

Accreditation of Primary Health Care Facilities in Egypt: Program Policies and Procedures

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Partnerships
for Health
Reform

PHR



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Abstract

One of the main objectives of the health sector reform program in Egypt is to strengthen the role of the MOHP in regulation through a facility accreditation program. This report compiles the work done in the area of accreditation. More specifically, the report is divided into two sections. The first section describes the policies and procedures for the accreditation program. The second section presents the accreditation survey instrument.

The Policies and Procedures section provides the MOHP with a detailed description on how the program should be implemented. The policies and procedures section presents three important sections: 1) an overview of the accreditation program outlining the main principles and objectives of the program; 2) administrative policies and procedures that govern the program; and 3) accreditation survey process and procedures. Policies and procedures for the program were reviewed, refined, and adopted after a series of discussions with senior MOHP officials. These officials, representing different areas and directorates of the MOHP, ensured that the policies suggested meet the needs of the Egyptian health care system and are applicable to the MOHP.

The second part of the report provides presents the accreditation survey instrument used by surveyors to assess and score facilities performances. This instrument is finalized after a series of testing at the five pilot facilities in Alexandria.

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Acronyms

FHF	Family Health Fund
HIO	Health Insurance Organization
IMCI	Integrated Management of Child Illnesses
MCH	Maternal and Child Health
MOHP	Ministry of Health and Population
PHC	Primary Health Centers
PHR	Partnerships for Health Reform Project (USAID)
PHU	Primary Health Units
QA	Quality Assurance
QI	Quality Improvement
TSO	Technical Support Office
TST	Technical Support Team

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Executive Summary

Since 1997, Egypt has engaged in a Health Sector Reform Program. The issue of “quality” figures into all three components of the reform program strategy: 1) implementing an integrated family practice care model; 2) developing a new social insurance financing mechanism through the establishment of a Family Health Fund (FHF); and 3) strengthening the role of the Ministry of Health and Population (MOHP) in regulation through a facility accreditation program. In fact, as the MOHP works towards the new primary health care model of service provision, one of the key marketing points for reform is that it would improve access to quality care.

The aim of the accreditation program is to improve quality of primary health care and to use the results of accreditation as the basis for contracting with the FHF. To this end, the accreditation program prepares facilities for their new role under the reform program. Only facilities that meet optimal levels of quality and management performance will be allowed to contract with the FHF to deliver a basic benefits package of services. The program allows facilities to improve the quality of services by providing them with follow-up visits where technical assistance is provided to develop an improvement plan.

Several important steps were completed in the design of the program: 1) legal analysis to ensure that the proposed program lies within the boundaries of Egypt’s health laws and legislation; 2) identification of key dimensions of quality that will set the focus of accreditation assessment; 3) development of accreditation standards, policies, and procedures; 4) development and testing of the accreditation survey instrument; and 5) development and testing of a computerized database for analysis and reporting. Each of the dimensions of quality is weighted based on its relative importance. Scores for each dimension are then calculated based on the weights of each dimension. Consensus building exercises were conducted among MOHP officials at each step of the process to ensure that the system is tailored to meet the needs of the health care system in Egypt.

This report presents two important pieces of the facility accreditation program in Egypt. The first part describes the policies and procedures of the program, and the second part presents the accreditation survey instrument. The policies and procedures section aims to provide a comprehensive description of program goals and objectives, roles and responsibilities of the key players, policies for implementing the program, and description of the accreditation survey methodology. This manual targets managers and surveyors of the accreditation program and provides them with a guide on how to implement the program.

