient services; statistics and Relative Value Units for inpatient and outpatient services; inpatient and outpatient direct and indirect costs by major department (overhead costs are included as direct inpatient and outpatient unit costs); and the unit cost of inpatient and outpatient by category or cost and major department.

4.0 QUALITY ASSESSMENT METHODOLOGY

The reimbursement of hospitals for inpatient care will be based on the quality of health care that the hospital is providing to NHIF beneficiaries. The higher the quality of care, the higher the reimbursement. This system of reimbursement will encourage hospitals to improve quality (not just increase the number of beds) in order to qualify for an upward review of their NHIF reimbursement.

The objective application of this Hospital Quality Assessment Survey is, therefore, critical to ensure that it differentiates among hospitals fairly according to the quality of their services to patients. The survey addresses the different aspects of hospital operations that are important in determining the quality of care a patient is likely to receive at NHIF eligible hospitals. The Quality Assessment Model was developed on a spreadsheet program.

4.1 STRUCTURE OF THE SURVEY

The survey evaluates quality in five areas:

- Service Existence/Availability
- Staffing
- Facility Status
- Quality Process/Information
- Patient Satisfaction

The Service and Quality Survey questionnaire is included in Appendices B and C.

4.1.1 Service Existence/Availability

This area assesses the services that the hospital provides. It considers the availability and access of these services (i.e., equipment works, materials available for tests/exams to be done, staff are available to operate equipment).

4.1.2 Staffing

The quality of care depends to a large extent on the staff available to provide care to patients and manage the hospital. Staff who are professionally qualified in their area of operation are likely to provide better quality services than unqualified staff. This area assesses the professional qualifications and skills of those staff.

It is important to distinguish between *full-time* and *part-time* staff. There are questions that deal with both aspects, and the inspector should ensure that the interviewees understand the questions and give the correct answers. For example, during the day of the inspection visit the hospital may have doctors on "Locum" who are in the hospital full-time every day but only for a few weeks/months in the year. These should be classed as "part-time," and the total physicians' time adjusted accordingly.

The qualifications of staff should, if possible, be obtained from the heads of the respective departments.

4.1.3 Facility Status

This area assesses the hospital physical environment and the services provided by the patient support departments. These services include the following: consistent water and electricity supply, cleanliness of the facility, maintenance of the hospital (repair/service to the building and equipment), and other areas.

Responses to the questionnaire will be obtained more by observation than by interview. It is quite possible that the hospital may effect some cosmetic improvements for the sake of the inspector's visit. For example, regarding the questions dealing with cleanliness, the hospital may have been particularly well-cleaned for the sake of the inspection. However, talking to other staff (e.g., in the cleaning department) may reveal how often the hospital is normally cleaned.

4.1.4 Quality Process/Information

This area assesses the various hospital management processes, such as the committees that deal with different aspects of patient care and the availability and quality of management information (e.g., utilization data, inpatient ward statistics and occupancy, number of outpatient and clinic visits, laboratory tests, and other reports).

Interviews with the Administrator, Medical Officer-in-Charge, and Matron will most likely provide all the management information necessary. However, data should be verified with information gathered during the hospital tour.

4.1.5 Patient Satisfaction

Patient satisfaction is measured by the patient's level of comfort, including such factors as not sharing beds, no overcrowding in the wards, promptness of service, not having to queue for lengthy periods before being treated, availability of service—medical and non-medical supplies

available, pharmacy stocked, laboratory supplies available for tests, x-ray film available for exams, etc.—and quality of food.

Some questions (e.g., the quality of food) may require interviews with the patients. An inpatient ward nurse may be able to provide guidance on which patients to interview.

4.2 HOW THE SURVEY QUESTIONNAIRE WAS APPLIED

Responses to the questions in the survey should be obtained through interviews with the heads of departments and by observation. Visits should be planned so that adequate time is allowed for each question (up to eight hours for the survey depending on the size of the hospital).

Responses must *not* be obtained purely from an interview with the Administrator or Medical Officer-in-Charge. Wherever possible, answers should be supported by evidence, such as registers of utilization, expenditure reports for the department, and interviews with staff from other departments.

The score for the hospital will be compared with those for other hospitals to ensure standard application of the questionnaire to all hospitals. The approach to each question is detailed in the Inspectors' Guide to the questionnaire *(Appendix C)*.

4.3 ANALYSIS OF QUALITY ASSESSMENT SURVEY RESULTS

4.3.1 Weighting of Questions

The five areas under which quality is assessed were graded in their order of importance as determinants of quality of health care. The relative weights were decided after consultation with doctors and other experts in health care.

Following are the weights for each area, based on a total of 100 percent:

Category	Percent
Service Existence/Availability	30
Staffing	30
Facility Status	20
Process/Information	10
Patient Satisfaction	10

Within each of the areas, questions were also weighted according to their relative importance. A "Yes" answer to any question scores between 0.5 and 2.0 points; a "No" or "Not Applicable" answer scores 0 points. These weights are entered into the spreadsheet to calculate the total score for each hospital.

4.3.2 The Quality Assessment Spreadsheet (Appendix E)

Responses to the questionnaire were entered into the Quality Assessment spreadsheet in the following format:

Question Response	Input
Yes	1
No	0
No Answer (N/A)	blank

Where a response to a question required numbers, such as staff numbers, the input will be the numbers.

Questions dealing with the 24-hour coverage of patient services were given the choice of response as to whether they are in-house, on-call, or not available. These responses were entered in the following manner:

Question Response	Input
None	1
In-house	2
On-call	3

Similarly, responses on other quality points ranked on the questionnaire as "poor," "fair," "good," "excellent" were entered as:

Question Response	Input
Poor	1
Fair	2
Good	3
Excellent	4

4.3.3 The Overall Score

The calculation of the hospital's overall score is the sum of the total score under each of the five areas. An example:

EXHIBIT 4
CALCULATION OF QUALITY SCORE

AREA	A WEIGHT	B GROSS MAXIMUM	C ADJUSTED SCORE	D SCORE
Service	30.0	98.0	96.0	29.4
Staffing	30.0	142.5	112.0	23.6
Facility	20.0	16.0	14.5	18.1
Process	10.0	17.0	17.0	10.0
Patient Satisfaction	10.0	17.0	14.0	8.2
TOTAL				89.3

Column A: Weight allocated to that area of quality factors
Column B: The maximum number of points a hospital can score under that area.
Column C: The score under each area for one hospital
Column D: The score (C) adjusted to the weight (A) allocated to that area: A x C/B

5.0 REIMBURSEMENT RATES

5.1 QUALITY/COST RELATIONSHIP

One of the conclusions of the project was that quality and cost are reasonably related. Higher quality tends to cost more; however, lower quality does not always cost less. High costs in low-quality hospitals can be due to many factors and issues, including inefficiencies, low bed occupancy, poor control over costs, as well as other issues not discussed here.

5.2 QUALITY RANGES

The quality ranges have been established at five quality points in order to provide incentives for hospitals to improve their quality and move from their current range to a higher range. This improvement in quality will also provide them with additional reimbursement.

A hospital's reimbursement rate will depend on its total score from the quality assessment. Hospitals are grouped in reimbursement ranges. These ranges are in increments of five points: 1-5.....96-100. It has been assumed that no hospital will score below 21 points and remain an eligible hospital for NHIF purposes.

A hospital will be reimbursed the amount corresponding to the quality range in which that hospital falls. For example, Hospital A's Overall Quality Score was 33 points, which placed the hospital at the low end of the scale in the quality range (31-35), and it would receive a reimbursement rate of Ksh 150 per day.

5.3 STANDARD COST AND QUALITY

Based on the cost and quality results of all hospitals, a group of hospitals that provided "good" quality at a reasonable cost were identified to serve as the standard for cost and quality. These hospitals were in the quality range 56-60, and included two mission, one government (provincial), and one private for-profit hospitals. These hospitals formed the foundation for developing the proposed reimbursement schedule.

5.4 REIMBURSEMENT SCHEDULE

Hospitals scoring the standard quality receive a reimbursement rate that is equivalent to the "standard" cost per day. Ranges were established for the "good" quality standard as the quality range of 56-60 and the "reasonable" cost standard as Ksh 300. From this cost/quality standard,

a complete reimbursement schedule was proposed by increasing the rate by Ksh 30 for every quality range above the standard and decreasing the rate by Ksh 30 for every quality range below the standard.

The reimbursement approach developed is based on a per day rate and is therefore consistent with the existing NHIF approach. It is suggested that NHIF consider moving to a per admission-based approach over the medium term to discourage excessive lengths of stay and to a diagnosis-based approach over the long term to account for intensity of care differences.

APPENDICES

APPENDIX A

UNIT COST CALCULATIONS FOR SURVEY HOSPITALS

APPENDIX A1
Hospital A

Kenya Shillings	Total Costs Ksh Total	Ksh Total
Area Name	IP Amt	OP Amt
Wards	3,270,413	0
Ancillary		
Labs	221,883	55,471
Radiology	55,471	129,432
Pharmacy	1,099,972	2,135,239
Theatres	258,250	19,103
Physiother	0	0
Other Direct	0	0
Physicians	792,440	132,073
Outpatient	0	739,611
Overhead		
Subtotal	5,698,429	3,210,929
Capital		
Total	5,698,429	3,210,929
Per Day	224.15	
Per Visit		65.17

APPENDIX A1
Hospital A

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	Statistical Units IP Stat	Statistical Units OP Stat	IP RVU	OP RVU
Wards	Days	25,422	100%	25,422	0	1.00	0.00
Ancillary							
Labs	Tests	23,168	80%	18,534	4,634	1.00	1.00
Radiology	Exams	4,000	30%	1,200	2,800	1.00	1.00
Pharmacy	Prescripts	74,692	34%	25,395	49,297	1.00	1.00
Theatres	Operations	809	73%	591	218	5.00	1.00
Physiother	Treatments	0	0%	0	0	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	25,422	75%	19,067	6,356	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	49,270	0%	0	49,270	0.00	1.00

APPENDIX A1
Hospital A

Kenya Shillings

Area Name	Labor People	Ksh ,000 Labor Amount	Operating Costs Labor + Benefits	Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	142.00	1,128	1,416	0	587	0	2,003
Ancillary							
Labs	14.00	135	170	0	0	0	170
Radiology	5.00	90	113	0	0	0	113
Pharmacy	3.00	90	113	1,869	0	0	1,982
Theatres	5.00	135	170	0	0	0	170
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	4.00	451	566	0	0	0	566
	0.00						
Outpatient	14.00	361	453	0	0	0	453
Overhead	76.00	2,120	2,662	0	0	790	3,452
Subtotal	263.00	4,510	5,663	1,869	587	790	8,909
Capital						0	0
Total	263.00	4,510	5,663	1,869	587	790	8,909

APPENDIX A1
Hospital A

Kenya Shillings	Ksh	Inpatient Unit Operating Costs					
Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	55.70	0.00	23.11	0.00	78.80	49.84	128.64
Ancillary							
Labs	7.33	0.00	0.00	0.00	7.33	4.64	11.97
Radiology	28.32	0.00	0.00	0.00	28.32	17.91	46.23
Pharmacy	1.52	25.02	0.00	0.00	26.53	16.78	43.31
Theatres	267.87	0.00	0.00	0.00	267.87	169.42	437.29
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	25.46	0.00	0.00	0.00	25.46	16.10	41.56
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							709.01

APPENDIX A1
Hospital A

Kenya Shillings — Ksh — Outpatient Unit Operating Costs

Area Name	Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	7.33	0.00	0.00	0.00	7.33	4.64	11.97
Radiology	28.32	0.00	0.00	0.00	28.32	17.91	46.23
Pharmacy	1.52	25.02	0.00	0.00	26.53	16.78	43.31
Theatres	53.57	0.00	0.00	0.00	53.57	33.88	87.46
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	12.73	0.00	0.00	0.00	12.73	8.05	20.78
Outpatient	9.20	0.00	0.00	0.00	9.20	5.82	15.01
Overhead							
Subtotal							224.76

APPENDIX A2
Hospital B

Kenya Shillings Area Name	Total Costs Ksh Total IP Amt	Ksh Total OP Amt
Wards	1,842,780	0
Ancillary		
Labs	90,616	60,411
Radiology	0	0
Pharmacy	589,087	229,089
Theatres	113,211	18,525
Physiother	0	0
Other Direct	0	0
Physicians	564,584	0
Outpatient	0	479,897
Overhead		
Subtotal	3,200,278	787,922
Capital		
Total	3,200,278	787,922
Per Day	120.72	
Per Visit		74.79

APPENDIX A2
Hospital B

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	Statistical Units IP Stat	Statistical Units OP Stat	IP RVU	OP RVU
Wards	Days	26,510	100%	26,510	0	1.00	0.00
Ancillary							
Labs	Tests	24,291	60%	14,575	9,716	1.00	1.00
Radiology	Exams	0	0%	0	0	1.00	1.00
Pharmacy	Prescripts	37,045	72%	26,672	10,373	1.00	1.00
Theatres	Operations	140	55%	77	63	5.00	1.00
Physiother	Treatments	0	0%	0	0	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	26,510	100%	26,510	0	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	10,535	0%	0	10,535	0.00	1.00

APPENDIX A2
Hospital B

Kenya Shillings

Area Name	Labor People	Ksh ,000 Labor Amount	Labor + Benefits	Operating Costs Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	42.00	1,452	1,452	0	115	0	1,567
Ancillary							
Labs	4.00	120	120	8	0	0	128
Radiology	0.00	0	0	0	0	0	0
Pharmacy	6.00	246	246	450	0	0	696
Theatres	1.00	12	12	100	0	0	112
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	2.00	480	480	0	0	0	480
	0.00						
Outpatient	14.00	408	408	0	0	0	408
Overhead	36.00	167	167	0	0	431	598
Subtotal	105.00	2,885	2,885	558	115	431	3,988
Capital						0	0
Total	105.00	2,885	2,885	558	115	431	3,988

APPENDIX A2
Hospital B

Kenya Shillings	Ksh	Inpatient Unit Operating Costs					
Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	54.77	0.00	4.33	0.00	59.10	10.41	69.51
Ancillary							
Labs	4.94	0.35	0.00	0.00	5.29	0.93	6.22
Radiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pharmacy	6.64	12.14	0.00	0.00	18.78	3.31	22.09
Theatres	133.93	1,116.07	0.00	0.00	1,250.00	220.27	1,470.27
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	18.11	0.00	0.00	0.00	18.11	3.19	21.30
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							1,589.38

APPENDIX A2
Hospital B

Kenya Shillings

Outpatient Unit Operating Costs

Area Name	Ksh Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	4.94	0.35	0.00	0.00	5.29	0.93	6.22
Radiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pharmacy	6.64	12.14	0.00	0.00	18.78	3.31	22.09
Theatres	26.79	223.21	0.00	0.00	250.00	44.05	294.05
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient	38.73	0.00	0.00	0.00	38.73	6.82	45.55
Overhead							
Subtotal							367.91

APPENDIX A3
Hospital C

Kenya Shillings	Total Costs Ksh Total IP Amt	Ksh Total OP Amt
Area Name		
Wards	4,997,274	0
Ancillary		
Labs	41,590	235,676
Radiology	36,919	15,822
Pharmacy	1,698,633	2,076,107
Theatres	1,019,079	25,191
Physiother	0	0
Other Direct	0	0
Physicians	1,466,196	0
Outpatient	0	791,113
Overhead		
Subtotal	9,259,690	3,143,910
Capital		
Total	9,259,690	3,143,910
Per Day	259.85	
Per Visit		47.78

APPENDIX A3
Hospital C

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	Statistical Units IP Stat	Statistical Units OP Stat	IP RVU	OP RVU
Wards	Days	35,635	100%	35,635	0	1.00	0.00
Ancillary							
Labs	Tests	20,000	15%	3,000	17,000	1.00	1.00
Radiology	Exams	500	70%	350	150	1.00	1.00
Pharmacy	Prescripts	119,253	45%	53,664	65,589	1.00	1.00
Theatres	Operations	900	89%	801	99	5.00	1.00
Physiother	Treatments	0	0%	0	0	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	35,635	100%	35,635	0	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	65,800	0%	0	65,800	0.00	1.00

APPENDIX A3
Hospital C

Kenya Shillings

Area Name	Labor People	Ksh ,000 Labor Amount	Operating Costs Labor + Benefits	Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	59.00	2,576	2,576	0	561	180	3,316
Ancillary							
Labs	2.00	44	44	140	0	0	184
Radiology	2.00	15	15	20	0	0	35
Pharmacy	2.00	39	39	2,466	0	0	2,505
Theatres	1.00	60	60	633	0	0	693
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	4.00	973	973	0	0	0	973
Outpatient	8.00	360	360	0	0	165	525
Overhead	98.00	2,371	2,371	0	0	1,801	4,172
Subtotal	176.00	6,438	6,438	3,259	561	2,146	12,404
Capital						0	0
Total	176.00	6,438	6,438	3,259	561	2,146	12,404

APPENDIX A3
Hospital C

Kenya Shillings	Ksh	Inpatient Unit Operating Costs					
Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	72.28	0.00	15.73	5.05	93.06	47.17	140.23
Ancillary							
Labs	2.20	7.00	0.00	0.00	9.20	4.66	13.86
Radiology	30.00	40.00	0.00	0.00	70.00	35.48	105.48
Pharmacy	0.33	20.68	0.00	0.00	21.01	10.65	31.65
Theatres	73.10	771.20	0.00	0.00	844.30	427.96	1,272.26
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	27.30	0.00	0.00	0.00	27.30	13.84	41.14
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							1,604.64

APPENDIX A3
Hospital C

Kenya Shillings

Outpatient Unit Operating Costs

Area Name	Ksh Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	2.20	7.00	0.00	0.00	9.20	4.66	13.86
Radiology	30.00	40.00	0.00	0.00	70.00	35.48	105.48
Pharmacy	0.33	20.68	0.00	0.00	21.01	10.65	31.65
Theatres	14.62	154.24	0.00	0.00	168.86	85.59	254.45
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient	5.47	0.00	0.00	2.51	7.98	4.04	12.02
Overhead							
Subtotal							417.47

APPENDIX A4
Hospital D

Kenya Shillings Area Name	Ksh Total IP Amt	Total Costs Ksh Total OP Amt
Wards	3,654,842	0
Ancillary		
Labs	98,084	65,389
Radiology	0	0
Pharmacy	4,257,198	2,838,132
Theatres	5,002,866	111,175
Physiother	0	0
Other Direct	0	0
Physicians	245,209	122,605
Outpatient	0	0
Overhead		
Subtotal	13,258,199	3,137,301
Capital		
Total	13,258,199	3,137,301
Per Day	1,096.35	
Per Visit		399.96

APPENDIX A4
Hospital D

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	Statistical Units IP Stat	Statistical Units OP Stat	IP RVU	OP RVU
Wards	Days	12,093	100%	12,093	0	1.00	0.00
Ancillary							
Labs	Tests	3,848	60%	2,309	1,539	1.00	1.00
Radiology	Exams	0	0%	0	0	1.00	1.00
Pharmacy	Prescripts	19,937	60%	11,962	7,975	1.00	1.00
Theatres	Operations	1,666	90%	1,499	167	5.00	1.00
Physiother	Treatments	0	0%	0	0	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	12,093	50%	6,047	6,047	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	7,844	0%	0	7,844	0.00	1.00