The policies and procedures manual was finalized after numerous discussions with MOHP officials. During these discussions, MOHP staff provided insight and suggestions on how to shape the program to meet the MOHP needs. Similar efforts were made in the design and testing of the accreditation standards and survey instrument. The accreditation instrument was tested in five pilot facilities in Alexandria. The purpose of the survey tests was to assess the reliability and applicability of the accreditation instrument, to make refinements, and to provide newly trained surveyors and facilities with hands-on experience in the accreditation survey. The survey helped identify gaps in facility performance and provided valuable insights on the quality of services. The test was then repeated after six months in the same facilities in Alexandria. Results of the second survey showed that facilities achieved significant improvements during the six-month period. This demonstrates the value of using the accreditation survey as a means for improving the quality of care. The process also

stimulated local health system to prepare and provide support and inputs to facilities seeking accreditation. The survey process also helped participants understand how the accreditation standards dovetail with proposed FHF performance measurement standards for contracting.

Institutionalization of the accreditation program continues to be an important next step, with emphasis on building the local capacity for accreditation. Once fully implemented, the accreditation program will provide the reform in Egypt with a framework for continuous quality improvement and performance-based contracting, two key components of the reform agenda.

1. Introduction

This document presents a description of the Facility Accreditation Program of the Ministry of Health and Population (MOHP) in Egypt. The document is divided into three sections:

- > An overview of the accreditation program outlining the main principles and objectives of the program.
- > A description of the administrative policies and procedures that govern the program and delineate the roles and responsibilities of the different parties involved in the accreditation process.
- > A description of the accreditation survey process and procedures, and the accreditation survey report.

2. Overview of Accreditation Program

2.1 Accreditation and the Health Sector Reform Program

In 1997, the MOHP adopted a Health Sector Reform Program, a new primary health care strategy to reform the health system in phases over a period of 15–20 years. Previously, Egypt had made significant progress in many aspects of primary care. Despite their success, these programs have fragmented the delivery system into many specialized, vertical programs. Under the new reform strategy, the MOHP is committed to building an integrated service delivery system for primary care and preventive services centered on the family medicine approach. This new strategy aims to use scarce resources efficiently and benefit people who are most in need: the underserved, the poor, and those at high risk, particularly women and children.

The objectives of the MOHP's new primary care strategy are to:

- > Improve the quality of care and increase community health awareness and patient satisfaction.
- > Increase access to care for underserved communities and areas of the country.
- > Combine public and private expenditures on health to provide, at minimum, a basic package of services and essential drugs to all Egyptians, reducing the burden of out-of-pocket expenditures on lower-income families. A basic package of priority services will be financed through a single insurance entity, the Family Health Fund (FHF), combining public funds and user co-payments according to ability to pay.
- > Integrate the provision of services around individuals and families, restructuring today's fragmented facilities into a system of community-focused family health providers.

Accreditation plays an important role in the primary health care strategy outlined above and constitutes one of the cornerstones of the Health Sector Reform Program. It will be used as a process to screen facilities to include only those with optimal levels of care in the reform program. Moreover, the accreditation program sets the ground for a performance-based reimbursement system that is also part of reform; facilities should be accredited before they can contract with the FHF.

Accreditation also plays an important role in strengthening the role of the MOHP in regulation, another important objective of the reform strategy. Regulation is defined as "... any social action taken by the government, directly or indirectly, to influence the behavior and functions of individuals and/or organizations." Accreditation is an organized process to monitor quality of services and influence the behavior and functions of health care providers in a way to ensure compliance with quality standards. Thus, accreditation is an important component to improving the quality of care and providing facilities with the incentive to change their behavior and functions in order to improve performance.

In the short term, the accreditation program will focus on selected facilities that will participate in the health sector reform program; however, in the long run, it is hoped that the program will become a standard monitoring procedure to regulate all public and non-public health care facilities.

2.1.1 Definition and Objectives of the Accreditation Program

Accreditation is defined as a process for evaluating health care facilities according to a set of standards that define activities and structures that directly contribute to improved patient outcomes.

The objectives of the facility accreditation program are to:

- > Strengthen the role of the MOHP in regulation by developing a structured and scientific process for accreditation based on quality standards to ensure optimal care to the population.
- > Develop a system for continuous improvement of services where facilities play an active role in monitoring and improving their performance.
- > Prepare public facilities and all interested non-public facilities for their new role in health sector reform.