APPENDIX A4
Hospital D

Kenya Shillings

Ksh ,000

Area Name	Labor People	Labor Amount	Labor + Benefits	Operating Costs Suppl/Drg Amount	Operating Costs Food Amount	Operating Costs Other Amount	Total Amount
Wards	19.00	600	600	0	1,189	0	1,789
Ancillary							
Labs	1.00	30	30	50	0	0	80
Radiology	0.00	0	0	0	0	0	0
Pharmacy	1.00	30	30	3,442	0	0	3,472
Theatres	2.00	60	60	2,443	0	0	2,503
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	1.00	180	180	0	0	0	180
	0.00						
Outpatient	0.00	0	0	0	0	0	0
Overhead	8.00	218	218	0	0	8,154	8,372
Subtotal	32.00	1,118	1,118	5,935	1,189	8,154	16,396
Capital						0	0
Total	32.00	1,118	1,118	5,935	1,189	8,154	16,396

APPENDIX A4
Hospital D

Kenya Shillings — Ksh — Inpatient Unit Operating Costs

Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	49.62	0.00	98.29	0.00	147.90	154.32	302.23
Ancillary							
Labs	7.80	12.99	0.00	0.00	20.79	21.69	42.48
Radiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pharmacy	1.50	172.66	0.00	0.00	174.16	181.72	355.89
Theatres	39.15	1,593.70	0.00	0.00	1,632.85	1,703.73	3,336.58
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	19.85	0.00	0.00	0.00	19.85	20.71	40.55
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							4,077.73

APPENDIX A4
Hospital D

Kenya Shillings	Ksh	Outpatient Unit Operating Costs					
Area Name	Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	7.80	12.99	0.00	0.00	20.79	21.69	42.48
Radiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pharmacy	1.50	172.66	0.00	0.00	174.16	181.72	355.89
Theatres	7.83	318.74	0.00	0.00	326.57	340.75	667.32
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	9.92	0.00	0.00	0.00	9.92	10.35	20.28
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							1,085.96

APPENDIX A5
Hospital E

Kenya Shillings Area Name	Total Costs Ksh Total IP Amt	 Ksh Total OP Amt
Wards	33,577,054	0
Ancillary		
Labs	1,518,715	1,518,715
Radiology	597,998	1,793,995
Pharmacy	1,220,134	1,491,275
Theatres	2,163,207	144,214
Physiother	0	0
Other Direct	0	0
Physicians	8,641,432	480,080
Outpatient	0	6,047,959
Overhead		
Subtotal	47,718,540	11,476,236
Capital		
Total	47,718,540	11,476,236
Per Day	158.00	
Per Visit		45.64

APPENDIX A5
Hospital E

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	Statistical Units IP Stat	Statistical Units OP Stat	IP RVU	OP RVU
Wards	Days	302,012	100%	302,012	0	1.00	0.00
Ancillary							
Labs	Tests	79,322	50%	39,661	39,661	1.00	1.00
Radiology	Exams	5,854	25%	1,464	4,391	1.00	1.00
Pharmacy	Prescripts	553,470	45%	249,062	304,409	1.00	1.00
Theatres	Operations	2,668	75%	2,001	667	5.00	1.00
Physiother	Treatments	0	0%	0	0	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	302,012	90%	271,811	30,201	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	251,458	0%	0	251,458	0.00	1.00

APPENDIX A5
Hospital E

Kenya Shillings

Area Name	Labor People	Ksh ,000 Labor Amount	Labor + Benefits	Operating Costs Suppl/Drg Amount	Operating Costs Food Amount	Operating Costs Other Amount	Total Amount
Wards	474.00	15,126	19,513	0	3,913	165	23,591
Ancillary							
Labs	54.00	1,632	2,105	29	0	0	2,134
Radiology	24.00	1,290	1,664	17	0	0	1,681
Pharmacy	18.00	918	1,184	721	0	0	1,905
Theatres	33.00	1,212	1,563	58	0	0	1,621
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	57.00	4,968	6,409	0	0	0	6,409
	0.00						
Outpatient	88.00	3,294	4,249	0	0	0	4,249
Overhead	218.00	10,354	13,357	0	0	4,248	17,605
Subtotal	966.00	38,794	50,045	824	3,913	4,413	59,195
Capital						0	0
Total	966.00	38,794	50,045	824	3,913	4,413	59,195

APPENDIX A5
Hospital E

Kenya Shillings	Ksh	Inpatient Unit Operating Costs					
Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	64.61	0.00	12.96	0.55	78.11	33.06	111.18
Ancillary							
Labs	26.54	0.36	0.00	0.00	26.90	11.39	38.29
Radiology	284.27	2.82	0.00	0.00	287.09	121.52	408.61
Pharmacy	2.14	1.30	0.00	0.00	3.44	1.46	4.90
Theatres	732.51	27.03	0.00	0.00	759.55	321.51	1,081.06
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	22.34	0.00	0.00	0.00	22.34	9.46	31.79
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							1,675.83

APPENDIX A5
Hospital E

Kenya Shillings

Outpatient Unit Operating Costs

Area Name	Ksh Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	26.54	0.36	0.00	0.00	26.90	11.39	38.29
Radiology	284.27	2.82	0.00	0.00	287.09	121.52	408.61
Pharmacy	2.14	1.30	0.00	0.00	3.44	1.46	4.90
Theatres	146.50	5.41	0.00	0.00	151.91	64.30	216.21
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	11.17	0.00	0.00	0.00	11.17	4.73	15.90
Outpatient	16.90	0.00	0.00	0.00	16.90	7.15	24.05
Overhead							
Subtotal							707.96

APPENDIX A6
Hospital F

Total Costs

Kenya Shillings Area Name	Total Inpatient Amount	Total Outpatient Amount
Wards	4,951,075	0
Ancillary		
Labs	297,093	445,640
Radiology	38,604	57,906
Pharmacy	2,082,810	520,702
Theatres	1,297,728	259,546
Physiother	0	0
Other Direct	0	0
Physicians	813,098	271,033
Outpatient	0	833,311
Overhead	0	0
Subtotal	9,480,407	2,388,138
Capital	0	0
Total	9,480,407	2,388,138
Per Day	176.55	
Per Visit		157.09

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	IP Stat	OP Stat	IP RVU	OP RVU	Labor People
				Statistical Units				
Wards	Days	53,697	100%	53,697	0	1.00	0.00	57.00
Ancillary								
Labs	Tests	57,000	40%	22,800	34,200	1.00	1.00	4.00
Radiology	Exams	475	40%	190	285	1.00	1.00	1.00
Pharmacy	Prescripts	68,899	80%	55,119	13,780	1.00	1.00	4.00
Theatres	Operations	1,666	50%	833	833	5.00	1.00	8.00
Physiother	Treatments	0	0%	0	0	1.00	1.00	0.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00	0.00
Physicians	Days	53,697	60%	32,218	21,479	2.00	1.00	8.00
Outpatient	Visits	15,202	0%	0	15,202	0.00	1.00	12.00
Overhead								54.00
Total								148.00

APPENDIX A6
Hospital F
Kenya Shillings ,000

Operating Costs

Area Name	Labor Amount	Labor plus Benefits	Supply/Drugs Amount	Food Amount	Other Amount	Total Amount
Wards	2,575	2,704	0	407	291	3,401
Ancillary						
Labs	61	64	447	0	0	510
Radiology	36	38	29	0	0	66
Pharmacy	61	64	1,725	0	0	1,789
Theatres	236	248	822	0	0	1,070
Physiother	0	0	0	0	0	0
Other Direct	0	0	0	0	0	0
Physicians	709	745	0	0	0	745
Outpatient	545	572	0	0	0	572
Overhead	580	609	0	0	3,106	3,715
Total	4,803	5,043	3,022	407	3,397	11,869

APPENDIX A6
Hospital F
Kenya Shillings ,000

Inpatient Unit Operating Costs

Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	50.35	0.00	7.58	5.41	63.34	28.86	92.20
Ancillary							
Labs	1.12	7.83	0.00	0.00	8.95	4.08	13.03
Radiology	79.58	60.00	0.00	0.00	139.58	63.60	203.18
Pharmacy	0.93	25.03	0.00	0.00	25.96	11.83	37.79
Theatres	247.90	822.33	0.00	0.00	1,070.23	487.67	1,557.90
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	17.34	0.00	0.00	0.00	17.34	7.90	25.24
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total							1,929.34

APPENDIX A6
Hospital F
Kenya Shillings ,000

Outpatient Unit Operating Costs

Area Name	Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	1.12	7.83	0.00	0.00	8.95	4.08	13.03
Radiology	79.58	60.00	0.00	0.00	139.58	63.60	203.18
Pharmacy	0.93	25.03	0.00	0.00	25.96	11.83	37.79
Theatres	49.58	164.47	0.00	0.00	214.05	97.53	311.58
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	8.67	0.00	0.00	0.00	8.67	3.95	12.62
Outpatient	37.66	0.00	0.00	0.00	37.66	17.16	54.82
Total							633.01

APPENDIX A7
Hospital G

Kenya Shillings	Total Costs Ksh Total IP Amt	Ksh Total OP Amt
Area Name		
Wards	3,822,873	0
Ancillary		
Labs	247,314	164,876
Radiology	334,982	502,474
Pharmacy	12,500,758	6,731,177
Theatres	5,103,649	322,336
Physiother	0	0
Other Direct	0	0
Physicians	1,842,743	394,874
Outpatient	0	193,646
Overhead		
Subtotal	23,852,318	8,309,382
Capital		
Total	23,852,318	8,309,382
Per Day	566.29	
Per Visit		172.47

APPENDIX A7
Hospital G

Kenya Shillings

Statistical Units

Area Name	Statistic	Statistic Amount	Pct IP	IP Stat	OP Stat	IP RVU	OP RVU
Wards	Days	42120.00	1.00	42120.00	0.00	1.00	0.00
Ancillary							
Labs	Tests	4800.00	0.60	2880.00	1920.00	1.00	1.00
Radiology	Exams	2400.00	0.40	960.00	1440.00	1.00	1.00
Pharmacy	Prescripts	90300.00	0.65	58695.00	31605.00	1.00	1.00
Theatres	Operations	2280.00	0.76	1732.80	547.20	5.00	1.00
Physiother	Treatments	0.00	0.00	0.00	0.00	1.00	1.00
Other Direct	Procs/Units	0.00	0.00	0.00	0.00	1.00	1.00
Physicians	Days	42120.00	0.70	29484.00	12636.00	2.00	1.00
	Visits	0.00	0.00	0.00	0.00		
Outpatient	Visits	48180.00	0.00	0.00	48180.00	0.00	1.00

APPENDIX A7
Hospital G

Kenya Shillings

Ksh ,000

Area Name	Labor People	Labor Amount	Labor + Benefits	Operating Costs Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	54.00	1,350	1,350	0	1,690	0	3,040
Ancillary							
Labs	8.00	178	178	0	0	150	328
Radiology	2.00	60	60	0	0	606	666
Pharmacy	8.00	160	160	15,135	0	0	15,295
Theatres	10.00	532	532	3,784	0	0	4,315
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	6.00	1,780	1,780	0	0	0	1,780
	0.00						
Outpatient	4.00	154	154	0	0	0	154
Overhead	72.00	1,796	1,796	0	0	4,789	6,585
Subtotal	164.00	6,009	6,009	18,918	1,690	5,545	32,162
Capital						0	0
Total	164.00	6,009	6,009	18,918	1,690	5,545	32,162

APPENDIX A7
Hospital G

Kenya Shillings Area Name	Ksh Labor/ IP Unit	Suppl/ IP Unit	Inpatient Unit Operating Costs Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	32.05	0.00	40.13	0.00	72.18	18.58	90.76
Ancillary							
Labs	37.04	0.00	0.00	31.25	68.29	17.58	85.87
Radiology	25.00	0.00	0.00	252.50	277.50	71.44	348.94
Pharmacy	1.77	167.60	0.00	0.00	169.37	43.60	212.98
Theatres	288.51	2,053.80	0.00	0.00	2,342.31	603.01	2,945.32
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	49.70	0.00	0.00	0.00	49.70	12.80	62.50
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							3,746.37

APPENDIX A8
Hospital H

Kenya Shillings	Total Costs Ksh Total	Ksh Total
Area Name	IP Amt	OP Amt
Wards	23,104,904	0
Ancillary		
Labs	607,764	1,418,117
Radiology	497,024	1,159,723
Pharmacy	1,954,402	2,388,714
Theatres	2,144,563	53,012
Physiother	0	0
Other Direct	0	0
Physicians	6,910,797	383,933
Outpatient	0	5,967,047
Overhead		
Subtotal	35,219,454	11,370,546
Capital		
Total	35,219,454	11,370,546
Per Day	221.17	
Per Visit		56.72

APPENDIX A8
Hospital H

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	Statistical Units IP Stat	Statistical Units OP Stat	IP RVU	OP RVU
Wards	Days	159,244	100%	159,244	0	1.00	0.00
Ancillary							
Labs	Tests	75,948	30%	22,784	53,164	1.00	1.00
Radiology	Exams	19,602	30%	5,881	13,721	1.00	1.00
Pharmacy	Prescripts	359,699	45%	161,865	197,834	1.00	1.00
Theatres	Operations	8,431	89%	7,504	927	5.00	1.00
Physiother	Treatments	0	0%	0	0	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	159,244	90%	143,320	15,924	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	200,455	0%	0	200,455	0.00	1.00

APPENDIX A8
Hospital H

Kenya Shillings

Ksh ,000

Area Name	Labor People	Labor Amount	Labor + Benefits	Operating Costs Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	355.00	10,452	10,452	0	2,282	10	12,744
Ancillary							
Labs	37.00	1,117	1,117	0	0	0	1,117
Radiology	17.00	914	914	0	0	0	914
Pharmacy	15.00	765	765	370	0	1,261	2,396
Theatres	33.00	1,212	1,212	0	0	0	1,212
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	46.00	4,011	4,011	0	0	12	4,024
	0.00						
Outpatient	57.00	3,291	3,291	0	0	0	3,291
Overhead	351.00	19,747	19,747	0	0	1,146	20,893
Subtotal	911.00	41,510	41,510	370	2,282	2,429	46,590
Capital						0	0
Total	911.00	41,510	41,510	370	2,282	2,429	46,590

APPENDIX A8
Hospital H

Kenya Shillings	Ksh	Inpatient Unit Operating Costs					
Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	65.64	0.00	14.33	0.06	80.03	65.06	145.09
Ancillary							
Labs	14.71	0.00	0.00	0.00	14.71	11.96	26.67
Radiology	46.62	0.00	0.00	0.00	46.62	37.90	84.52
Pharmacy	2.13	1.03	0.00	3.51	6.66	5.41	12.07
Theatres	157.64	0.00	0.00	0.00	157.64	128.17	285.80
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	26.51	0.00	0.00	0.08	26.60	21.62	48.22
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							602.38

APPENDIX A8
Hospital H

Kenya Shillings

Outpatient Unit Operating Costs

Area Name	Ksh Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	14.71	0.00	0.00	0.00	14.71	11.96	26.67
Radiology	46.62	0.00	0.00	0.00	46.62	37.90	84.52
Pharmacy	2.13	1.03	0.00	3.51	6.66	5.41	12.07
Theatres	31.53	0.00	0.00	0.00	31.53	25.63	57.16
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	13.26	0.00	0.00	0.04	13.30	10.81	24.11
Outpatient	16.42	0.00	0.00	0.00	16.42	13.35	29.77
Overhead							
Subtotal							234.31

APPENDIX A9
Hospital I

Kenya Shillings	Total Costs Ksh Total IP Amt	Ksh Total OP Amt
Area Name		
Wards	5,252,133	0
Ancillary		
Labs	281,191	230,066
Radiology	164,287	246,430
Pharmacy	2,457,928	3,004,134
Theatres	466,881	4,915
Physiother	168,287	62,243
Other Direct	0	0
Physicians	1,865,295	310,883
Outpatient	0	1,005,829
Subtotal	10,656,001	4,864,499
Capital		
Total	10,656,001	4,864,499
Per Day	190.84	
Per Visit		68.99

APPENDIX A9
Hospital I

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	Statistical Units IP Stat	Statistical Units OP Stat	IP RVU	OP RVU
Wards	Days	55,837	100%	55,837	0	1.00	0.00
Ancillary							
Labs	Tests	64,176	55%	35,297	28,879	1.00	1.00
Radiology	Exams	5,884	40%	2,354	3,530	1.00	1.00
Pharmacy	Prescripts	126,350	45%	56,858	69,493	1.00	1.00
Theatres	Operations	3,259	95%	3,096	163	5.00	1.00
Physiother	Treatments	5,981	73%	4,366	1,615	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	55,837	75%	41,878	13,959	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	70,513	0%	0	70,513	0.00	1.00

APPENDIX A9
Hospital I

Kenya Shillings

Area Name	Labor People	Ksh ,000 Labor Amount	Operating Costs Labor + Benefits	Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	55.00	2,227	2,227	283	1,110	0	3,620
Ancillary							
Labs	8.00	178	178	175	0	0	352
Radiology	2.00	45	45	238	0	0	283
Pharmacy	8.00	122	122	3,643	0	0	3,765
Theatres	7.00	166	166	159	0	0	325
Physiother	5.00	99	99	60	0	0	159
Other Direct	0.00	0	0	0	0	0	0
Physicians	6.00	1,500	1,500	0	0	0	1,500
	0.00						
Outpatient	18.00	693	693	0	0	0	693
	87.00	2,514	2,514	0	0	2,308	4,823
Subtotal	196.00	7,544	7,544	4,559	1,110	2,308	15,521
Capital						0	0
Total	196.00	7,544	7,544	4,559	1,110	2,308	15,521

APPENDIX A9
Hospital I

Kenya Shillings Area Name	Ksh Labor/ IP Unit	Inpatient Unit Operating Costs Suppl/ IP Unit	 Food/ IP Unit	 Other/ IP Unit	 Direct/ IP Unit	 Indirect/ IP Unit	 Total/ IP Unit
Wards	39.88	5.08	19.88	0.00	64.84	29.23	94.06
Ancillary							
Labs	2.77	2.72	0.00	0.00	5.49	2.48	7.97
Radiology	7.63	40.48	0.00	0.00	48.11	21.69	69.80
Pharmacy	0.97	28.83	0.00	0.00	29.80	13.43	43.23
Theatres	52.99	50.95	0.00	0.00	103.94	46.86	150.80
Physiother	16.47	10.10	0.00	0.00	26.57	11.98	38.54
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	30.70	0.00	0.00	0.00	30.70	13.84	44.54
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal							448.94

APPENDIX A9
Hospital I

Kenya Shillings

Outpatient Unit Operating Costs

Area Name	Ksh Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	2.77	2.72	0.00	0.00	5.49	2.48	7.97
Radiology	7.63	40.48	0.00	0.00	48.11	21.69	69.80
Pharmacy	0.97	28.83	0.00	0.00	29.80	13.43	43.23
Theatres	10.60	10.19	0.00	0.00	20.79	9.37	30.16
Physiother	16.47	10.10	0.00	0.00	26.57	11.98	38.54
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	15.35	0.00	0.00	0.00	15.35	6.92	22.27
Outpatient	9.83	0.00	0.00	0.00	9.83	4.43	14.26
Subtotal							226.24

APPENDIX A10
Hospital J

Kenya Shillings Area Name	Ksh Total IP Amt	Ksh Total OP Amt	
Wards	6,102,426	0	
Ancillary			
Labs	384,555	256,370	
Radiology	165,102	110,068	
Pharmacy	4,611,299	1,976,271	
Theatres	1,099,037	54,952	
Physiother	0	0	
Other Direct	0	0	
Physicians	1,321,319	498,392	
Outpatient	0	638,495	
Subtotal	13,683,739	3,534,549	
Capital			
Total	13,683,739	3,534,549	17,218,288
	==========	==========	17,218,288
Per Day	300.75		
Per Visit		197.36	

APPENDIX A10
Hospital J

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	IP Stat	OP Stat	IP RVU	OP RVU
		Statistical Units					
Wards	Days	45,499	100%	45,499	0	1.00	0.00
Ancillary							
Labs	Tests	40,127	60%	24,076	16,051	1.00	1.00
Radiology	Exams	1,135	60%	681	454	1.00	1.00
Pharmacy	Prescripts	63,408	70%	44,386	19,022	1.00	1.00
Theatres	Operations	1,187	80%	950	237	5.00	1.00
Physiother	Treatments	0	0%	0	0	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	45,499	57%	25,934	19,565	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	17,909	0%	0	17,909	0.00	1.00

APPENDIX A10
Hospital J

Kenya Shillings

Ksh ,000

Area Name	Labor People	Labor Amount	Operating Costs Labor + Benefits	Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	36.00	1,962	2,119	0	1,597	0	3,716
Ancillary							
Labs	2.00	216	233	157	0	0	390
Radiology	1.00	72	78	90	0	0	168
Pharmacy	1.00	81	87	3,924	0	0	4,011
Theatres	4.50	360	389	314	0	0	703
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	3.50	1,026	1,108	0	0	0	1,108
	0.00						
Outpatient	8.00	360	389	0	0	0	389
	51.00	3,132	3,382	0	0	3,351	6,734
Subtotal	107.00	7,209	7,785	4,485	1,597	3,351	17,218
Capital						0	0
Total	107.00	7,209	7,785	4,485	1,597	3,351	17,218

APPENDIX A10
Hospital J

Kenya Shillings	Ksh	Inpatient Unit Operating Costs					
Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	46.57	0.00	35.10	0.00	81.67	52.45	134.12
Ancillary							
Labs	5.81	3.91	0.00	0.00	9.73	6.25	15.97
Radiology	68.51	79.12	0.00	0.00	147.63	94.81	242.44
Pharmacy	1.38	61.88	0.00	0.00	63.26	40.63	103.89
Theatres	389.94	314.82	0.00	0.00	704.76	452.61	1,157.37
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	31.02	0.00	0.00	0.00	31.02	19.92	50.95
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal							1,704.74

APPENDIX A10
Hospital J

Kenya Shillings

Outpatient Unit Operating Costs

Area Name	Ksh Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	5.81	3.91	0.00	0.00	9.73	6.25	15.97
Radiology	68.51	79.12	0.00	0.00	147.63	94.81	242.44
Pharmacy	1.38	61.88	0.00	0.00	63.26	40.63	103.89
Theatres	77.99	62.96	0.00	0.00	140.95	90.52	231.47
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	15.51	0.00	0.00	0.00	15.51	9.96	25.47
Outpatient	21.71	0.00	0.00	0.00	21.71	13.94	35.65
Subtotal							654.91

APPENDIX A11
Hospital K

Kenya Shillings	Total Costs Ksh Total IP Amt	Ksh Total OP Amt
Area Name		
Wards	2,600,111	0
Ancillary		
Labs	134,292	201,438
Radiology	169,549	199,036
Pharmacy	1,687,873	2,330,873
Theatres	329,596	15,463
Physiother	0	0
Other Direct	0	0
Physicians	0	0
Outpatient	0	156,169
Overhead		
Subtotal	4,921,422	2,902,978
Capital		
Total	4,921,422	2,902,978
Per Day	374.54	
Per Visit		161.28

APPENDIX A11
Hospital K

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	IP Stat	OP Stat	IP RVU	OP RVU
		Statistical Units					
Wards	Days	13,140	100%	13,140	0	1.00	1.00
Ancillary							
Labs	Tests	10,200	40%	4,080	6,120	1.00	1.00
Radiology	Exams	2,076	46%	955	1,121	1.00	1.00
Pharmacy	Prescripts	31,140	42%	13,079	18,061	1.00	1.00
Theatres	Operations	1,770	81%	1,434	336	5.00	1.00
Physiother	Treatments	0	0%	0	0	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	13,140	80%	10,512	0	1.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	18,000	0%	0	18,000	1.00	1.00

APPENDIX A11
Hospital K

Kenya Shillings

Area Name	Labor People	Ksh ,000 Labor Amount	Operating Costs Labor + Benefits	Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	12.00	530	530	0	1,393	0	1,923
Ancillary							
Labs	5.00	112	112	137	0	0	248
Radiology	3.00	67	67	205	0	0	273
Pharmacy	2.00	31	31	2,942	0	0	2,972
Theatres	5.00	118	118	137	0	0	255
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	5.00	0	0	0	0	0	0
	0.00						
Outpatient	3.00	116	116	0	0	0	116
Overhead	27.00	995	995	0	0	1,043	2,038
Subtotal	62.00	1,969	1,969	3,421	1,393	1,043	7,824
Capital						0	0
Total	62.00	1,969	1,969	3,421	1,393	1,043	7,824

APPENDIX A11
Hospital K

Kenya Shillings	Ksh	Inpatient Unit Operating Costs					
Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	40.37	0.00	105.98	0.00	146.35	51.53	197.88
Ancillary							
Labs	10.93	13.41	0.00	0.00	24.34	8.57	32.91
Radiology	32.47	98.84	0.00	0.00	131.31	46.24	177.55
Pharmacy	0.98	94.47	0.00	0.00	95.45	33.61	129.05
Theatres	78.88	91.14	0.00	0.00	170.02	59.87	229.89
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient	6.42	0.00	0.00	0.00	6.42	2.26	8.68
Overhead							
Subtotal							775.96

APPENDIX A11
Hospital K

Kenya Shillings — Ksh — Outpatient Unit Operating Costs

Area Name	Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	40.37	0.00	105.98	0.00	146.35	51.53	197.88
Ancillary							
Labs	10.93	13.41	0.00	0.00	24.34	8.57	32.91
Radiology	32.47	98.84	0.00	0.00	131.31	46.24	177.55
Pharmacy	0.98	94.47	0.00	0.00	95.45	33.61	129.05
Theatres	15.78	18.23	0.00	0.00	34.00	11.97	45.98
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient	6.42	0.00	0.00	0.00	6.42	2.26	8.68
Overhead							
Subtotal							592.05

APPENDIX A12
Hospital L

Kenya Shillings Area Name	Ksh Total IP Amt	Ksh Total OP Amt
Wards	12,816,544	0
Ancillary		
Labs	829,992	829,992
Radiology	434,429	434,429
Pharmacy	13,533,371	16,540,787
Theatres	3,290,697	34,639
Physiother	0	0
Other Direct	0	0
Physicians	7,010,054	0
Outpatient	0	7,866,766
Overhead		
Subtotal	37,915,087	25,706,613
Capital		
Total	37,915,087	25,706,613
Per Day	1,135	
Per Visit		412.94

APPENDIX A12
Hospital L

Kenya Shillings		Statistical Units					
Area Name	Statistic	Statistic Amount	Pct IP	IP Stat	OP Stat	IP RVU	OP RVU
Wards	Days	33,414	100%	33,414	0	1.00	1.00
Ancillary							
Labs	Tests	75,706	50%	37,853	37,853	1.00	1.00
Radiology	Exams	6,138	50%	3,069	3,069	1.00	1.00
Pharmacy	Prescripts	95,667	45%	43,050	52,617	1.00	1.00
Theatres	Operations	1,862	95%	1,769	93	5.00	1.00
Physiother	Treatments	0	0%	0	0	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	33,414	100%	33,414	0	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	62,253	0%	0	62,253	1.00	1.00

APPENDIX A12
Hospital L

Kenya Shillings

Area Name	Labor People	Ksh ,000 Labor Amount	Labor + Benefits	Operating Costs Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	140.00	6,192	6,192	0	3,832	0	10,025
Ancillary							
Labs	10.00	376	376	923	0	0	1,298
Radiology	4.00	139	139	541	0	0	680
Pharmacy	9.00	327	327	23,197	0	0	23,523
Theatres	12.00	749	749	1,853	0	0	2,601
Physiother	0.00	0	0	0	0	0	0
Other Direct	0.00	0	0	0	0	0	0
Physicians	9.00 0.00	5,483	5,483	0	0	0	5,483
Outpatient	91.00	6,153	6,153	0	0	0	6,153
Overhead	99.00	4,910	4,910	0	0	8,949	13,858
Subtotal	374.00	24,328	24,328	26,513	3,832	8,949	63,622
Capital						0	0
Total	374.00	24,328	24,328	26,513	3,832	8,949	63,622

APPENDIX A12
Hospital L

Kenya Shillings Area Name	Ksh Labor/ IP Unit	Inpatient Unit Operating Costs Suppl/ IP Unit	 Food/ IP Unit	 Other/ IP Unit	 Direct/ IP Unit	 Indirect/ IP Unit	 Total/ IP Unit
Wards	185.32	0.00	114.69	0.00	300.02	83.55	383.57
Ancillary							
Labs	4.96	12.19	0.00	0.00	17.15	4.78	21.93
Radiology	22.61	88.11	0.00	0.00	110.72	30.83	141.55
Pharmacy	3.41	242.47	0.00	0.00	245.89	68.48	314.36
Theatres	418.74	1,036.35	0.00	0.00	1,455.09	405.22	1,860.31
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	164.10	0.00	0.00	0.00	164.10	45.70	209.79
Outpatient	98.84	0.00	0.00	0.00	98.84	27.53	126.37
Overhead							
Subtotal							3,057.88

APPENDIX A12
Hospital L

Kenya Shillings — Ksh — Outpatient Unit Operating Costs

Area Name	Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	185.32	0.00	114.69	0.00	300.02	83.55	383.57
Ancillary							
Labs	4.96	12.19	0.00	0.00	17.15	4.78	21.93
Radiology	22.61	88.11	0.00	0.00	110.72	30.83	141.55
Pharmacy	3.41	242.47	0.00	0.00	245.89	68.48	314.36
Theatres	83.75	207.27	0.00	0.00	291.02	81.04	372.06
Physiother	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	82.05	0.00	0.00	0.00	82.05	22.85	104.90
Outpatient	98.84	0.00	0.00	0.00	98.84	27.53	126.37
Overhead							
Subtotal							1,464.74

APPENDIX A13
Hospital M

Kenya Shillings	Total Costs Ksh Total IP Amt	Ksh Total OP Amt
Area Name		
Wards	27,223,090	0
Ancillary		
Labs	2,566,809	2,100,129
Radiology	2,241,883	3,226,095
Pharmacy	6,600,505	11,238,807
Theatres	11,304,509	495,858
Physiother	260,889	391,362
Other Direct	0	0
Physicians	0	0
Outpatient	0	10,443,666
Overhead		
Subtotal	50,197,683	27,895,917
Capital		
Total	50,197,683	27,895,917
Per Day	2,107.20	
Per Visit		646.17

APPENDIX A13
Hospital M

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	IP Stat	OP Stat	IP RVU	OP RVU
		Statistical Units					
Wards	Days	23,822	100%	23,822	0	1.00	0.00
Ancillary							
Labs	Tests	36,102	55%	19,856	16,246	1.00	1.00
Radiology	Exams	15,012	41%	6,155	8,857	1.00	1.00
Pharmacy	Prescripts	66,993	37%	24,787	42,206	1.00	1.00
Theatres	Operations	2,897	82%	2,376	521	5.00	1.00
Physiother	Treatments	8,956	40%	3,582	5,374	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	23,822	100%	23,822	0	2.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	43,171	0%	0	43,171	0.00	1.00

APPENDIX A13
Hospital M

Kenya Shillings

Area Name	Labor People	Ksh ,000 Labor Amount	Labor + Benefits	Operating Costs Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	220.00	13,072	13,072	0	1,078	3,634	17,784
Ancillary							
Labs	35.00	2,400	2,400	0	0	649	3,049
Radiology	12.00	1,838	1,838	1,107	0	627	3,572
Pharmacy	8.00	757	757	10,873	0	23	11,654
Theatres	33.00	2,353	2,353	4,856	0	500	7,709
Physiother	6.00	363	363	13	0	50	426
Other Direct	0.00	0	0	0	0	0	0
Physicians	10.00	0	0	0	0	0	0
	0.00						
Outpatient	30.00	3,709	3,709	2,877	0	237	6,823
Overhead	140.00	8,008	8,008	0	0	19,069	27,077
Subtotal	494.00	32,500	32,500	19,726	1,078	24,789	78,094
Capital						0	0
Total	494.00	32,500	32,500	19,726	1,078	24,789	78,094

APPENDIX A13
Hospital M

Kenya Shillings	Ksh	Inpatient Unit Operating Costs					
Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	548.72	0.00	45.27	152.55	746.55	396.23	1,142.77
Ancillary							
Labs	66.48	0.00	0.00	17.97	84.45	44.82	129.27
Radiology	122.45	73.71	0.00	41.79	237.95	126.29	364.24
Pharmacy	11.30	162.30	0.00	0.35	173.96	92.33	266.28
Theatres	948.89	1,958.39	0.00	201.47	3,108.75	1,649.96	4,758.71
Physiother	40.55	1.48	0.00	5.54	47.57	25.25	72.83
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							6,734.10

APPENDIX A13
Hospital M

Kenya Shillings

Outpatient Unit Operating Costs

Area Name	Ksh Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	66.48	0.00	0.00	17.97	84.45	44.82	129.27
Radiology	122.45	73.71	0.00	41.79	237.95	126.29	364.24
Pharmacy	11.30	162.30	0.00	0.35	173.96	92.33	266.28
Theatres	189.78	391.68	0.00	40.29	621.75	329.99	951.74
Physiother	40.55	1.48	0.00	5.54	47.57	25.25	72.83
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient	85.92	66.63	0.00	5.49	158.04	83.88	241.91
Overhead							
Subtotal							2,026.28

APPENDIX A14
Hospital N

Kenya Shillings	Total Costs Ksh Total IP Amt	Ksh Total OP Amt
Area Name		
Wards	41,454,542	0
Ancillary		
Labs	11,503,388	9,411,863
Radiology	3,061,484	4,405,550
Pharmacy	33,723,634	20,608,888
Theatres	5,454,797	163,017
Physiother	936,123	1,404,184
Other Direct	0	0
Physicians	0	0
Outpatient	0	10,762,531
Overhead		
Subtotal	96,133,968	46,756,032
Capital		
Total	96,133,968	46,756,032
Per Day	1,714.81	
Per Visit		657.30

APPENDIX A14
Hospital N

Statistical Units

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	IP Stat	OP Stat	IP RVU	OP RVU
Wards	Days	56,061	100%	56,061	0	1.00	0.00
Ancillary							
Labs	Tests	285,032	55%	156,768	128,264	1.00	1.00
Radiology	Exams	16,511	41%	6,770	9,741	1.00	1.00
Pharmacy	Prescripts	167,789	45%	75,505	92,284	2.00	1.00
Theatres	Operations	3,830	87%	3,332	498	5.00	1.00
Physiother	Treatments	16,757	40%	6,703	10,054	1.00	1.00
Other Direct	Procs/Units	0	0%	0	0	1.00	1.00
Physicians	Days	0	0%	0	0	1.00	1.00
	Visits	0	0%	0	0		
Outpatient	Visits	71,134	0%	0	71,134	0.00	1.00

APPENDIX A14
Hospital N

Kenya Shillings

Operating Costs

Area Name	Labor People	Ksh ,000 Labor Amount	Labor + Benefits	Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards	0.00	21,904	21,904	0	0	1,141	23,045
Ancillary							
Labs	0.00	5,442	5,442	0	0	6,185	11,627
Radiology	0.00	2,134	2,134	0	0	2,017	4,151
Pharmacy	0.00	2,202	2,202	0	0	28,002	30,204
Theatres	0.00	3,032	3,032	0	0	91	3,123
Physiother	0.00	950	950	0	0	351	1,301
Other Direct	0.00	0	0	0	0	0	0
Physicians	0.00 0.00	0	0	0	0	0	0
Outpatient	0.00	5,983	5,983	0	0	0	5,983
Overhead	0.00	2,461	2,461	0	0	60,995	63,456
Subtotal	0.00	44,108	44,108	0	0	98,782	142,890
Capital						0	0
Total	0.00	44,108	44,108	0	0	98,782	142,890

APPENDIX A14
Hospital N

Inpatient Unit Operating Costs

Kenya Shillings Area Name	Ksh Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards	390.72	0.00	0.00	20.35	411.07	328.38	739.45
Ancillary							
Labs	19.09	0.00	0.00	21.70	40.79	32.59	73.38
Radiology	129.25	0.00	0.00	122.16	251.41	200.84	452.25
Pharmacy	18.10	0.00	0.00	230.19	248.29	198.35	446.64
Theatres	883.53	0.00	0.00	26.52	910.05	727.00	1,637.04
Physiother	56.69	0.00	0.00	20.95	77.64	62.02	139.66
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overhead							
Subtotal							3,488.43

APPENDIX A14
Hospital N

Outpatient Unit Operating Costs

Kenya Shillings Area Name	Ksh Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ancillary							
Labs	19.09	0.00	0.00	21.70	40.79	32.59	73.38
Radiology	129.25	0.00	0.00	122.16	251.41	200.84	452.25
Pharmacy	9.05	0.00	0.00	115.10	124.15	99.17	223.32
Theatres	176.71	0.00	0.00	5.30	182.01	145.40	327.41
Physiother	56.69	0.00	0.00	20.95	77.64	62.02	139.66
Other Direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physicians	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient	84.11	0.00	0.00	0.00	84.11	67.19	151.30
Overhead							
Subtotal							1,367.31

APPENDIX B

HOSPITAL UNIT COSTING SPREADSHEETS

Total Costs

Kenya Shillings Area Name	Ksh Total IP Amt	Ksh Total OP Amt
Wards		
Ancillary		
Labs		
Radiology		
Pharmacy		
Theatres		
Physiother		
Other Direct		
Physicians		
Outpatient		
Overhead		
Subtotal		
Capital		
Total		
Per Day	224.15	
Per Visit		

Kenya Shillings

Area Name	Statistic	Statistic Amount	Pct IP	Statistical Units IP Stat	Statistical Units OP Stat	IP RVU	OP RVU
Wards	Days						
Ancillary							
Labs	Tests						
Radiology	Exams						
Pharmacy	Prescripts						
Theatres	Operations						
Physiother	Treatments						
Other Direct	Procs/Units						
Physicians	Days						
	Visits						
Outpatient	Visits						

Kenya Shillings

Ksh ,000

Area Name	Labor People	Labor Amount	Labor + Benefits	Operating Costs Suppl/Drg Amount	Food Amount	Other Amount	Total Amount
Wards							
Ancillary							
Labs							
Radiology							
Pharmacy							
Theatres							
Physiother							
Other Direct							
Physicians							
Outpatient							
Overhead							
Subtotal							
Capital							
Total							

Kenya Shillings	Ksh	Inpatient Unit Operating Costs					
Area Name	Labor/ IP Unit	Suppl/ IP Unit	Food/ IP Unit	Other/ IP Unit	Direct/ IP Unit	Indirect/ IP Unit	Total/ IP Unit
Wards							
Ancillary							
Labs							
Radiology							
Pharmacy							
Theatres							
Physiother							
Other Direct							
Physicians							
Outpatient							
Overhead							
Subtotal							

Kenya Shillings Ksh Outpatient Unit Operating Costs

Area Name	Labor/ OP Unit	Suppl/ OP Unit	Food/ OP Unit	Other/ OP Unit	Direct/ OP Unit	Indirect/ OP Unit	Total/ OP Unit
Wards							
Ancillary							
Labs							
Radiology							
Pharmacy							
Theatres							
Physiother							
Other Direct							
Physicians							
Outpatient							
Overhead							
Subtotal							

APPENDIX C

INSPECTOR'S GUIDE TO THE HOSPITAL SERVICE AND QUALITY SURVEY

INSPECTOR'S GUIDE TO THE HOSPITAL SERVICE AND QUALITY SURVEY

I. INTRODUCTION

1. Purpose Of Survey

The reimbursement of hospitals for inpatient care will be based on the quality of health care that the hospital is providing to National Hospital Insurance Fund (NHIF) beneficiaries. The higher the quality of care, the higher the reimbursement. This system of reimbursement will encourage hospitals to improve quality (not just increase the number of beds) in order to qualify for an upward review of their NHIF reimbursement.