2.1.2 Principles of the Accreditation Program

There are four main principles of the accreditation program:

- > *The program is designed to support the existing laws of the MOHP.* A thorough review of MOHP laws and legislation was conducted and results show that numerous laws regulate a wide range of health care issues. These laws provide a strong framework for the accreditation program since they clearly define standards for compliance as well as monitoring methods and approaches. A detailed list of MOHP laws/legislation that supports it is provided in Annex A.
- > *The program aims to integrate MOHP monitoring efforts and build on the successful experiences of MOHP programs.* The MOHP has demonstrated its capacity to develop and implement successful monitoring and quality improvement programs, especially in the areas of Population Planning and Maternal and Child Health (MCH), such as the Gold Star program and the MCH quality assurance (QA) monitoring tools. However, these initiatives continue to focus on improvements in specific areas of family planning, child health, and maternal health. The accreditation program will build on the work of these programs and expand it to cover a wider range of services that will be provided under the basic benefits package of the Health Sector Reform Program. This approach will provide a broader perspective for monitoring, because the focus will be on the overall performance of a health care facility.
- > *The program will coordinate with current supervisory systems at the governorate and district levels.* The accreditation program is not planned to replace existing supervisory systems at the governorate and district levels, but rather aims to strengthen existing systems. District-level supervision will continue to provide routine inspection and follow-up on compliance with standards. Should district level inspectors determine or have any indication that standards in any of the categories is risking the safety of patients and staff in the facility, it may arrange with the MOHP for an unscheduled survey by the accreditation team.
- > *The accreditation program is designed to meet the needs of the health care system in Egypt.* While accreditation programs around the world are more likely to focus on hospital accreditation, the accreditation program in Egypt will start with the primary health care

level and systematically expand in the future to include hospital care. This approach is essential because it targets the quality of primary health care services utilized by a large proportion of the population and by those who need services the most: the underserved, the poor, and those at higher risk, mainly women and children.

3. Program Policies and Procedures

The following policies and procedures were prepared, discussed, and agreed upon by an ad hoc committee of senior MOHP officials. They were based on the overall reform design and the field testing of the accreditation component.

3.1 Eligibility for Accreditation

Any primary health care facility in Egypt will be eligible to participate in the MOHP accreditation program. As part of the Health Sector Reform Program, the accreditation program shall be:

- > Obligatory to all primary health care facilities interested in joining the reform program and contracting with the Family Health Fund.
- > Voluntary to any other facility interested in being accredited.

To become eligible, the facility must meet the following criteria:

- > Have instituted a process to monitor, evaluate, and improve the quality of care to its patients.
- > Have instituted a patient record system designed to document key patient information.
- > Provide a defined package of services including reproductive health obstetrics and gynecology, neonatal care, pediatric and adult medical care, basic emergency care and preventive health services.
- > Provide services in health care settings that include ambulatory care with or without inpatient services.
- > The facility must be:
 - ⌢ In operation for at least six months
 - ⌢ Have appropriate licensure by the MOHP and relevant medical union
 - ⌢ In compliance with all government laws and regulations

3.2 Levels of Health Facilities Eligible for Accreditation

The accreditation program is designed to accredit three levels of health facilities:

- > Primary Health Units (PHU), known under the health sector reform program as Family Health Units. These units provide basic outpatient preventive and curative services.
- > Primary Health Centers (PHC) known under health sector reform as Family Health Centers. These centers also provide basic outpatient preventive and curative services in addition to services in specialty areas such as obstetrics and gynecology, pediatrics, and internal

medicine. Centers may have a limited number of inpatient beds.

- > District-level hospitals.

The level of the health care facility is determined according to the information supplied by the facility to the MOHP. Among the factors that will determine the appropriate level of health facility are the following:

- > Type and level of services provided.
- > Availability of inpatient care, and/or operating room.
- > Size of facility staff. This survey is designed to assess facilities that provide services defined in the basic benefits package. This indicates that facilities included in this program should have enough qualified providers who can provide the needed care. In the case of rural primary health care units where only one physician may be available to provide care to the community, the accreditation survey may not apply or should be modified significantly to meet the needs of that kind of facility.