The objective application of this Hospital Quality Survey is, therefore, critical to ensure that it differentiates hospitals fairly according to the quality of their services to patients.

2. Structure Of The Survey

The survey evaluates quality under five heads: Service Existence/ Availability; Staffing; Facility Status; Quality Process/Information; Patient Satisfaction. Obvious services which are common to all hospitals and do not help to distinguish quality among hospitals have been left out.

Service Existence/Availability

Questions under this area assess the services which the hospital is able to provide in-house and whether the services are actually available (i.e., equipment in good repair, materials are available for tests/exams to be done, staff are available to operate equipment). It is important that the inspector sees evidence that equipment is working, such as records of services given to patients. The personnel working in the departments where the equipment is used should also be asked how satisfied they are with the equipment. If they say they are entirely satisfied, that is probably an indication that it is in good working order.

Staffing

The quality of care depends to a large extent on the staff available to take care of patients and provide services within the hospital. Staff who are professionally qualified in their area of service are likely to provide better quality services than unqualified staff.

It is important to distinguish between *full-time* and *part-time* staff. There are questions which deal with both aspects and the inspector should ensure that the person being interviewed understand the questions and responds with an understanding to the question.

For example, during the day of the inspection visit the hospital may have doctors on 'Locum' who would be in the hospital full-time every day but only for a few weeks/months in the year. These doctors should be classed as "part-time".

The qualifications of staff should, if possible, be obtained from the heads of the respective departments.

Facility Status

This area deals with the hospital environment and with the indirect (support) departments. Responses to the questions will be obtained more by observation than by interview. It is quite possible that the hospital may effect some cosmetic improvements for the sake of the inspector's visit.

For example, the questions dealing with cleanliness; the hospital may be particularly clean for the sake of the inspection. However, talking to hospital staff (e.g., in the cleaning department) may reveal how often the hospital is normally cleaned.

Quality Process/Information

This area deals with the existence of various hospital management processes. This includes management and administrative personnel, the various committees responsible for different aspect of patient care, and management information (utilization data, ward occupancy, clinic visits, laboratory tests, etc.).

Interviews with the Administrator, Medical Officer-In-Charge, and Matron will most likely provide responses to most of the questions. However, these should be verified with data and information gathered during the hospital tour.

Patient Satisfaction

Patient satisfaction is measured by the patients level of comfort. Examples include, not sharing beds, no overcrowding in the wards, promptness of service, not having to queue for lengthy periods before being served, availability of service, not needing to purchase services, medical supplies, drugs, and/or other items outside the hospital, and quality of food.

Some questions may require the inspector to speak with the patient, such as assessing the quality of food. The nurse conducting the tour of the wards can give guidance on where best to do this. Maternity patients may be more approachable for the assessment of the quality of the food.

II. HOW TO USE THE SURVEY QUESTIONNAIRE

Responses to the survey questions that follow shall be obtained by interview with the hospital management, doctors, heads of departments, patients, and/or by observation. Visits should be planned so that adequate time is allowed to each question. The total time required is estimated at 2 to 4 hours per hospital depending on size of hospital.

Responses must not be obtained purely from an interview with the Administrator or Medical Officer-In-Charge. Wherever possible responses should be supported by evidence, such as a register of service utilization, invoices showing expenditure levels for that area, or through verification interviews with personnel from other departments.

The total score assigned for a hospital will be compared with those of others to ensure standard application of the questionnaire to all hospitals.

Service Existence/Availability

1. Does the hospital have the following functioning services?

   The existence of the following services should be confirmed by inspection to ascertain existence. Some hospitals, especially nursing homes may not have clearly defined wards but it should be quite easy to establish whether the services offered are equivalent to those listed below. A service which exists but does not function should be scored as "No".

-	Amenity/private ward	Yes	No
-	Sick baby nursery	Yes	No
-	Intensive care unit	Yes	No
-	Operating theater	Yes	No
-	Laboratory	Yes	No
-	Radiology	Yes	No
-	Blood bank	Yes	No
-	Physiotherapy services	Yes	No
-	Occupational therapy	Yes	No
-	Cardiac cath lab	Yes	No
-	Dental unit	Yes	No
-	Eye unit	Yes	No
-	Sterile preparation unit	Yes	No
-	Refrigerated mortuary	Yes	No
-	Ambulance	Yes	No
-	Isolation ward	Yes	No

2. Does the hospital have the following pieces of equipment in good working order?

   These should be inspected and the person in-charge asked which of the equipment is not in good working order. If a register is kept in the department for recording services provided, this will give an indication whether a particular machine is working or not.

-	Portable x-ray machine	Yes	No
-	Ultrasound	Yes	No
-	CT scan	Yes	No
-	ECG/EKG machine (cardiac)	Yes	No
-	EEG machine (brain waves)	Yes	No
-	Cardiac Arrest Trolley (with emergency drugs)	Yes	No
-	Backup electrical generator	Yes	No

3. Of the equipment in the following departments, is at least 90% in <u>good working order</u>?

Answers should be obtained from the head of the department and confirmed during a tour of the department.

-	Laboratory	Yes	No
-	Radiology	Yes	No
-	Operating theater	Yes	No
-	Intensive care unit	Yes	No
-	Dental unit	Yes	No

4. Does the radiology department <u>currently</u> perform the following types of procedures on a <u>regular basis</u>?

Examine the register of x-ray exams performed in the last 1 month. If a register is not available or there were no exams during that period, the answers should be "No".

-	Plain films *(chest x-ray, abdominal, ankle)*	Yes	No
-	Simple contrast studies *(Upper GI series, barium studies, IVP)*	Yes	No
-	Specialized contrast studies *(arteriography)*	Yes	No
-	Ultrasound	Yes	No
-	CT Scan or diagnostic isotopes	Yes	No

5. Does the pharmacy currently have an <u>adequate supply</u> (one month or more) of the following drugs:

Answers should be obtained from the pharmacist, <u>in the pharmacy</u>.

-	Oral analgesics, antipyretics (aspirin, paracetamol)	Yes	No
-	Injectable narcotic analgesics (morphine, pethidine)	Yes	No
-	Oral anti-malarial (chloroquine)	Yes	No
-	Oral ampicillin, co-trimoxazole	Yes	No

	or similar antibiotic		
-	Gentamicin or comparable aminoglycoside injectable	Yes	No
-	Oral hypertensive drug (methyl dopa, propranolol)	Yes	No
-	Antibiotic eye ointment	Yes	No
-	Oral rehydration salts	Yes	No
-	Anticonvulsant	Yes	No
-	Insulin	Yes	No

6. Does the laboratory currently perform the following tests on a regular basis?

Answers given by the head of the laboratory should be verified with the registers kept of tests performed. If there were no tests performed in the last 1 month for any of the categories below the answer for that category should be "No".

-	Culture & sensitivity	Yes	No
-	Sputum for TB	Yes	No
-	HIV screening	Yes	No
-	Pregnancy test (urine or serum)	Yes	No
-	Blood glucose	Yes	No
-	Liver function tests	Yes	No
-	Blood grouping (ABO, Rh)	Yes	No
-	Histology (routine tissue processing)	Yes	No

7. Does the hospital have an adequate supply (one month or more) of the following items:

Answers should be obtained by interviewing the heads of the relevant departments. Some of the answers may be substantiated by the answers given under (5) and (6) above and (9) below.

-	Sterile gloves	Yes	No
-	Blood for transfusions	Yes	No
-	Laboratory reagents	Yes	No
-	Radiology film	Yes	No
-	Surgical dressings	Yes	No
-	IV Fluids	Yes	No

8. In the following departments, what type of 4 hour service coverage exists (none - no 4 hour service, 4 hour on-call service, 4 hour in-house staffed service)?

Answers should be obtained from an interview with the head of the department. The question should be framed as "How do you do after-hours coverage.....?"

-	Laboratory	None	On-call	In-house
-	Radiology	None	On-call	In-house
-	Pharmacy	None	On-call	In-house
-	Casualty/emergency	None	On-call	In-house
-	Wards - By Med. Officer	None	On-call	In-house
-	Wards - By Clin. Office	None	On-call	In-house

9. Does the operating theater perform the following procedures on a <u>regular basis</u>?

Answers to these questions should be provided by the Nurse In-Charge of the theater. A review of the theater register should be done to verify the response. If, according to the register there have been no operations in a particular category in the last 3 months, the answer to that question should be "No".

-	Internal fixation/repair of fractures of the extremities	Yes	No
-	Thoracotomy	Yes	No
-	Craniotomy	Yes	No
-	ENT procedures	Yes	No
-	Ophthalmological surgery (cataracts, eye trauma)	Yes	No
-	Major male urology (prostate)	Yes	No
-	Major gynecological (hysterectomy)	Yes	No
-	Renal procedures	Yes	No

10. How many of the following types of operating theaters does the hospital have?

- General operating theater _____

- Casualty/emergency operating theater *(Only if separate)* _____

11. If the hospital has a dental unit, does it perform the following procedures on a <u>regular basis</u>?

Answers should be obtained from head of the dental unit. These should be verified with a review of the dental register.

-	Extractions	Yes	No
-	Fillings	Yes	No
-	Denture preparation	Yes	No

12. If the hospital has an intensive care unit, does it have the following equipment in <u>good working order</u>?

Answers will be obtained by observation during a visit to the ICU. The condition of equipment can be further ascertained by asking the Nurse In-Charge of the ICU whether they are satisfied with the condition of the equipment. If they respond positively, that probably indicates that it is in good working order.

-	Cardiac monitor	Yes	No
-	Respirator	Yes	No
-	Electronic blood pressure monitor	Yes	No
-	Defibrillator	Yes	No
-	Central Venous Pressure Monitor *(CVP)*	Yes	No

13. Do the following hospital departments perform tests/procedures or provide drugs for other hospitals under a <u>regular referral arrangement</u>?

Registers of usage should be used to verify answers whenever possible.

-	Laboratory	Yes	No
-	Radiology	Yes	No
-	Pharmacy	Yes	No

Staffing

1. How many <u>full-time</u> staff does the hospital have in the following categories?

Answers may be obtained from the Medical Officer-In-Charge, the Matron, and/or the Administrator.

- Interns _____
- Clinical Officers _____
- General medical officers/resident doctors _____
- Consultants _____
- KRN/KRCN *(Registered Nurse)* _____
- EN/ECN *(Enrolled Nurse)* _____

2. How many <u>visiting</u> (on-call and part-time) doctors does the hospital have in the following categories?

- Interns _____
- General medical officers/resident doctors _____
- Consultants _____

3. Does the hospital provide the following types of training?

This training is provided mainly by the government hospitals and a few mission hospitals. For the training to qualify it must be approved by the councils indicated for each category of training.

- Internship training (gazette based on review by medical practitioners and dentist board)	Yes	No
- KRN training (Nursing Council approved)	Yes	No
- ECN training (Nursing Council approved)	Yes	No
- Midwife training (Kenya approved)	Yes	No
- Clinical Officer training	Yes	No

4. Does the hospital have <u>full-time, regularly available</u> consultants in the following clinical areas?

The Medical Officer In-Charge should provide answers to these questions.

- Adult medicine	Yes	No
- General surgery	Yes	No
- Pediatrics	Yes	No
- Certified Family Practice *(Mainly doctors from the USA)*	Yes	No
- Orthopedics	Yes	No
- Infectious disease *(Tropical medicine)*	Yes	No
- ENT *(Ear, Nose, Throat)*	Yes	No
- Cardiology	Yes	No
- Gastro enterology	Yes	No
- Psychiatry	Yes	No
- Dermatology	Yes	No
- Ophthalmology	Yes	No
- OB/Gyn	Yes	No
- Other medical specialties	Yes	No
- Other surgical specialties *(thoracic, renal, etc.)*	Yes	No

5. Does the hospital have the following staff <u>in the pharmacy</u>?

The chief pharmacist should be able to give the answers and may be interviewed during the tour of the pharmacy.

- Certified pharmacist	Yes	No
- Pharmaceutical technologist	Yes	No
- Clinical Officer	Yes	No
- Nurse	Yes	No

6. How many inpatient wards does the hospital have?

_____

Interview Administrator.

7. How many of these inpatient wards have a KRN who is In-Charge, full-time for that ward?

_____

Answer to be supplied by the Matron.

8. Is anesthesia in the operating theater provided by:

Answer to be supplied either by surgeon or the Nurse In-Charge of the theater.

-	Consultant in anesthesia	Yes	No
-	Registrar in anesthesia	Yes	No
-	Clinical Officer anaesthetist	Yes	No
-	Nurse anaesthetist	Yes	No

9. How many administrative staff are graduates of university graduate level management training programs?

_____

Interview Administrator.

Facility Status

1. Has the hospital had a <u>consistent</u> water supply for the last year?

Yes No

"Consistent" means running water throughout the year.

2. Does the hospital have its own water tank/bore hole or other private water supply?

Yes No

3. Rate the hospital's level of cleanliness in the following areas:

Level of cleanliness should be observed during a tour of the hospital.

-	Wards	Poor	Fair	Good	Excellent
-	Outpatient areas	Poor	Fair	Good	Excellent
-	Laboratory	Poor	Fair	Good	Excellent
-	Radiology	Poor	Fair	Good	Excellent
-	Toilets	Poor	Fair	Good	Excellent
-	Operating theater	Poor	Fair	Good	Excellent
-	Kitchen	Poor	Fair	Good	Excellent
-	General areas	Poor	Fair	Good	Excellent

4. Does the hospital consistently use gas or electricity (as opposed to charcoal) for cooking?

   Observe this during a tour of the kitchen.

   Yes No

5. How many vehicles does the hospital have?

   _____

   Interview Administrator.

6. How many of those vehicles are in good working order?

   _____

   "Good working order" means that the vehicle is mechanically sound, road-worthy, insured. Interview Administrator.

7. Does the hospital maintain a separate replacement fund for buildings, equipment and vehicles?

   Yes No

   Interview the Administrator. If "yes", confirm by asking to see the finance balance sheet. There should be a Replacement Fund/Reserve in the Capital section of the balance sheet.

8. Does the hospital have regular service contracts for equipment in the following departments?

   Interview the Administrator. Ask what arrangements the hospital has for the servicing/repair of equipment. Ask to see a written contract? If there is none, there is probably no "regular service contract."

- Laboratory Yes No
- Radiology Yes No
- Operating theaters Yes No

9. Does the hospital have a biomedical engineering department for equipment repair?

Interview the Administrator. If answer is "yes" ask to tour the department and during the tour interview the engineers to obtain their qualifications for No. (10) below.

Yes No

10. How many trained biomedical engineers are in the biomedical engineering department?

_____

11. Does the biomedical engineering department have a fully equipped workshop?

Yes No

Interview the Administrator. If there is a tour of the engineering department observe the level of equipment and the workshop.

Quality Process/Information

1. Does the hospital have the following functioning committees as documented by minutes of meetings?

Interview the Medical Officer-In-Charge and request to see a sample of minutes of meetings.

- Nursing committee or equivalent Yes No
- Medical staff committee or equivalent Yes No
- Outpatients committee Yes No
- Infection control committee Yes No
- Mortality review committee Yes No
- Drugs and therapeutics committee Yes No
- Quality assurance committee Yes No

2. Does the hospital maintain the following statistics in a centralized location on a monthly basis:

Interview the Administrator. Confirm this during the tour of laboratory, radiology, theater, and the Medical Records departments.

During the tour of the Medical Records department ask for a copy of the monthly ward occupancy statistics for use in verifying Patient Service/Satisfaction Questions.

-	Admissions and discharges by ward	Yes	No
-	Deaths by ward	Yes	No
-	Inpatient days by ward	Yes	No
-	Outpatient visits by clinic	Yes	No
-	Quantity of laboratory tests by type of test	Yes	No
-	Quantity of radiology exams by type of exam	Yes	No
-	Quantity of theater operations by type of operation	Yes	No
-	Surgical infection rate	Yes	No

3. Does the hospital maintain the following financial information in centralized locations on a monthly basis?

   The Administrator or Accountant would supply this information. Verify by examining the records.

-	Number of employees by department	Yes	No
-	Salary expenditures by department	Yes	No
-	Supply/drug expenditures by department	Yes	No
-	Other expenditures by department	Yes	No

4. Does the hospital provide outpatients with a card or other form documenting their on-going outpatient treatment record?

   Yes No

   Request to see an example of an outpatient treatment card.

5. Does the hospital have written standard treatment and diagnosis guidelines?

   Yes No

   Ask the Medical Officer–In–Charge.

Patient Service/Satisfaction:

1. Has the hospital put more than one patient in a bed in the last three months?

Confirm with the monthly ward occupancy statistics obtained earlier.

-	Maternity	Yes	No
-	Non-maternity	Yes	No

2. How many wards had an occupancy rate of over 100% during any one of the last three months?

Confirm with the monthly ward occupancy statistics obtained earlier.

_____

3. At 9:00 a.m. and 10:30 a.m. on a non-holiday weekday were there 20 people or more waiting in line for:

Answers to these questions will be obtained by observation. If there are more than 20 patients waiting but only because they all arrive at the same time, the hospital should not be penalized for that and answer should be "No". Observe again after 30 minutes; if still more than 20 patients waiting for service, the answer should be changed to "Yes".

-	Registration	Yes	No
-	General outpatient clinician visits	Yes	No
-	Lab tests	Yes	No
-	Radiology exams	Yes	No
-	Pharmacy dispensing	Yes	No
-	Payment	Yes	No
-	Casualty/emergency	Yes	No

4. Are outpatient clinician visits scheduled by time interval throughout the hours a clinic is open (instead of on a first-come, first-served basis)?

Yes No

Ask the Administrator or the Nurse In-Charge of the Outpatient department.

5. Out of every 10 prescriptions in the last two weeks, how many could not be filled by the hospital pharmacy?

_____

Ask the pharmacist during the tour of the pharmacy.

6. In the past two weeks, was surgery cancelled because of personnel, supply, or drug shortages, or equipment problems?

Yes No

Answer to be obtained from the Nurse In-Charge of Theater.

7. What is the quality of the food?

Please indicate here <u>your</u> impression of the quality of the food.

Poor Fair Good Excellent

8. Out of 10 patients <u>interviewed</u> how many say they are satisfied with the food?

Maternity patients may be the more reliable people to ask about the quality of food since they are not ill.

APPENDIX D

NATIONAL HOSPITAL INSURANCE FUND
SERVICE AND QUALITY SURVEY QUESTIONNAIRE

Service Existence/Availability

1. Does the hospital have the following functioning services?

▲	Amenity/private ward	Yes	No
▲	Sick baby nursery	Yes	No
▲	Intensive care unit	Yes	No
▲	Operating theater	Yes	No
▲	Laboratory	Yes	No
▲	Radiology	Yes	No
▲	Blood bank	Yes	No
▲	Physiotherapy services	Yes	No
▲	Occupational therapy	Yes	No
▲	Cardiac cath lab	Yes	No
▲	Dental unit	Yes	No
▲	Eye unit	Yes	No
▲	Sterile preparation unit	Yes	No
▲	Refrigerated mortuary	Yes	No
▲	Ambulance	Yes	No
▲	Isolation ward	Yes	No

2. Does the hospital have the following pieces of equipment in good working order?

▲	Portable x-ray machine	Yes	No
▲	Ultrasound	Yes	No
▲	CT scan	Yes	No
▲	ECG/EKG machine (cardiac)	Yes	No
▲	EEG machine (brain waves)	Yes	No

▲	Cardiac Arrest Trolley (with emergency drugs)	Yes	No
▲	Backup electrical generator	Yes	No

3. Of the equipment in the following departments, is at least 90% in <u>good working order</u>?

▲	Laboratory	Yes	No
▲	Radiology	Yes	No
▲	Operating theater	Yes	No
▲	Intensive care unit	Yes	No
▲	Dental unit	Yes	No

4. Does the radiology department <u>currently</u> perform the following types of procedures on a <u>regular basis</u>?

▲	Plain films *(chest x ray, abdominal, ankle)*	Yes	No
▲	Simple contrast studies *(Upper GI series, barium studies, IVP)*	Yes	No
▲	Specialized contrast studies *(arteriography)*	Yes	No
▲	Ultrasound	Yes	No
▲	CT Scan or diagnostic isotopes	Yes	No

5. Does the pharmacy currently have an <u>adequate supply</u> (one month or more) of the following drugs:

▲	Oral analgesics, antipyretics *(aspirin, paracetamol)*	Yes	No
▲	Injectable narcotic analgesics *(morphine, pethidine)*	Yes	No
▲	Oral anti-malarial *(chloroquine)*	Yes	No
▲	Oral ampicillin, co-trimoxazole or similar antibiotic	Yes	No
▲	Gentamicin or comparable	Yes	No

aminoglycoside injectable

▲	Oral hypertensive drug *(methyl dopa, propranolol)*	Yes	No
▲	Antibiotic eye ointment	Yes	No
▲	Oral rehydration salts	Yes	No
▲	Anticonvulsant	Yes	No
▲	Insulin	Yes	No

6. Does the laboratory <u>currently</u> perform the following tests on a <u>regular basis</u>?

▲	Culture & sensitivity	Yes	No
▲	Sputum for TB	Yes	No
▲	HIV screening	Yes	No
▲	Pregnancy test (urine or serum)	Yes	No
▲	Blood glucose	Yes	No
▲	Liver function tests	Yes	No
▲	Blood grouping (ABO, Rh)	Yes	No
▲	Histology (routine tissue processing)	Yes	No

7. Does the hospital have an <u>adequate supply</u> (one month or more) of the following items:

▲	Sterile gloves	Yes	No
▲	Blood for transfusions	Yes	No
▲	Laboratory reagents	Yes	No
▲	Radiology film	Yes	No
▲	Surgical dressings	Yes	No
▲	IV Fluids	Yes	No

8. In the following departments, what type of 24 hour service coverage exists (none—no 24 hour service, 24 hour on-call service, 24 hour in-house staffed service)?

▲	Laboratory	None	On-call	In-house
▲	Radiology	None	On-call	In-house
▲	Pharmacy	None	On-call	In-house
▲	Casualty/emergency	None	On-call	In-house
▲	Wards - By Med. Officer	None	On-call	In-house
▲	Wards - By Clin. Office	None	On-call	In-house

9. Does the operating theater perform the following procedures on a <u>regular basis</u>?

▲	Internal fixation/repair of fractures of the extremities	Yes	No
▲	Thoracotomy	Yes	No
▲	Craniotomy	Yes	No
▲	ENT procedures	Yes	No
▲	Ophthalmological surgery (cataracts, eye trauma)	Yes	No
▲	Major male urology (prostate)	Yes	No
▲	Major gynecological (hysterectomy)	Yes	No
▲	Renal procedures	Yes	No

10. How many of the following types of operating theaters does the hospital have?

▲	General operating theater	_____
▲	Casualty/emergency operating theater *(Only if separate)*	_____

11. If the hospital has a dental unit, does it perform the following procedures on a <u>regular basis</u>?

▲	Extractions	Yes	No
▲	Fillings	Yes	No
▲	Denture preparation	Yes	No

12. If the hospital has an intensive care unit, does it have the following equipment in <u>good working order</u>?

▲	Cardiac monitor	Yes	No
▲	Respirator	Yes	No
▲	Electronic blood pressure monitor	Yes	No
▲	Defibrillator	Yes	No
▲	Central Venous Pressure Monitor *(CVP)*	Yes	No

13. Do the following hospital departments perform tests/procedures or provide drugs for other hospitals under a <u>regular referral arrangement</u>?

▲	Laboratory	Yes	No
▲	Radiology	Yes	No
▲	Pharmacy	Yes	No

Staffing

1. How many <u>full-time</u> staff does the hospital have in the following categories?

▲ Interns _____

▲ Clinical Officers _____

▲ General medical officers/resident doctors _____

▲ Consultants _____

▲ KRN/KRCN *(Registered Nurse)* _____

▲ EN/ECN *(Enrolled Nurse)* _____

2. How many visiting (on-call and part-time) doctors does the hospital have in the following categories?

▲ Interns _____

▲ General medical officers/resident doctors _____

▲ Consultants _____

3. Does the hospital provide the following types of training?

▲ Internship training (gazette based on review by medical practitioners and dentist board)	Yes	No
▲ KRN training (Nursing Council approved)	Yes	No
▲ ECN training (Nursing Council approved)	Yes	No
▲ Midwife training (Kenya approved)	Yes	No
▲ Clinical Officer training	Yes	No

4. Does the hospital have full-time, regularly available consultants in the following clinical areas?

▲ Adult medicine	Yes	No

▲	General surgery	Yes	No
▲	Pediatrics	Yes	No
▲	Certified Family Practice *(Mainly doctors from the USA)*	Yes	No
▲	Orthopedics	Yes	No
▲	Infectious disease *(Tropical medicine)*	Yes	No
▲	ENT *(Ear, Nose, Throat)*	Yes	No
▲	Cardiology	Yes	No
▲	Gastro enterology	Yes	No
▲	Psychiatry	Yes	No
▲	Dermatology	Yes	No
▲	Ophthalmology	Yes	No
▲	OB/Gyn	Yes	No
▲	Other medical specialties	Yes	No
▲	Other surgical specialties *(thoracic, renal, etc.)*	Yes	No

5. Does the hospital have the following staff in the pharmacy?

▲	Certified pharmacist	Yes	No
▲	Pharmaceutical technologist	Yes	No
▲	Clinical Officer	Yes	No
▲	Nurse	Yes	No

6. How many inpatient wards does the hospital have?

7. How many of these inpatient wards have a KRN who is In-Charge, full-time for that ward?

8. Is anesthesia in the operating theater provided by:

- ▲ Consultant in anesthesia Yes No
- ▲ Registrar in anesthesia Yes No
- ▲ Clinical Officer anaesthetist Yes No
- ▲ Nurse anaesthetist Yes No

9. How many administrative staff are graduates of university graduate level management training programs?

Facility Status

1. Has the hospital had a <u>consistent</u> water supply for the last year?

Yes No

2. Does the hospital have its own water tank/bore hole or other private water supply?

Yes No

3. Rate the hospital's level of cleanliness in the following areas:

- ▲ Wards Poor Fair Good Excellent
- ▲ Outpatient areas Poor Fair Good Excellent
- ▲ Laboratory Poor Fair Good Excellent
- ▲ Radiology Poor Fair Good Excellent
- ▲ Toilets Poor Fair Good Excellent

- ▲ Operating theater Poor Fair Good Excellent
- ▲ Kitchen Poor Fair Good Excellent
- ▲ General areas Poor Fair Good Excellent

4. Does the hospital consistently use gas or electricity (as opposed to charcoal) for cooking?

Yes No

5. How many vehicles does the hospital have?

6. How many of those vehicles are in good working order?

7. Does the hospital maintain a separate replacement fund for buildings, equipment and vehicles?

Yes No

8. Does the hospital have regular service contracts for equipment in the following departments?

- ▲ Laboratory Yes No
- ▲ Radiology Yes No
- ▲ Operating theaters Yes No

9. Does the hospital have a biomedical engineering department for equipment repair?

Yes No

10. How many trained biomedical engineers are in the biomedical engineering department?

11. Does the biomedical engineering department have a fully equipped workshop?

Yes No

Quality Process/Information

1. Does the hospital have the following functioning committees as documented by minutes of meetings?

- ▲ Nursing committee or equivalent Yes No
- ▲ Medical staff committee or equivalent Yes No
- ▲ Outpatients committee Yes No
- ▲ Infection control committee Yes No
- ▲ Mortality review committee Yes No
- ▲ Drugs and therapeutics committee Yes No
- ▲ Quality assurance committee Yes No

2. Does the hospital maintain the following statistics in a centralized location on a monthly basis:

- ▲ Admissions and discharges by ward Yes No

▲	Deaths by ward	Yes	No
▲	Inpatient days by ward	Yes	No
▲	Outpatient visits by clinic	Yes	No
▲	Quantity of laboratory tests by type of test	Yes	No
▲	Quantity of radiology exams by type of exam	Yes	No
▲	Quantity of theater operations by type of operation	Yes	No
▲	Surgical infection rate	Yes	No

3. Does the hospital maintain the following financial information in centralized locations on a monthly basis?

▲	Number of employees by department	Yes	No
▲	Salary expenditures by department	Yes	No
▲	Supply/drug expenditures by department	Yes	No
▲	Other expenditures by department	Yes	No

4. Does the hospital provide outpatients with a card or other form documenting their on-going outpatient treatment record?

Yes No

5. Does the hospital have written standard treatment and diagnosis guidelines?

Yes No

Patient Service/Satisfaction:

1. Has the hospital put more than one patient in a bed in the last three months?

▲	Maternity	Yes	No
▲	Non-maternity	Yes	No

2. How many wards had an occupancy rate of over 100% during any one of the last three months?

_____

3. At 9:00 a.m. and 10:30 a.m. on a non-holiday weekday were there 20 people or more waiting in line for:

▲	Registration	Yes	No
▲	General outpatient clinician visits	Yes	No
▲	Lab tests	Yes	No
▲	Radiology exams	Yes	No
▲	Pharmacy dispensing	Yes	No
▲	Payment	Yes	No
▲	Casualty/emergency	Yes	No

4. Are outpatient clinician visits scheduled by time interval throughout the hours a clinic is open (instead of on a first-come, first-served basis)?

Yes No

5. Out of every 10 prescriptions in the last two weeks, how many could not be filled by the hospital pharmacy?

6. In the past two weeks, was surgery cancelled because of personnel, supply, or drug shortages, or equipment problems?

Yes No

7. What is the quality of the food?

Poor Fair Good Excellent

8. Out of 10 patients <u>interviewed</u> how many say they are satisfied with the food?

APPENDIX E
HOSPITAL QUALITY AND SERVICE SURVEY RESULTS FOR SELECT HOSPITALS

Question Area	Question Number	Question Code	Question Weight	Aga Khan	Holy Fam Nangina	Kendu Advent	Nakuru N. Home	Nyeri Consol	Nyeri PGH
Service	1	1a	1	1	2	2	2	1	2
Service	2	1b	0	1	1	1	1	1	1
Service	3	1c	0	1	1	1	1	1	1
Service	4	1d	0	1	1	1	1	1	1
Service	5	1e	1	1	1	2	2	1	1
Service	6	1f	1	1	2	2	2	2	1
Service	7	1g	1	1	1	1	1	1	1
Service	8	1h	1	1	1	1	1	1	1
Service	9	1i	1	1	2	1	2	1	1
Service	10	1j	0	1	1	1	2	1	1
Service	11	1k	1	1	1	1	2	1	1
Service	12	1l	1	1	2	1	1	2	1
Service	13	1m	1	2	2	2	2	2	2
Service	14	1n	1	1	2	2	2	1	1
Service	15	1o	1	1	2	2	2	2	1
Service	16	1p	1	1	2	1	1	1	1
Service	17	1q	1	1	2	2	2	1	1
Service	18	1r	1	1	1	1	2	1	1
Service	19	2a	1	1	2	2	2	2	1
Service	20	2b	0	1	1	1	1	1	1
Service	21	2c	1	1	2	2	2	2	2
Service	22	2d	1	1	2	2	2	2	2
Service	23	2e	1	1	2	2	2	1	1
Service	24	2f	1	1	2	2	2	2	2
Service	25	2g	0	1	1	1	1	1	1
Service	26	3a	0	1	1	1	1	1	1
Service	27	3b	0	1	1	1	1	1	1
Service	28	3c	1	1	2	1	2	1	1
Service	29	3d	0	1	1	1	1	1	1
Service	30	3e	0	1	1	1	1	1	1

Question Area	Question Number	Question Code	Question Weight	Aga Khan	Holy Fam Nangina	Kendu Advent	Nakuru N. Home	Nyeri Consol	Nyeri PGH
Service	31	4a	1	1	1	1	1	1	1
Service	32	4b	1	1	0	1	0	1	1
Service	33	4c	1	1	1	1	1	1	1
Service	34	4d	1	1	0	0	0	0	1
Service	35	4e	1	1	0	0	0	1	2
Service	36	5a	1	1	0	1	0	1	1
Service	37	5b	0	1	0	1	0	1	1
Service	38	5c	2	1	0	2	0	2	2
Service	39	5d	2	1	0	2	0	2	2
Service	40	5e	2	1	0	2	0	2	2
Service	41	6a	0	1	1	1	1	1	1
Service	42	6b	1	1	1	1	1	1	2
Service	43	6c	0	1	1	1	1	1	1
Service	44	6d	0	1	1	1	1	1	1
Service	45	6e	0	1	1	1	1	1	1
Service	46	6f	1	1	1	1	1	1	2
Service	47	6g	1	1	1	1	1	1	2
Service	48	6h	1	1	1	1	1	1	1
Service	49	6i	0	1	1	1	1	1	1
Service	50	6j	0	1	1	1	1	1	1
Service	51	7a	0	1	1	1	1	1	1
Service	52	7b	0	1	1	1	1	1	1
Service	53	7c	0	1	1	1	1	1	1
Service	54	7d	1	1	2	1	1	1	1
Service	55	7e	0	1	1	1	1	1	1
Service	56	7f	0	1	1	1	2	1	1
Service	57	7g	0	1	1	1	1	1	1
Service	58	7h	0	1	1	1	1	1	1
Service	59	7i	2	1	2	2	1	1	1
Service	60	7j	0	1	1	1	1	1	1

Question Area	Question Number	Question Code	Question Weight	Aga Khan	Holy Fam Nangina	Kendu Advent	Nakuru N. Home	Nyeri Consol	Nyeri PGH
Service	61	7k	0	1	1	1	1	1	1
Service	62	7l	2	1	2	2	2	2	2
Service	63	8a	1	1	1	1	1	1	1
Service	64	8b	1	1	1	1	1	1	1
Service	65	8c	1	1	1	1	1	1	1
Service	66	8d	1	1	0	1	0	1	1
Service	67	8e	1	1	1	1	1	1	1
Service	68	8f	0	1	1	1	1	1	1
Service	69	8g	0	1	1	1	1	1	1
Service	70	8h	0	1	1	1	1	1	1
Service	71	8i	0	1	1	1	1	1	1
Service	72	9a	1	3	3	2	2	3	3
Service	73	9b	1	3	0	2	0	3	3
Service	74	9c	1	3	3	2	2	3	2
Service	75	9d	1	3	3	3	3	3	2
Service	76	10a	0	1	1	1	1	1	1
Service	77	10b	0	1	1	1	1	1	1
Service	78	10c	1	1	2	1	1	1	2
Service	79	10d	1	1	2	2	1	2	2
Service	80	10e	1	1	2	2	1	2	1
Service	81	10f	1	1	2	1	1	2	1
Service	82	10g	1	1	2	2	1	2	1
Service	83	10h	0	1	2	1	1	1	1
Service	84	10i	0	1	2	1	1	1	1
Service	85	10j	1	1	2	1	1	1	1
Service	86	11a		4	2	2	2	2	2
Service	87	11b		0	0	0	0	0	1
Service	88	11c		0	0	0	0	0	1
Service	89	11d		0	0	1	0	1	1
Service	90	12a	1	1	0	0	0	1	1