At this stage of the program, only PHUs and PHCs can participate in accreditation. The current accreditation survey instrument is designed to assess the performance of outpatient services in freestanding or hospital-based primary health care facilities only. In the next phase of the program, however, the accreditation instrument shall be designed to assess district-level hospitals that serve as referral sites to the primary health care facilities.

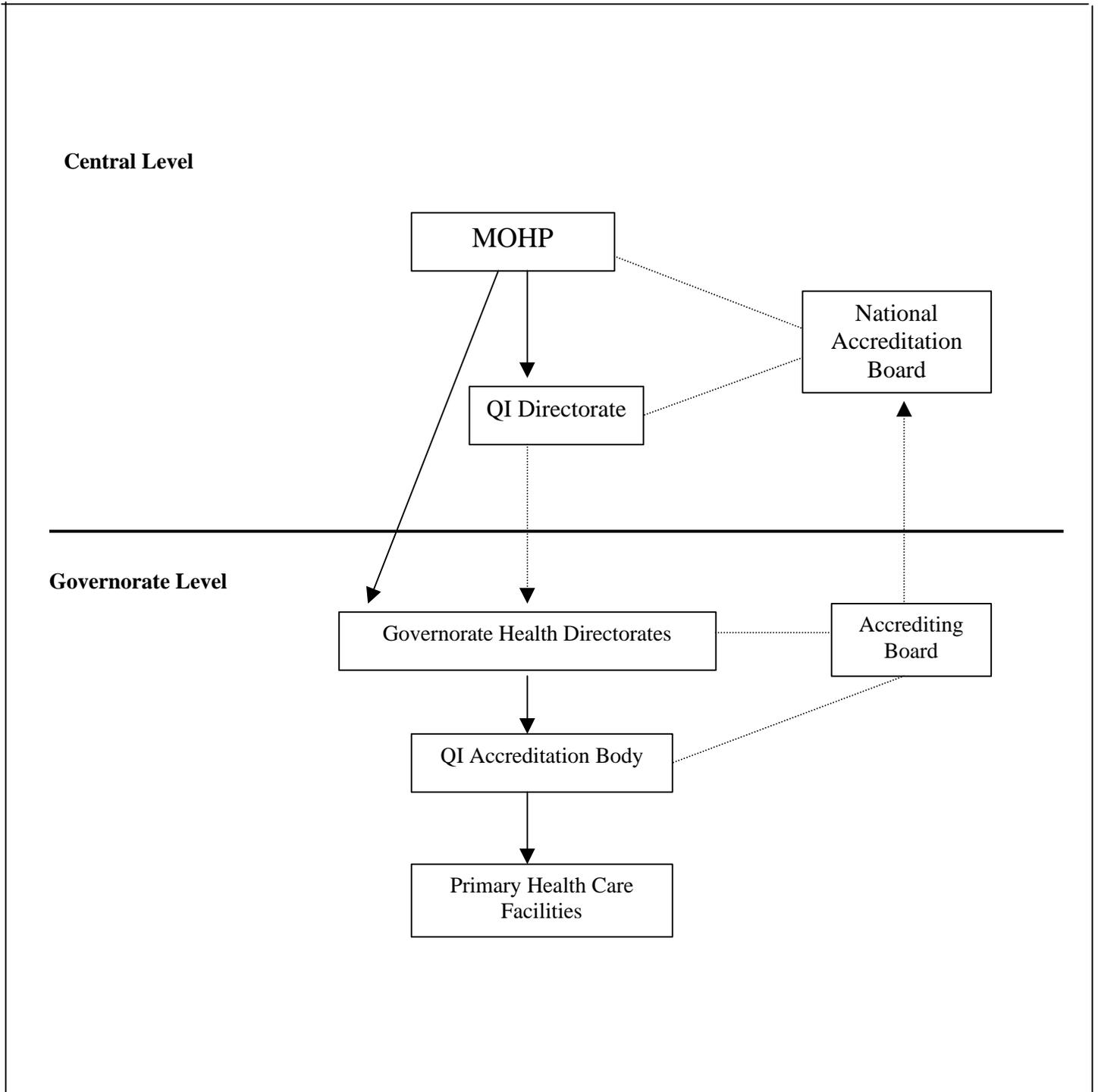
3.3 Who is Responsible for the Accreditation Program?