Question Area	Question Number	Question Code	Question Weight	Aga Khan	Holy Fam Nangina	Kendu Advent	Nakuru N. Home	Nyeri Consol	Nyeri PGH
Service	91	12b	1	1	0	0	0	1	2
Service	92	12c	1	1	0	0	0	1	2
Service	93	13a	1	1	0	0	0	0	1
Service	94	13b	1	1	0	0	0	0	2
Service	95	13c	1	1	0	0	0	0	2
Service	96	14a	1	1	1	1	1	1	1
Service	97	14b	1	1	0	1	0	?	1
Service	98	14c	1	1	1	1	1	?	0
Staffing	99	1a		4	0	0	0	0	6
Staffing	100	1b	1	70	2	1	1	1	28
Staffing	101	1c	1	60	0	3	0	3	12
Staffing	102	2a		0	0	0	0	0	0
Staffing	103	2b		0	0	1	1	0	0
Staffing	104	2c		270	2	0	24	0	0
Staffing	105	3a		320	1	6	3	12	89
Staffing	106	3b	1	62	50	33	18	25	271
Staffing	107	4a	1	1	2	1	2	2	1
Staffing	108	4b	1	2	2	2	2	2	2
Staffing	109	4c	1	2	2	1	2	1	1
Staffing	110	4d	1	2	2	1	2	2	2
Staffing	111	5a	0.5	1	2	2	1	1	1
Staffing	112	5b	0.5	1	2	1	1	1	1
Staffing	113	5c	0.5	1	2	2	1	2	1
Staffing	114	5d	0.5	1	2	2	1	2	2
Staffing	115	5e	0.5	1	2	2	1	2	1
Staffing	116	5f	0.5	1	2	2	1	2	1
Staffing	117	5g	0.5	1	2	2	1	2	2
Staffing	118	5h	0.5	1	2	2	1	2	1
Staffing	119	5i	0.5	1	2	2	1	1	1
Staffing	120	5j	0.5	1	2	2	1	2	2

Question Area	Question Number	Question Code	Question Weight	Aga Khan	Holy Fam Nangina	Kendu Advent	Nakuru N. Home	Nyeri Consol	Nyeri PGH
Staffing	121	5k	0.5	1	2	2	1	2	2
Staffing	122	6	1	1	1	1	2	1	1
Staffing	123	7		7	3	4	2	6	15
Staffing	124	8	1	7	0	4	2	6	15
Staffing	125	9a	1.5	1	2	2	1	2	1
Staffing	126	9b	1	1	2	2	0	1	1
Staffing	127	9c	0.5	2	1	1	1	2	2
Staffing	128	10	0	8	1	2	1	2	4
Facility	129	1	1	1	1	1	1	1	1
Facility	130	2	0	1	1	1	1	1	1
Facility	131	3a	2	4	3	3	1	4	2
Facility	132	3b	1	4	2	3	3	4	3
Facility	133	3c	1	4	3	3	3	4	3
Facility	134	3d	1	4	0	3	0	4	3
Facility	135	3e	1	3	3	3	3	3	2
Facility	136	3f	2	4	3	4	3	4	3
Facility	137	3g	1	3	3	3	2	3	3
Facility	138	3h	1	3	2	3	2	3	2
Facility	139	4	1	1	2	2	2	2	1
Facility	140	5		4	5	3	0	5	21
Facility	141	6	1	4	5	3	0	5	15
Facility	142	7	1	1	2	1	1	2	2
Facility	143	8a	1	1	2	1	1	1	1
Facility	144	8b	1	1	0	1	0	1	2
Facility	145	8c	1	1	2	1	1	1	1
Facility	146	9	1	1	2	2	2	2	1
Facility	147	10	1	1	0	0	0	0	2
Facility	148	11	1	1	0	0	0	0	1
Process	149	1a	0	1	1	1	1	1	1
Process	150	1b	1	1	1	1	2	1	1

Question Area	Question Number	Question Code	Question Weight	Aga Khan	Holy Fam Nangina	Kendu Advent	Nakuru N. Home	Nyeri Consol	Nyeri PGH
Process	151	1c	1	1	2	1	2	2	2
Process	152	1d	1	1	2	2	2	2	1
Process	153	1e	1	1	1	2	2	2	2
Process	154	1f	1	1	2	2	2	2	1
Process	155	2a	0	1	1	1	1	1	1
Process	156	2b	1	1	1	1	1	1	1
Process	157	2c	1	1	1	1	2	1	1
Process	158	2d	0	1	1	1	1	1	1
Process	159	2e	0	1	1	1	1	1	1
Process	160	2f	0	1	0	1	0	1	1
Process	161	2g	0	1	1	1	1	1	1
Process	162	2h	1	1	2	2	2	2	1
Process	163	3a	0	1	1	1	1	1	2
Process	164	3b	1	1	1	1	2	1	2
Process	165	3c	1	1	1	1	2	1	2
Process	166	3d	1	1	1	1	1	1	2
Process	167	4	0	1	1	1	1	1	1
Process	168	5	0	1	0	1	1	1	0
Process	169	6	1	1	1	?	1	1	1
Process	170	7	1	1	1	1	2	2	2
Patient	171	1	1	2	1	2	2	2	2
Patient	172	2	1	0	1	2	0	0	2
Patient	173	3a	0.5	1	2	2	2	2	1
Patient	174	3b	0.5	1	2	2	2	2	1
Patient	175	3c	0.5	2	2	2	2	2	1
Patient	176	3d	0.5	2	0	2	0	2	2
Patient	177	3e	0.5	1	2	2	2	2	1
Patient	178	3f	0.5	2	2	2	2	2	1
Patient	179	3g	0.5	2	2	2	2	2	2
Patient	180	4	1	1	2	2	2	2	2

Question Area	Question Number	Question Code	Question Weight	Aga Khan	Holy Fam Nangina	Kendu Advent	Nakuru N. Home	Nyeri Consol	Nyeri PGH
Patient	181	5a	1	2	2	2	2	2	2
Patient	182	5b	1	2	0	2	0	2	2
Patient	183	5c	1	2	2	2	2	2	2
Patient	184	6	1	0	0	0	0	0	2
Patient	185	7	2	2	2	2	2	2	2
Patient	186	8	2	4	3	2	3	3	3
Patient	187	9	2	1	1	1	1	2	2

Question Area	Question Number	Question Code	Question Weight	NKU PGH	Nvsha DGH	Kijabe Med Ctr	NBI West Nursing	PCEA Kik	Mater Miseri
Service	1	1a	1	1	2	1	1	2	2
Service	2	1b	0	1	1	1	1	1	1
Service	3	1c	0	1	1	1	1	1	1
Service	4	1d	0	1	1	1	1	1	1
Service	5	1e	1	1	1	1	2	2	1
Service	6	1f	1	1	2	2	2	2	2
Service	7	1g	1	2	1	1	1	1	1
Service	8	1h	1	1	1	1	1	1	1
Service	9	1i	1	1	1	1	1	1	1
Service	10	1j	0	1	1	1	1	1	1
Service	11	1k	1	1	1	1	1	2	1
Service	12	1l	1	1	1	1	2	1	1
Service	13	1m	1	2	2	2	2	2	2
Service	14	1n	1	1	1	1	2	2	1
Service	15	1o	1	1	2	1	2	1	1
Service	16	1p	1	2	2	1	2	1	1
Service	17	1q	1	1	1	1	2	2	2
Service	18	1r	1	1	1	2	1	1	1
Service	19	2a	1	1	2	1	1	1	1
Service	20	2b	0	1	1	1	1	1	1
Service	21	2c	1	2	2	1	1	2	1
Service	22	2d	1	2	2	2	2	2	0
Service	23	2e	1	1	2	1	1	2	1
Service	24	2f	1	2	2	1	2	2	0
Service	25	2g	0	1	1	1	1	1	1
Service	26	3a	0	1	1	1	1	1	1
Service	27	3b	0	1	1	1	1	1	1
Service	28	3c	1	1	2	1	1	1	1
Service	29	3d	0	1	1	1	1	1	1
Service	30	3e	0	1	1	1	1	1	1

Question Area	Question Number	Question Code	Question Weight	NKU PGH	Nvsha DGH	Kijabe Med Ctr	NBI West Nursing	PCEA Kik	Mater Miseri
Service	31	4a	1	2	1	1	1	2	1
Service	32	4b	1	2	2	1	2	2	1
Service	33	4c	1	2	1	1	1	1	1
Service	34	4d	1	1	0	0	0	0	0
Service	35	4e	1	2	1	1	0	0	1
Service	36	5a	1	1	1	1	1	1	1
Service	37	5b	0	1	1	1	2	2	1
Service	38	5c	2	1	2	2	2	2	2
Service	39	5d	2	2	2	1	1	2	1
Service	40	5e	2	2	2	2	2	2	2
Service	41	6a	0	1	1	1	1	1	1
Service	42	6b	1	2	2	1	1	1	1
Service	43	6c	0	1	1	1	1	1	1
Service	44	6d	0	1	1	1	1	1	1
Service	45	6e	0	2	1	1	1	1	1
Service	46	6f	1	2	2	1	1	1	1
Service	47	6g	1	2	1	1	1	1	1
Service	48	6h	1	2	2	1	1	1	1
Service	49	6i	0	1	1	1	1	1	1
Service	50	6j	0	1	?	1	1	1	1
Service	51	7a	0	1	1	1	1	1	1
Service	52	7b	0	1	1	1	1	1	1
Service	53	7c	0	1	1	1	1	1	1
Service	54	7d	1	1	2	1	1	2	1
Service	55	7e	0	1	1	1	1	1	1
Service	56	7f	0	1	1	1	1	1	1
Service	57	7g	0	1	2	1	1	1	1
Service	58	7h	0	1	1	1	1	1	1
Service	59	7i	2	1	2	1	1	2	1
Service	60	7j	0	1	1	1	1	1	1

Question Area	Question Number	Question Code	Question Weight	NKU PGH	Nvsha DGH	Kijabe Med Ctr	NBI West Nursing	PCEA Kik	Mater Miseri
Service	61	7k	0	1	1	1	1	1	1
Service	62	7l	2	1	2	2	2	2	1
Service	63	8a	1	2	2	1	1	1	1
Service	64	8b	1	1	1	1	1	2	1
Service	65	8c	1	2	2	1	1	1	1
Service	66	8d	1	2	1	1	1	1	1
Service	67	8e	1	2	2	1	1	1	1
Service	68	8f	0	1	2	1	1	1	1
Service	69	8g	0	1	1	1	1	1	1
Service	70	8h	0	1	1	1	1	1	1
Service	71	8i	0	1	1	1	1	1	1
Service	72	9a	1	3	3	2	2	2	3
Service	73	9b	1	3	2	2	3	2	3
Service	74	9c	1	2	2	3	2	1	3
Service	75	9d	1	3	3	2	3	3	3
Service	76	10a	0	1	1	1	1	1	1
Service	77	10b	0	1	1	1	1	1	1
Service	78	10c	1	1	2	1	1	1	1
Service	79	10d	1	1	2	1	1	1	2
Service	80	10e	1	1	2	2	1	1	2
Service	81	10f	1	1	1	1	1	2	1
Service	82	10g	1	1	2	2	1	1	1
Service	83	10h	0	1	1	1	1	1	1
Service	84	10i	0	1	1	1	1	1	1
Service	85	10j	1	1	2	1	1	2	1
Service	86	11a		6	1	2	2	?	?
Service	87	11b		0	0	0	0	?	?
Service	88	11c		2	0	0	0	?	?
Service	89	11d		0	0	0	0	?	?
Service	90	12a	1	1	1	1	1	0	1

Question Area	Question Number	Question Code	Question Weight	NKU PGH	Nvsha DGH	Kijabe Med Ctr	NBI West Nursing	PCEA Kik	Mater Miseri
Service	91	12b	1	2	2	1	1	0	1
Service	92	12c	1	2	2	1	2	0	1
Service	93	13a	1	1	0	2	0	0	0
Service	94	13b	1	1	0	1	0	0	0
Service	95	13c	1	1	0	2	0	0	0
Service	96	14a	1	1	2	?	1	2	1
Service	97	14b	1	1	2	?	1	2	1
Service	98	14c	1	2	?	?	1	2	1
Staffing	99	1a		19	0	0	0	?	1
Staffing	100	1b	1	13	2	4	3	1	9
Staffing	101	1c	1	25	1	2	2	5	0
Staffing	102	2a		0	0	0	0	?	0
Staffing	103	2b		0	0	0	20	?	4
Staffing	104	2c		0	0	8	20	?	23
Staffing	105	3a		117	0	11	8	0	73
Staffing	106	3b	1	410	1	53	3	1	26
Staffing	107	4a	1	1	2	2	2	2	1
Staffing	108	4b	1	2	2	2	2	2	2
Staffing	109	4c	1	1	1	1	2	2	2
Staffing	110	4d	1	1	1	2	2	2	1
Staffing	111	5a	0.5	1	2	1	1	1	1
Staffing	112	5b	0.5	1	2	1	1	1	1
Staffing	113	5c	0.5	1	2	2	1	2	1
Staffing	114	5d	0.5	1	2	1	1	2	1
Staffing	115	5e	0.5	2	2	2	1	2	?
Staffing	116	5f	0.5	2	2	2	1	2	1
Staffing	117	5g	0.5	1	2	1	1	2	1
Staffing	118	5h	0.5	1	2	2	1	2	1
Staffing	119	5i	0.5	1	1	2	1	1	1
Staffing	120	5j	0.5	2	2	2	1	2	1

Question Area	Question Number	Question Code	Question Weight	NKU PGH	Nvsha DGH	Kijabe Med Ctr	NBI West Nursing	PCEA Kik	Mater Miseri
Staffing	121	5k	0.5	2	2	2	1	2	?
Staffing	122	6	1	1	1	2	1	2	1
Staffing	123	7		18	4	5	6	4	5
Staffing	124	8	1	18	4	3	3	2	5
Staffing	125	9a	1.5	1	2	2	1	1	1
Staffing	126	9b	1	1	1	2	2	2	2
Staffing	127	9c	0.5	2	2	1	2	2	2
Staffing	128	10	0	3	0	1	1	?	2
Facility	129	1	1	1	2	1	1	1	1
Facility	130	2	0	1	1	1	1	1	1
Facility	131	3a	2	2	2	3	3	2	4
Facility	132	3b	1	2	2	3	2	3	4
Facility	133	3c	1	2	2	3	2	2	4
Facility	134	3d	1	2	2	3	3	2	4
Facility	135	3e	1	1	1	3	3	2	4
Facility	136	3f	2	1	1	3	3	4	4
Facility	137	3g	1	1	2	3	3	2	4
Facility	138	3h	1	1	1	3	2	3	4
Facility	139	4	1	1	1	1	1	2	1
Facility	140	5		12	3	6	5	1	2
Facility	141	6	1	4	2	6	5	1	2
Facility	142	7	1	2	2	1	2	2	1
Facility	143	8a	1	1	2	2	1	2	1
Facility	144	8b	1	1	2	2	1	2	1
Facility	145	8c	1	2	1	2	1	2	1
Facility	146	9	1	1	2	2	2	1	2
Facility	147	10	1	0	0	0	0	0	0
Facility	148	11	1	2	0	0	0	1	2
Process	149	1a	0	1	1	1	1	1	1
Process	150	1b	1	1	2	1	1	1	1

Question Area	Question Number	Question Code	Question Weight	NKU PGH	Nvsha DGH	Kijabe Med Ctr	NBI West Nursing	PCEA Kik	Mater Miseri
Process	151	1c	1	2	2	2	2	2	2
Process	152	1d	1	2	2	1	2	2	1
Process	153	1e	1	2	2	2	2	2	2
Process	154	1f	1	2	2	2	2	2	2
Process	155	2a	0	1	1	1	2	1	1
Process	156	2b	1	1	1	2	2	1	1
Process	157	2c	1	1	1	1	2	1	1
Process	158	2d	0	1	1	1	2	1	1
Process	159	2e	0	1	1	1	2	1	1
Process	160	2f	0	1	1	1	2	1	1
Process	161	2g	0	1	1	1	2	1	1
Process	162	2h	1	2	2	1	2	2	1
Process	163	3a	0	1	1	1	1	1	1
Process	164	3b	1	2	2	1	2	1	1
Process	165	3c	1	2	2	2	2	1	1
Process	166	3d	1	2	2	1	1	1	1
Process	167	4	0	1	2	1	1	1	1
Process	168	5	0	0	2	1	1	2	1
Process	169	6	1	1	1	1	1	2	1
Process	170	7	1	2	1	1	2	2	1
Patient	171	1	1	1	1	2	2	1	2
Patient	172	2	1	3	0	0	0	1	2
Patient	173	3a	0.5	1	2	2	2	2	2
Patient	174	3b	0.5	1	1	1	2	1	2
Patient	175	3c	0.5	2	2	2	2	2	2
Patient	176	3d	0.5	2	2	2	2	2	2
Patient	177	3e	0.5	1	1	1	2	2	2
Patient	178	3f	0.5	2	2	2	2	2	2
Patient	179	3g	0.5	2	2	2	2	2	1
Patient	180	4	1	2	2	2	1	2	2

Question Area	Question Number	Question Code	Question Weight	NKU PGH	Nvsha DGH	Kijabe Med Ctr	NBI West Nursing	PCEA Kik	Mater Miseri
Patient	181	5a	1	2	2	2	2	2	2
Patient	182	5b	1	2	2	2	2	2	2
Patient	183	5c	1	1	2	2	2	2	2
Patient	184	6	1	3	1	0	0	0	0
Patient	185	7	2	1	1	2	2	2	2
Patient	186	8	2	2	3	3	3	2	4
Patient	187	9	2	2	1	1	1	1	1

Question Area	Question Number	Question Code	Question Weight	Port Reitz	M.P Shah	Average of Fourteen	Aga Kahn Hospital
Service	1	1a	1	1	1	1.50	1
Service	2	1b	0	1	1	1.00	0
Service	3	1c	0	1	1	1.00	0
Service	4	1d	0	1	1	1.00	0
Service	5	1e	1	1	1	1.29	1
Service	6	1f	1	2	1	1.71	1
Service	7	1g	1	1	1	1.07	1
Service	8	1h	1	1	1	1.00	1
Service	9	1i	1	1	1	1.14	1
Service	10	1j	0	1	1	1.07	0
Service	11	1k	1	1	1	1.14	1
Service	12	1l	1	1	1	1.21	1
Service	13	1m	1	2	1	1.93	0
Service	14	1n	1	1	1	1.36	1
Service	15	1o	1	2	2	1.57	1
Service	16	1p	1	1	1	1.29	1
Service	17	1q	1	2	1	1.50	1
Service	18	1r	1	2	1	1.21	1
Service	19	2a	1	1	1	1.36	1
Service	20	2b	0	1	1	1.00	0
Service	21	2c	1	2	1	1.64	1
Service	22	2d	1	2	1	1.71	1
Service	23	2e	1	1	1	1.36	1
Service	24	2f	1	2	1	1.64	1
Service	25	2g	0	1	1	1.00	0
Service	26	3a	0	1	1	1.00	0
Service	27	3b	0	1	1	1.00	0
Service	28	3c	1	2	1	1.29	1
Service	29	3d	0	1	1	1.00	0
Service	30	3e	0	1	1	1.00	0

Question Area	Question Number	Question Code	Question Weight	Port Reitz	M.P Shah	Average of Fourteen	Aga Kahn Hospital
Service	31	4a	1	1	1	1.14	1
Service	32	4b	1	1	1	1.14	1
Service	33	4c	1	1	1	1.07	1
Service	34	4d	1	0	1	0.29	1
Service	35	4e	1	1	1	0.79	1
Service	36	5a	1	1	1	0.86	1
Service	37	5b	0	2	1	1.07	0
Service	38	5c	2	2	1	1.50	2
Service	39	5d	2	2	1	1.36	2
Service	40	5e	2	2	1	1.57	2
Service	41	6a	0	1	1	1.00	0
Service	42	6b	1	1	1	1.21	1
Service	43	6c	0	1	1	1.00	0
Service	44	6d	0	1	1	1.00	0
Service	45	6e	0	1	1	1.07	0
Service	46	6f	1	1	1	1.21	1
Service	47	6g	1	1	1	1.14	1
Service	48	6h	1	1	1	1.14	1
Service	49	6i	0	1	1	1.00	0
Service	50	6j	0	1	1	0.93	0
Service	51	7a	0	1	1	1.00	0
Service	52	7b	0	1	1	1.00	0
Service	53	7c	0	1	1	1.00	0
Service	54	7d	1	1	1	1.21	1
Service	55	7e	0	1	1	1.00	0
Service	56	7f	0	1	1	1.07	0
Service	57	7g	0	1	1	1.07	0
Service	58	7h	0	1	1	1.00	0
Service	59	7i	2	1	1	1.29	2
Service	60	7j	0	1	1	1.00	0

Question Area	Question Number	Question Code	Question Weight	Port Reitz	M.P Shah	Average of Fourteen	Aga Kahn Hospital
Service	61	7k	0	1	1	1.00	0
Service	62	7l	2	2	1	1.71	2
Service	63	8a	1	1	1	1.14	1
Service	64	8b	1	1	1	1.07	1
Service	65	8c	1	1	1	1.14	1
Service	66	8d	1	1	1	0.93	1
Service	67	8e	1	1	1	1.14	1
Service	68	8f	0	1	1	1.07	0
Service	69	8g	0	1	1	1.00	0
Service	70	8h	0	1	1	1.00	0
Service	71	8i	0	1	1	1.00	0
Service	72	9a	1	2	3	2.57	1
Service	73	9b	1	2	3	2.21	1
Service	74	9c	1	3	3	2.43	1
Service	75	9d	1	3	3	2.86	1
Service	76	10a	0	1	1	1.00	0
Service	77	10b	0	1	1	1.00	0
Service	78	10c	1	2	1	1.29	1
Service	79	10d	1	1	1	1.43	1
Service	80	10e	1	1	1	1.43	1
Service	81	10f	1	1	1	1.21	1
Service	82	10g	1	2	1	1.43	1
Service	83	10h	0	1	1	1.07	0
Service	84	10i	0	1	1	1.07	0
Service	85	10j	1	1	1	1.21	1
Service	86	11a		3	3	2.21	0
Service	87	11b		0	0	0.07	0
Service	88	11c		0	0	0.21	0
Service	89	11d		1	0	0.29	0
Service	90	12a	1	1	1	0.71	1

Question Area	Question Number	Question Code	Question Weight	Port Reitz	M.P Shah	Average of Fourteen	Aga Kahn Hospital
Service	91	12b	1	1	1	0.93	1
Service	92	12c	1	2	1	1.07	1
Service	93	13a	1	0	1	0.43	1
Service	94	13b	1	0	1	0.43	1
Service	95	13c	1	0	1	0.50	1
Service	96	14a	1	1	1	1.07	1
Service	97	14b	1	1	1	0.86	1
Service	98	14c	1	1	1	0.86	1
Staffing	99	1a		0	0	2.14	0
Staffing	100	1b	1	7	10	10.86	1
Staffing	101	1c	1	0	0	8.07	1
Staffing	102	2a		0	0	0.00	0
Staffing	103	2b		4	2	2.29	0
Staffing	104	2c		15	45	29.07	0
Staffing	105	3a		5	98	53.07	0
Staffing	106	3b	1	41	32	73.29	1
Staffing	107	4a	1	2	2	1.64	1
Staffing	108	4b	1	2	2	2.00	0
Staffing	109	4c	1	2	2	1.57	0
Staffing	110	4d	1	2	2	1.71	0
Staffing	111	5a	0.5	2	1	1.29	0.5
Staffing	112	5b	0.5	2	1	1.21	0.5
Staffing	113	5c	0.5	2	1	1.50	0.5
Staffing	114	5d	0.5	2	1	1.50	0.5
Staffing	115	5e	0.5	2	2	1.57	0.5
Staffing	116	5f	0.5	2	1	1.57	0.5
Staffing	117	5g	0.5	2	1	1.50	0.5
Staffing	118	5h	0.5	2	1	1.50	0.5
Staffing	119	5i	0.5	2	1	1.29	0.5
Staffing	120	5j	0.5	2	1	1.64	0.5

Question Area	Question Number	Question Code	Question Weight	Port Reitz	M.P Shah	Average of Fourteen	Aga Kahn Hospital
Staffing	121	5k	0.5	2	1	1.57	0.5
Staffing	122	6	1	1	1	1.21	1
Staffing	123	7		10	5	6.71	0
Staffing	124	8	1	5	5	5.64	1
Staffing	125	9a	1.5	1	1	1.36	1.5
Staffing	126	9b	1	2	1	1.43	1
Staffing	127	9c	0.5	2	2	1.71	0
Staffing	128	10	0	2	6	2.36	0
Facility	129	1	1	1	1	1.07	1
Facility	130	2	0	1	1	1.00	0
Facility	131	3a	2	3	3	2.79	2
Facility	132	3b	1	2	3	2.86	1
Facility	133	3c	1	3	3	2.93	1
Facility	134	3d	1	3	3	2.57	1
Facility	135	3e	1	3	3	2.64	0.5
Facility	136	3f	2	3	3	3.07	2
Facility	137	3g	1	2	2	2.57	0.5
Facility	138	3h	1	2	3	2.43	0.5
Facility	139	4	1	1	1	1.36	1
Facility	140	5		6	3	5.43	0
Facility	141	6	1	6	3	4.36	1
Facility	142	7	1	2	2	1.64	1
Facility	143	8a	1	1	1	1.29	1
Facility	144	8b	1	1	1	1.14	1
Facility	145	8c	1	1	1	1.29	1
Facility	146	9	1	2	2	1.71	1
Facility	147	10	1	0	0	0.21	1
Facility	148	11	1	0	0	0.50	1
Process	149	1a	0	1	1	1.00	0
Process	150	1b	1	1	1	1.14	1

Question Area	Question Number	Question Code	Question Weight	Port Reitz	M.P Shah	Average of Fourteen	Aga Kahn Hospital
Process	151	1c	1	1	1	1.71	1
Process	152	1d	1	1	1	1.57	1
Process	153	1e	1	1	1	1.71	1
Process	154	1f	1	1	1	1.71	1
Process	155	2a	0	1	1	1.07	0
Process	156	2b	1	1	1	1.14	1
Process	157	2c	1	2	1	1.21	1
Process	158	2d	0	1	1	1.07	0
Process	159	2e	0	1	1	1.07	0
Process	160	2f	0	1	1	0.93	0
Process	161	2g	0	1	1	1.07	0
Process	162	2h	1	2	2	1.71	1
Process	163	3a	0	1	1	1.07	0
Process	164	3b	1	1	1	1.36	1
Process	165	3c	1	1	1	1.43	1
Process	166	3d	1	1	1	1.21	1
Process	167	4	0	1	1	1.07	0
Process	168	5	0	1	1	0.93	0
Process	169	6	1	1	1	1.00	1
Process	170	7	1	2	1	1.50	1
Patient	171	1	1	2	2	1.71	1
Patient	172	2	1	1	0	0.86	1
Patient	173	3a	0.5	2	2	1.79	0
Patient	174	3b	0.5	2	2	1.57	0
Patient	175	3c	0.5	2	2	1.93	0.5
Patient	176	3d	0.5	2	2	1.71	0.5
Patient	177	3e	0.5	2	2	1.64	0
Patient	178	3f	0.5	1	2	1.86	0.5
Patient	179	3g	0.5	2	2	1.93	0.5
Patient	180	4	1	2	1	1.79	1

Question Area	Question Number	Question Code	Question Weight	Port Reitz	M.P Shah	Average of Fourteen	Aga Kahn Hospital
Patient	181	5a	1	2	2	2.00	1
Patient	182	5b	1	2	2	1.71	1
Patient	183	5c	1	2	2	1.93	1
Patient	184	6	1	0	0	0.43	1
Patient	185	7	2	2	2	1.86	2
Patient	186	8	2	2	3	2.86	2
Patient	187	9	2	1	1		2

Question Area	Question Number	Question Code	Question Weight	Holy Family Nangina	Kendu Adventist	Nakuru Mat	Nyeri Cons	Nyeri PGH	Nakuru PGH
Service	1	1a	1	0	0	0	1	0	1
Service	2	1b	0	0	0	0	0	0	0
Service	3	1c	0	0	0	0	0	0	0
Service	4	1d	0	0	0	0	0	0	0
Service	5	1e	1	1	0	0	1	1	1
Service	6	1f	1	0	0	0	0	1	1
Service	7	1g	1	1	1	1	1	1	0
Service	8	1h	1	1	1	1	1	1	1
Service	9	1i	1	0	1	0	1	1	1
Service	10	1j	0	0	0	0	0	0	0
Service	11	1k	1	1	1	0	1	1	1
Service	12	1l	1	0	1	1	0	1	1
Service	13	1m	1	0	0	0	0	0	0
Service	14	1n	1	0	0	0	1	1	1
Service	15	1o	1	0	0	0	0	1	1
Service	16	1p	1	0	1	1	1	1	0
Service	17	1q	1	0	0	0	1	1	1
Service	18	1r	1	1	1	0	1	1	1
Service	19	2a	1	0	0	0	0	1	1
Service	20	2b	0	0	0	0	0	0	0
Service	21	2c	1	0	0	0	0	0	0
Service	22	2d	1	0	0	0	0	0	0
Service	23	2e	1	0	0	0	1	1	1
Service	24	2f	1	0	0	0	0	0	0
Service	25	2g	0	0	0	0	0	0	0
Service	26	3a	0	0	0	0	0	0	0
Service	27	3b	0	0	0	0	0	0	0
Service	28	3c	1	0	1	0	1	1	1
Service	29	3d	0	0	0	0	0	0	0
Service	30	3e	0	0	0	0	0	0	0

Question Area	Question Number	Question Code	Question Weight	Holy Family Nangina	Kendu Adventist	Nakuru Mat	Nyeri Cons	Nyeri PGH	Nakuru PGH
Service	31	4a	1	1	1	1	1	1	0
Service	32	4b	1	0	1	0	1	1	0
Service	33	4c	1	1	1	1	1	1	0
Service	34	4d	1	0	0	0	0	1	1
Service	35	4e	1	0	0	0	1	0	0
Service	36	5a	1	0	1	0	1	1	1
Service	37	5b	0	0	0	0	0	0	0
Service	38	5c	2	0	0	0	0	0	2
Service	39	5d	2	0	0	0	0	0	0
Service	40	5e	2	0	0	0	0	0	0
Service	41	6a	0	0	0	0	0	0	0
Service	42	6b	1	1	1	1	1	0	0
Service	43	6c	0	0	0	0	0	0	0
Service	44	6d	0	0	0	0	0	0	0
Service	45	6e	0	0	0	0	0	0	0
Service	46	6f	1	1	1	1	1	0	0
Service	47	6g	1	1	1	1	1	0	0
Service	48	6h	1	1	1	1	1	1	0
Service	49	6i	0	0	0	0	0	0	0
Service	50	6j	0	0	0	0	0	0	0
Service	51	7a	0	0	0	0	0	0	0
Service	52	7b	0	0	0	0	0	0	0
Service	53	7c	0	0	0	0	0	0	0
Service	54	7d	1	0	1	1	1	1	1
Service	55	7e	0	0	0	0	0	0	0
Service	56	7f	0	0	0	0	0	0	0
Service	57	7g	0	0	0	0	0	0	0
Service	58	7h	0	0	0	0	0	0	0
Service	59	7i	2	0	0	2	2	2	2
Service	60	7j	0	0	0	0	0	0	0

Question Area	Question Number	Question Code	Question Weight	Holy Family Nangina	Kendu Adventist	Nakuru Mat	Nyeri Cons	Nyeri PGH	Nakuru PGH
Service	61	7k	0	0	0	0	0	0	0
Service	62	7l	2	0	0	0	0	0	2
Service	63	8a	1	1	1	1	1	1	0
Service	64	8b	1	1	1	1	1	1	1
Service	65	8c	1	1	1	1	1	1	0
Service	66	8d	1	0	1	0	1	1	0
Service	67	8e	1	1	1	1	1	1	0
Service	68	8f	0	0	0	0	0	0	0
Service	69	8g	0	0	0	0	0	0	0
Service	70	8h	0	0	0	0	0	0	0
Service	71	8i	0	0	0	0	0	0	0
Service	72	9a	1	1	0.5	0.5	1	1	1
Service	73	9b	1	0	0.5	0	1	1	1
Service	74	9c	1	1	0.5	0.5	1	0.5	0.5
Service	75	9d	1	1	1	1	1	0.5	1
Service	76	10a	0	0	0	0	0	0	0
Service	77	10b	0	0	0	0	0	0	0
Service	78	10c	1	0	1	1	1	0	1
Service	79	10d	1	0	0	1	0	0	1
Service	80	10e	1	0	0	1	0	1	1
Service	81	10f	1	0	1	1	0	1	1
Service	82	10g	1	0	0	1	0	1	1
Service	83	10h	0	0	0	0	0	0	0
Service	84	10i	0	0	0	0	0	0	0
Service	85	10j	1	0	1	1	1	1	1
Service	86	11a		0	0	0	0	0	0
Service	87	11b		0	0	0	0	0	0
Service	88	11c		0	0	0	0	0	0
Service	89	11d		0	0	0	0	0	0
Service	90	12a	1	0	0	0	1	1	1

Question Area	Question Number	Question Code	Question Weight	Holy Family Nangina	Kendu Adventist	Nakuru Mat	Nyeri Cons	Nyeri PGH	Nakuru PGH
Service	91	12b	1	0	0	0	1	0	0
Service	92	12c	1	0	0	0	1	0	0
Service	93	13a	1	0	0	0	0	1	1
Service	94	13b	1	0	0	0	0	0	1
Service	95	13c	1	0	0	0	0	0	1
Service	96	14a	1	1	1	1	1	1	1
Service	97	14b	1	0	1	0	0	1	1
Service	98	14c	1	1	1	1	0	0	0
Staffing	99	1a		0	0	0	0	0	0
Staffing	100	1b	1	0	0	0	0	1	1
Staffing	101	1c	1	0	0	0	0	1	0
Staffing	102	2a		0	0	0	0	0	0
Staffing	103	2b		0	0	0	0	0	0
Staffing	104	2c		0	0	0	0	0	0
Staffing	105	3a		0	0	0	0	0	0
Staffing	106	3b	1	0	0	0	0.5	0	0
Staffing	107	4a	1	0	1	0	0	1	1
Staffing	108	4b	1	0	0	0	0	0	0
Staffing	109	4c	1	0	1	0	1	1	1
Staffing	110	4d	1	0	1	0	0	0	1
Staffing	111	5a	0.5	0	0	0.5	0.5	0.5	0.5
Staffing	112	5b	0.5	0	0.5	0.5	0.5	0.5	0.5
Staffing	113	5c	0.5	0	0	0.5	0	0.5	0.5
Staffing	114	5d	0.5	0	0	0.5	0	0	0.5
Staffing	115	5e	0.5	0	0	0.5	0	0.5	0
Staffing	116	5f	0.5	0	0	0.5	0	0.5	0
Staffing	117	5g	0.5	0	0	0.5	0	0	0.5
Staffing	118	5h	0.5	0	0	0.5	0	0.5	0.5
Staffing	119	5i	0.5	0	0	0.5	0.5	0.5	0.5
Staffing	120	5j	0.5	0	0	0.5	0	0	0

Question Area	Question Number	Question Code	Question Weight	Holy Family Nangina	Kendu Adventist	Nakuru Mat	Nyeri Cons	Nyeri PGH	Nakuru PGH
Staffing	121	5k	0.5	0	0	0.5	0	0	0
Staffing	122	6	1	1	1	0	1	1	1
Staffing	123	7		0	0	0	0	0	0
Staffing	124	8	1	0	1	1	1	1	1
Staffing	125	9a	1.5	0	0	1.5	0	1.5	1.5
Staffing	126	9b	1	0	0	0	1	1	1
Staffing	127	9c	0.5	0.5	0.5	0.5	0	0	0
Staffing	128	10	0	0	0	0	0	0	0
Facility	129	1	1	1	1	1	1	1	1
Facility	130	2	0	0	0	0	0	0	0
Facility	131	3a	2	1	1	0	2	0.5	0.5
Facility	132	3b	1	0.25	0.5	0.5	1	0.5	0.25
Facility	133	3c	1	0.5	0.5	0.5	1	0.5	0.25
Facility	134	3d	1	0	0.5	0	1	0.5	0.25
Facility	135	3e	1	0.5	0.5	0.5	0.5	0.25	0
Facility	136	3f	2	1	2	1	2	1	0
Facility	137	3g	1	0.5	0.5	0.25	0.5	0.5	0
Facility	138	3h	1	0.25	0.5	0.25	0.5	0.25	0
Facility	139	4	1	0	0	0	0	1	1
Facility	140	5		0	0	0	0	0	0
Facility	141	6	1	1	1	0	1	0	0
Facility	142	7	1	0	1	1	0	0	0
Facility	143	8a	1	0	1	1	1	1	1
Facility	144	8b	1	0	1	0	1	0	1
Facility	145	8c	1	0	1	1	1	1	0
Facility	146	9	1	0	0	0	0	1	1
Facility	147	10	1	0	0	0	0	0	0
Facility	148	11	1	0	0	0	0	1	0
Process	149	1a	0	0	0	0	0	0	0
Process	150	1b	1	1	1	0	1	1	1

Question Area	Question Number	Question Code	Question Weight	Holy Family Nangina	Kendu Adventist	Nakuru Mat	Nyeri Cons	Nyeri PGH	Nakuru PGH
Process	151	1c	1	0	1	0	0	0	0
Process	152	1d	1	0	0	0	0	1	0
Process	153	1e	1	1	0	0	0	0	0
Process	154	1f	1	0	0	0	0	1	0
Process	155	2a	0	0	0	0	0	0	0
Process	156	2b	1	1	1	1	1	1	1
Process	157	2c	1	1	1	0	1	1	1
Process	158	2d	0	0	0	0	0	0	0
Process	159	2e	0	0	0	0	0	0	0
Process	160	2f	0	0	0	0	0	0	0
Process	161	2g	0	0	0	0	0	0	0
Process	162	2h	1	0	0	0	0	1	0
Process	163	3a	0	0	0	0	0	0	0
Process	164	3b	1	1	1	0	1	0	0
Process	165	3c	1	1	1	0	1	0	0
Process	166	3d	1	1	1	1	1	0	0
Process	167	4	0	0	0	0	0	0	0
Process	168	5	0	0	0	0	0	0	0
Process	169	6	1	1	0	1	1	1	1
Process	170	7	1	1	1	0	0	0	0
Patient	171	1	1	0	1	1	1	1	0
Patient	172	2	1	0	0	1	1	0	0
Patient	173	3a	0.5	0.5	0.5	0.5	0.5	0	0
Patient	174	3b	0.5	0.5	0.5	0.5	0.5	0	0
Patient	175	3c	0.5	0.5	0.5	0.5	0.5	0	0.5
Patient	176	3d	0.5	0	0.5	0	0.5	0.5	0.5
Patient	177	3e	0.5	0.5	0.5	0.5	0.5	0	0
Patient	178	3f	0.5	0.5	0.5	0.5	0.5	0	0.5
Patient	179	3g	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Patient	180	4	1	0	0	0	0	0	0