The accreditation program is designed as a “quasi-public” model. That is, the MOHP will have the main responsibility for the program, but will work very closely with other public and non-public entities on program development and implementation. For the accreditation program to succeed, responsibility for and commitment to it must be shared by this variety of players: different levels of the MOHP, including central and governorate, as well as public and private stakeholders, namely the Health Insurance Organization (HIO) and private and NGO clinics interested in joining the reform program.

Figure 1 presents the key players in the organization of the accreditation program. The MOHP will have direct responsibility for setting standards, coordinating the monitoring process, and in awarding accreditation status. However, in each step of implementation, the MOHP will involve the expertise of different institutions and outside experts. Non-MOHP experts may also participate in the accreditation board.

The day-to-day coordination of the accreditation program will be the responsibility of the Quality Improvement (QI) Directorate of the MOHP. However, the QI Directorate will work closely with the governorate-level health directorates to implement the program. In other words, the national-level program will be implemented at the governorate level, with each health directorate responsible for the accreditation survey, reporting of findings, and issuing the accreditation status.

Figure 1. Key Players in the Accreditation Program



3.4 Roles and Responsibilities of the MOHP

In general, the MOHP (at the central and governorate levels) has the following key responsibilities in accreditation program:

- > Set and review accreditation standards.
- > Select and train survey team members.
- > Conduct accreditation surveys.
- > Award accreditation status.
- > Ensure compliance with results of accreditation report.
- > Provide guidance and consultation to facilities regarding accreditation program and quality improvement.

3.5 Roles and Responsibilities of the QI Directorate

The roles and responsibilities of the QI Directorate regarding the program are:

- > Oversee all technical aspects of the accreditation program including setting and periodically reviewing standards, standards specification and measurements, and accreditation survey design.
- > Coordinate the process for periodic review of the accreditation standards and policies and procedures.
- > Coordinate the training program for the accreditation survey team.
- > Communicate routinely with MOHP directorates, departments, and programs to disseminate program progress and discuss issues pertinent to their specialty areas.
- > Develop and update accreditation materials, including user's manuals and surveyor's standards manuals.
- > Produce and distribute accreditation materials.
- > Coordinate all application procedures for accreditation. This includes providing facilities with applications upon request, receiving, and reviewing application form.
- > Arrange the logistics for the site visit. This includes setting the schedule and agenda for the visit and coordinating with facility to ensure proper survey implementation.
- > Assign the survey team for each facility survey.
- > Coordinate with other MOHP programs for joint survey visits, when applicable.
- > Prepare and review survey report to ensure the timeliness and accuracy of the report.
- > Submit the report to the Accreditation Board for review.
- > Issue/print the accreditation award.

3.6 Survey Team Members

The MOHP will select accreditation survey team members. The teams will consist of practicing professionals representing key specialties including family practice, pediatrics, obstetrics, internal medicine, community and preventive medicine, nursing, and management. Team members also will represent different MOHP programs as well as other stakeholders such as the HIO, Teaching Hospital Organization, universities, and others.

During any visit, the survey team will include, at a minimum, two physicians and one nurse surveyor. The size and composition of the survey team may vary depending on the size of the facility and the level of services it provides.

All surveyors shall have extensive training in accreditation survey techniques and instruments. Selected surveyors shall be either senior clinicians or senior administrators with good prior record of competency and leadership in their work. All surveyors have to complete an accreditation surveyor-training program before they become eligible for the task. The surveyors may have no direct financial relationship with the facilities under review.

3.6.1 Role of the Survey Team

The accreditation program is a peer-based review system where experts with relevant specialties and representatives of different stakeholders participate in the assessment.

The main function responsibilities of the survey team are:

- > Participate in designing, reviewing, and updating accreditation standards and procedures.
- > Plan adequately for site visits to ensure efficiency and effectiveness of the survey.
- > Conduct the on-site survey.
- > Prepare the accreditation report.
- > Provide technical assistance and consultation to facilities during site visits.
- > Present and discuss a summary of the survey findings to facility senior management at the end of the site visit.

3.7 Roles and Responsibilities of the Health Facility

To be part of the accreditation process, the health facility is responsible for the following:

- > Provide the MOHP with all the information requested by the accreditation survey team.
- > Provide accurate and complete information to the accreditation survey team without any form of falsification of information and data.
- > Abide by the MOHP administrative policies and procedures, accreditation standards in all categories, or any other policies, procedures, and rules that may be issued by the MOHP.
- > Present the results of the accreditation survey to the public accurately and as stated by the

accreditation board; results should not be misrepresented, changed, or falsified.

- > Disclose the expiration date of its accreditation along with its accreditation status.
- > Prepare adequately for the survey: have all relevant documents and records ready for the survey team and ensure the availability of all key staff on site during the survey visit.
- > Provide adequate meeting room for the survey team to work during the survey process.
- > Should not delay the process for gathering information needed to complete the survey.

3.8 Roles of the National Accreditation Board

The MOHP has the authority to award accreditation status through a National Accreditation Board appointed and chaired by the Minister of Health and Population. The role of this board will be to oversee the whole accreditation program, and ensure credibility of the program and competency of the surveyors. The national board also has the responsibility to delegate authority to the surveyors to conduct the surveys and to the regional boards at the governorate level, which are responsible for implementation.

3.9 Role of the Governorate Accreditation Board(s)

Each governorate accreditation board is responsible for implementing the accreditation program in its area. It is responsible for coordinating all its efforts with the QI Directorate to ensure that all the resources and expertise needed to implement the program in the governorate is available. It is also responsible for ensuring that there is an effective organizational entity within the governorate health directorate that is responsible for the day-to-day operation of the program. One of the most important responsibilities of the governorate accreditation board is to review the final accreditation reports and decide, based on the results of the survey, on the accreditation status for the facility.

4. The Accreditation Survey Process and Procedures

The survey is a key step in the accreditation program. It is an organized and structured mechanism to identify strengths and weaknesses of a health care facility. The survey process consists of a site visit to the facility conducted by a team of experts trained in accreditation using pre-set accreditation survey instruments and tools. The purpose of accreditation survey is to evaluate the extent to which health care facilities comply with the nationally established MOHP accreditation standards. Once the survey is conducted, the results of the survey are used to determine accreditation status, i.e., whether a facility is awarded or denied accreditation.

In addition to evaluating compliance with MOHP standards, surveys are useful venues for exchanging skills and expertise between the survey team and facility staff. Significant time is spent during the site visit in consultation, feedback, and evaluation.

4.1 Survey Process

4.1.1 What to measure?

One of the first tasks in the design of the accreditation program was the development of the key dimensions of quality that should be assessed in the accreditation program. The criteria for selecting the dimensions are based on their relative importance in defining quality of services in the Egypt. After thorough discussions among MOHP officials, eight categories were selected as the most important to measure in the accreditation. The eight categories that will be included in the assessment are:

1. **Patient Rights.** This category emphasizes the rights of patients to respect and dignity, the right to know about their health, and the right to privacy and confidentiality. It also assesses clients' satisfaction.
2. **Patient care.** This category measures the extent to which patients receive appropriate care. This focuses on compliance with clinical practice guidelines, and appropriate diagnosis, assessment, treatment, follow-up, and patient counseling.
3. **Safety.** This category assesses the extent to which the facility provides a safe environment to its patients, staff, and clients. It emphasized both clinical and environmental safety. Clinical safety includes having an infection control program and employee health safety regulations.
4. **Management of the facility.** This category assesses managerial capabilities in the area of planning, resource allocation, coordination and delegation as well as in human resources development, including appropriate number and mix of personnel, educational background and competency of staff, and continuous education activities. **Management of Support Services.** This category measures facilities' compliance with a wide range of structural and functional standards in support services such as housekeeping, laundry, and maintenance.