Question Area	Question Number	Question Code	Question Weight	Holy Family Nangina	Kendu Adventist	Nakuru Mat	Nyeri Cons	Nyeri PGH	Nakuru PGH
Patient	181	5a	1	1	1	1	1	1	1
Patient	182	5b	1	0	1	0	1	1	1
Patient	183	5c	1	1	1	1	1	1	0
Patient	184	6	1	1	1	1	1	0	0
Patient	185	7	2	2	2	2	2	2	0
Patient	186	8	2	1	0.5	1	1	1	0.5
Patient	187	9	2	2	2	2	0	0	0

Question Area	Question Number	Question Code	Question Weight	Naivasha DGH	Kijabe Med Ctr	Nairobi W. Nursing	Kikuyu	Mater Miseri.	New Port Reitz
Service	1	1a	1	0	1	1	0	0	1
Service	2	1b	0	0	0	0	0	0	0
Service	3	1c	0	0	0	0	0	0	0
Service	4	1d	0	0	0	0	0	0	0
Service	5	1e	1	1	1	0	0	1	1
Service	6	1f	1	0	0	0	0	0	0
Service	7	1g	1	1	1	1	1	1	1
Service	8	1h	1	1	1	1	1	1	1
Service	9	1i	1	1	1	1	1	1	1
Service	10	1j	0	0	0	0	0	0	0
Service	11	1k	1	1	1	1	0	1	1
Service	12	1l	1	1	1	0	1	1	1
Service	13	1m	1	0	0	0	0	0	0
Service	14	1n	1	1	1	0	0	1	1
Service	15	1o	1	0	1	0	1	1	0
Service	16	1p	1	0	1	0	1	1	1
Service	17	1q	1	1	1	0	0	0	0
Service	18	1r	1	1	0	1	1	1	0
Service	19	2a	1	0	1	1	1	1	1
Service	20	2b	0	0	0	0	0	0	0
Service	21	2c	1	0	1	1	0	1	0
Service	22	2d	1	0	0	0	0	0	0
Service	23	2e	1	0	1	1	0	1	1
Service	24	2f	1	0	1	0	0	0	0
Service	25	2g	0	0	0	0	0	0	0
Service	26	3a	0	0	0	0	0	0	0
Service	27	3b	0	0	0	0	0	0	0
Service	28	3c	1	0	1	1	1	1	0
Service	29	3d	0	0	0	0	0	0	0
Service	30	3e	0	0	0	0	0	0	0

Question Area	Question Number	Question Code	Question Weight	Naivasha DGH	Kijabe Med Ctr	Nairobi W. Nursing	Kikuyu	Mater Miseri.	New Port Reitz
Service	31	4a	1	1	1	1	0	1	1
Service	32	4b	1	0	1	0	0	1	1
Service	33	4c	1	1	1	1	1	1	1
Service	34	4d	1	0	0	0	0	0	0
Service	35	4e	1	1	1	0	0	1	1
Service	36	5a	1	1	1	1	1	1	1
Service	37	5b	0	0	0	0	0	0	0
Service	38	5c	2	0	0	0	0	0	0
Service	39	5d	2	0	2	2	0	2	0
Service	40	5e	2	0	0	0	0	0	0
Service	41	6a	0	0	0	0	0	0	0
Service	42	6b	1	0	1	1	1	1	1
Service	43	6c	0	0	0	0	0	0	0
Service	44	6d	0	0	0	0	0	0	0
Service	45	6e	0	0	0	0	0	0	0
Service	46	6f	1	0	1	1	1	1	1
Service	47	6g	1	1	1	1	1	1	1
Service	48	6h	1	0	1	1	1	1	1
Service	49	6i	0	0	0	0	0	0	0
Service	50	6j	0	0	0	0	0	0	0
Service	51	7a	0	0	0	0	0	0	0
Service	52	7b	0	0	0	0	0	0	0
Service	53	7c	0	0	0	0	0	0	0
Service	54	7d	1	0	1	1	0	1	1
Service	55	7e	0	0	0	0	0	0	0
Service	56	7f	0	0	0	0	0	0	0
Service	57	7g	0	0	0	0	0	0	0
Service	58	7h	0	0	0	0	0	0	0
Service	59	7i	2	0	2	2	0	2	2
Service	60	7j	0	0	0	0	0	0	0

Question Area	Question Number	Question Code	Question Weight	Naivasha DGH	Kijabe Med Ctr	Nairobi W. Nursing	Kikuyu	Mater Miseri.	New Port Reitz
Service	61	7k	0	0	0	0	0	0	0
Service	62	7l	2	0	0	0	0	2	0
Service	63	8a	1	0	1	1	1	1	1
Service	64	8b	1	1	1	1	0	1	1
Service	65	8c	1	0	1	1	1	1	1
Service	66	8d	1	1	1	1	1	1	1
Service	67	8e	1	0	1	1	1	1	1
Service	68	8f	0	0	0	0	0	0	0
Service	69	8g	0	0	0	0	0	0	0
Service	70	8h	0	0	0	0	0	0	0
Service	71	8i	0	0	0	0	0	0	0
Service	72	9a	1	1	0.5	0.5	0.5	1	0.5
Service	73	9b	1	0.5	0.5	1	0.5	1	0.5
Service	74	9c	1	0.5	1	0.5	0	1	1
Service	75	9d	1	1	0.5	1	1	1	1
Service	76	10a	0	0	0	0	0	0	0
Service	77	10b	0	0	0	0	0	0	0
Service	78	10c	1	0	1	1	1	1	0
Service	79	10d	1	0	1	1	1	0	1
Service	80	10e	1	0	0	1	1	0	1
Service	81	10f	1	1	1	1	0	1	1
Service	82	10g	1	0	0	1	1	1	0
Service	83	10h	0	0	0	0	0	0	0
Service	84	10i	0	0	0	0	0	0	0
Service	85	10j	1	0	1	1	0	1	1
Service	86	11a		0	0	0	0	0	0
Service	87	11b		0	0	0	0	0	0
Service	88	11c		0	0	0	0	0	0
Service	89	11d		0	0	0	0	0	0
Service	90	12a	1	1	1	1	0	1	1

Question Area	Question Number	Question Code	Question Weight	Naivasha DGH	Kijabe Med Ctr	Nairobi W. Nursing	Kikuyu	Mater Miseri.	New Port Reitz
Service	91	12b	1	0	1	1	0	1	1
Service	92	12c	1	0	1	0	0	1	0
Service	93	13a	1	0	0	0	0	0	0
Service	94	13b	1	0	1	0	0	0	0
Service	95	13c	1	0	0	0	0	0	0
Service	96	14a	1	0	0	1	0	1	1
Service	97	14b	1	0	0	1	0	1	1
Service	98	14c	1	0	0	1	0	1	1
Staffing	99	1a		0	0	0	0	0	0
Staffing	100	1b	1	1	1	1	1	1	1
Staffing	101	1c	1	0	0	1	0	1	0
Staffing	102	2a		0	0	0	0	0	0
Staffing	103	2b		0	0	0	0	0	0
Staffing	104	2c		0	0	0	0	0	0
Staffing	105	3a		0	0	0	0	0	0
Staffing	106	3b	1	0	0	1	0	1	0
Staffing	107	4a	1	0	0	0	0	1	0
Staffing	108	4b	1	0	0	0	0	0	0
Staffing	109	4c	1	1	1	0	0	0	0
Staffing	110	4d	1	1	0	0	0	1	0
Staffing	111	5a	0.5	0	0.5	0.5	0.5	0.5	0
Staffing	112	5b	0.5	0	0.5	0.5	0.5	0.5	0
Staffing	113	5c	0.5	0	0	0.5	0	0.5	0
Staffing	114	5d	0.5	0	0.5	0.5	0	0.5	0
Staffing	115	5e	0.5	0	0	0.5	0	0	0
Staffing	116	5f	0.5	0	0	0.5	0	0.5	0
Staffing	117	5g	0.5	0	0.5	0.5	0	0.5	0
Staffing	118	5h	0.5	0	0	0.5	0	0.5	0
Staffing	119	5i	0.5	0.5	0	0.5	0.5	0.5	0
Staffing	120	5j	0.5	0	0	0.5	0	0.5	0

Question Area	Question Number	Question Code	Question Weight	Naivasha DGH	Kijabe Med Ctr	Nairobi W. Nursing	Kikuyu	Mater Miseri.	New Port Reitz
Staffing	121	5k	0.5	0	0	0.5	0	0	0
Staffing	122	6	1	1	0	1	0	1	1
Staffing	123	7		0	0	0	0	0	0
Staffing	124	8	1	1	0	0	0	1	0
Staffing	125	9a	1.5	0	0	1.5	1.5	1.5	1.5
Staffing	126	9b	1	1	0	0	0	0	0
Staffing	127	9c	0.5	0	0.5	0	0	0	0
Staffing	128	10	0	0	0	0	0	0	0
Facility	129	1	1	0	1	1	1	1	1
Facility	130	2	0	0	0	0	0	0	0
Facility	131	3a	2	0.5	1	1	0.5	2	1
Facility	132	3b	1	0.25	0.5	0.25	0.5	1	0.25
Facility	133	3c	1	0.25	0.5	0.25	0.25	1	0.5
Facility	134	3d	1	0.25	0.5	0.5	0.25	1	0.5
Facility	135	3e	1	0	0.5	0.5	0.25	1	0.5
Facility	136	3f	2	0	1	1	2	2	1
Facility	137	3g	1	0.25	0.5	0.5	0.25	1	0.25
Facility	138	3h	1	0	0.5	0.25	0.5	1	0.25
Facility	139	4	1	1	1	1	0	1	1
Facility	140	5		0	0	0	0	0	0
Facility	141	6	1	0	1	1	1	1	1
Facility	142	7	1	0	1	0	0	1	0
Facility	143	8a	1	0	0	1	0	1	1
Facility	144	8b	1	0	0	1	0	1	1
Facility	145	8c	1	1	0	1	0	1	1
Facility	146	9	1	0	0	0	1	0	0
Facility	147	10	1	0	0	0	0	0	0
Facility	148	11	1	0	0	0	1	0	0
Process	149	1a	0	0	0	0	0	0	0
Process	150	1b	1	0	1	1	1	1	1

Question Area	Question Number	Question Code	Question Weight	Naivasha DGH	Kijabe Med Ctr	Nairobi W. Nursing	Kikuyu	Mater Miseri.	New Port Reitz
Process	151	1c	1	0	0	0	0	0	1
Process	152	1d	1	0	1	0	0	1	1
Process	153	1e	1	0	0	0	0	0	1
Process	154	1f	1	0	0	0	0	0	1
Process	155	2a	0	0	0	0	0	0	0
Process	156	2b	1	1	0	0	1	1	1
Process	157	2c	1	1	1	0	1	1	0
Process	158	2d	0	0	0	0	0	0	0
Process	159	2e	0	0	0	0	0	0	0
Process	160	2f	0	0	0	0	0	0	0
Process	161	2g	0	0	0	0	0	0	0
Process	162	2h	1	0	1	0	0	1	0
Process	163	3a	0	0	0	0	0	0	0
Process	164	3b	1	0	1	0	1	1	1
Process	165	3c	1	0	0	0	1	1	1
Process	166	3d	1	0	1	1	1	1	1
Process	167	4	0	0	0	0	0	0	0
Process	168	5	0	0	0	0	0	0	0
Process	169	6	1	1	1	1	0	1	1
Process	170	7	1	1	1	0	0	1	0
Patient	171	1	1	0	1	1	0	1	1
Patient	172	2	1	1	1	1	0	0	0
Patient	173	3a	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Patient	174	3b	0.5	0	0	0.5	0	0.5	0.5
Patient	175	3c	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Patient	176	3d	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Patient	177	3e	0.5	0	0	0.5	0.5	0.5	0.5
Patient	178	3f	0.5	0.5	0.5	0.5	0.5	0.5	0
Patient	179	3g	0.5	0.5	0.5	0.5	0.5	0	0.5
Patient	180	4	1	0	0	1	0	0	0

Question Area	Question Number	Question Code	Question Weight	Naivasha DGH	Kijabe Med Ctr	Nairobi W. Nursing	Kikuyu	Mater Miseri.	New Port Reitz
Patient	181	5a	1	1	1	1	1	1	1
Patient	182	5b	1	1	1	1	1	1	1
Patient	183	5c	1	1	1	1	1	1	1
Patient	184	6	1	0	1	1	1	1	1
Patient	185	7	2	0	2	2	2	2	2
Patient	186	8	2	1	1	1	0.5	2	0.5
Patient	187	9	2	2	2	2	2	2	2

Question Area	Question Number	Question Code	Question Weight	M.P. Shah
Service	1	1a	1	1
Service	2	1b	0	0
Service	3	1c	0	0
Service	4	1d	0	1
Service	5	1e	1	1
Service	6	1f	1	1
Service	7	1g	1	1
Service	8	1h	1	1
Service	9	1i	1	1
Service	10	1j	0	0
Service	11	1k	1	1
Service	12	1l	1	1
Service	13	1m	1	1
Service	14	1n	1	1
Service	15	1o	1	0
Service	16	1p	1	1
Service	17	1q	1	1
Service	18	1r	1	1
Service	19	2a	1	1
Service	20	2b	0	0
Service	21	2c	1	1
Service	22	2d	1	1
Service	23	2e	1	1
Service	24	2f	1	1
Service	25	2g	0	0
Service	26	3a	0	0
Service	27	3b	0	0
Service	28	3c	1	1
Service	29	3d	0	0
Service	30	3e	0	0

Question Area	Question Number	Question Code	Question Weight	M.P. Shah
Service	31	4a	1	1
Service	32	4b	1	1
Service	33	4c	1	1
Service	34	4d	1	1
Service	35	4e	1	1
Service	36	5a	1	1
Service	37	5b	0	0
Service	38	5c	2	2
Service	39	5d	2	2
Service	40	5e	2	2
Service	41	6a	0	0
Service	42	6b	1	1
Service	43	6c	0	0
Service	44	6d	0	0
Service	45	6e	0	0
Service	46	6f	1	1
Service	47	6g	1	1
Service	48	6h	1	1
Service	49	6i	0	0
Service	50	6j	0	0
Service	51	7a	0	0
Service	52	7b	0	0
Service	53	7c	0	0
Service	54	7d	1	1
Service	55	7e	0	0
Service	56	7f	0	0
Service	57	7g	0	0
Service	58	7h	0	0
Service	59	7i	2	2
Service	60	7j	0	0

Question Area	Question Number	Question Code	Question Weight	M.P. Shah
Service	61	7k	0	0
Service	62	7l	2	2
Service	63	8a	1	1
Service	64	8b	1	1
Service	65	8c	1	1
Service	66	8d	1	1
Service	67	8e	1	1
Service	68	8f	0	0
Service	69	8g	0	0
Service	70	8h	0	0
Service	71	8i	0	0
Service	72	9a	1	1
Service	73	9b	1	1
Service	74	9c	1	1
Service	75	9d	1	1
Service	76	10a	0	0
Service	77	10b	0	0
Service	78	10c	1	1
Service	79	10d	1	1
Service	80	10e	1	1
Service	81	10f	1	1
Service	82	10g	1	1
Service	83	10h	0	0
Service	84	10i	0	0
Service	85	10j	1	1
Service	86	11a		0
Service	87	11b		0
Service	88	11c		0
Service	89	11d		0
Service	90	12a	1	1

Question Area	Question Number	Question Code	Question Weight	M.P. Shah
Service	91	12b	1	1
Service	92	12c	1	1
Service	93	13a	1	1
Service	94	13b	1	1
Service	95	13c	1	1
Service	96	14a	1	1
Service	97	14b	1	1
Service	98	14c	1	1
Staffing	99	1a		0
Staffing	100	1b	1	1
Staffing	101	1c	1	1
Staffing	102	2a		0
Staffing	103	2b		0
Staffing	104	2c		0
Staffing	105	3a		0
Staffing	106	3b	1	1
Staffing	107	4a	1	0
Staffing	108	4b	1	0
Staffing	109	4c	1	0
Staffing	110	4d	1	0
Staffing	111	5a	0.5	0.5
Staffing	112	5b	0.5	0.5
Staffing	113	5c	0.5	0.5
Staffing	114	5d	0.5	0.5
Staffing	115	5e	0.5	0
Staffing	116	5f	0.5	0.5
Staffing	117	5g	0.5	0.5
Staffing	118	5h	0.5	0.5
Staffing	119	5i	0.5	0.5
Staffing	120	5j	0.5	0.5

Question Area	Question Number	Question Code	Question Weight	M.P. Shah
Staffing	121	5k	0.5	0.5
Staffing	122	6	1	1
Staffing	123	7		0
Staffing	124	8	1	1
Staffing	125	9a	1.5	1.5
Staffing	126	9b	1	1
Staffing	127	9c	0.5	0
Staffing	128	10	0	0
Facility	129	1	1	1
Facility	130	2	0	0
Facility	131	3a	2	1
Facility	132	3b	1	0.5
Facility	133	3c	1	0.5
Facility	134	3d	1	0.5
Facility	135	3e	1	0.5
Facility	136	3f	2	1
Facility	137	3g	1	0.25
Facility	138	3h	1	0.5
Facility	139	4	1	1
Facility	140	5		0
Facility	141	6	1	1
Facility	142	7	1	0
Facility	143	8a	1	1
Facility	144	8b	1	1
Facility	145	8c	1	1
Facility	146	9	1	0
Facility	147	10	1	0
Facility	148	11	1	0
Process	149	1a	0	0
Process	150	1b	1	1

Question Area	Question Number	Question Code	Question Weight	M.P. Shah
Process	151	1c	1	1
Process	152	1d	1	1
Process	153	1e	1	1
Process	154	1f	1	1
Process	155	2a	0	0
Process	156	2b	1	1
Process	157	2c	1	1
Process	158	2d	0	0
Process	159	2e	0	0
Process	160	2f	0	0
Process	161	2g	0	0
Process	162	2h	1	0
Process	163	3a	0	0
Process	164	3b	1	1
Process	165	3c	1	1
Process	166	3d	1	1
Process	167	4	0	0
Process	168	5	0	0
Process	169	6	1	1
Process	170	7	1	1
Patient	171	1	1	1
Patient	172	2	1	1
Patient	173	3a	0.5	0.5
Patient	174	3b	0.5	0.5
Patient	175	3c	0.5	0.5
Patient	176	3d	0.5	0.5
Patient	177	3e	0.5	0.5
Patient	178	3f	0.5	0.5
Patient	179	3g	0.5	0.5
Patient	180	4	1	1

Question Area	Question Number	Question Code	Question Weight	M.P. Shah
Patient	181	5a	1	1
Patient	182	5b	1	1
Patient	183	5c	1	1
Patient	184	6	1	1
Patient	185	7	2	2
Patient	186	8	2	1
Patient	187	9	2	2