5. **Management of Support Services.** This category measures facility compliance with a wide range of structural and functional standards in support services such as housekeeping, laundry, and maintenance.
6. **Management of Information.** This category measures the availability, completeness, and accuracy of patient records, and the facility's capacity to collect and analyze data for the purpose of monitoring.
7. **Quality Improvement Program.** Since performance improvement is one of the main objectives of the program, it is imperative that the accreditation survey assesses the extent to which the facility has an organized process or a system to improve the quality of care. This includes assessing the extent to which systems are developed to identify problem areas, mechanisms to analyze these problems, and systems for improving services.
8. **Family Practice.** The family practice model forms the core of the integrated primary health care service delivery model. It is imperative that the accreditation instrument measures the extent to which the facility adopts the family practice approach, thus ensuring continuity and comprehensiveness of care.

Table 1 lists the categories and what each category attempts to measure.

Once the categories were agreed upon, optimal standards in each category were developed focusing on key processes, activities, or outcomes that facilities should achieve. Annex C lists and defines standards of quality expected to be achieved by the primary health care facilities. These standards were discussed and agreed upon by an ad hoc committee of senior MOHP officials. The standards, however, should be revised and updated routinely to ensure that they remain valid and up-to-date. During the accreditation survey, facilities are assessed to determine their compliance with standards in each of the eight categories.

Table 1. Categories for Quality Assessment

<p>A. Patient Rights</p> <ul style="list-style-type: none"> > Right for information > System to assess patients' complaints > System to assess patients' satisfaction > Right to choose 	<p>E. Management of Information</p> <ul style="list-style-type: none"> > Accuracy and validity of data > Accuracy and completeness of medical records > System to review and maintain medical records > Confidentiality of records
<p>B. Patient Care</p> <ul style="list-style-type: none"> > History and physical > Diagnostic tests > Treatment > Patient education > Referral and follow-up 	<p>F. Quality Improvement Program</p> <ul style="list-style-type: none"> > <i>System to monitor and improve the quality of care</i>
<p>C. Safety</p> <ul style="list-style-type: none"> > Environment > Clinical <ul style="list-style-type: none"> ↑ Sterilization ↑ Infection control ↑ Employee health 	<p>G. Family Practice Model</p> <ul style="list-style-type: none"> > Prevention > Continuity of care > Referral system
<p>D. Support Services</p> <ul style="list-style-type: none"> > Pharmacy > Laboratory > Radiology > Emergency > Housekeeping > Laundry > Kitchen 	<p>H. Management of the Facility</p> <ul style="list-style-type: none"> > Management approach > Human Resource development

4.1.2 Key Steps in the Accreditation Survey Process

The survey process consists of key steps to be taken by both the facilities and the organizers. Each step is designed to ensure gradual implementation of the accreditation program. This process provides facilities with adequate time to prepare for accreditation. It also ensures the smooth implementation and fairness of the survey. Figure 2 flowcharts the key steps in the survey process. As the chart shows, the key steps are:

1. Applying for Accreditation

Facilities that wish to be accredited must request an application form from the MOHP QI Directorate. (A copy of the application form is presented in Annex B). Upon receiving the request, the Directorate will send the facility all pertinent information about the accreditation program including accreditation standards, verification elements, and application forms. Facilities must fill in the application with the required information and return the completed form to the Directorate. The application provides key information that will help the QI Directorate and the accreditation survey team prepare appropriately for the survey.

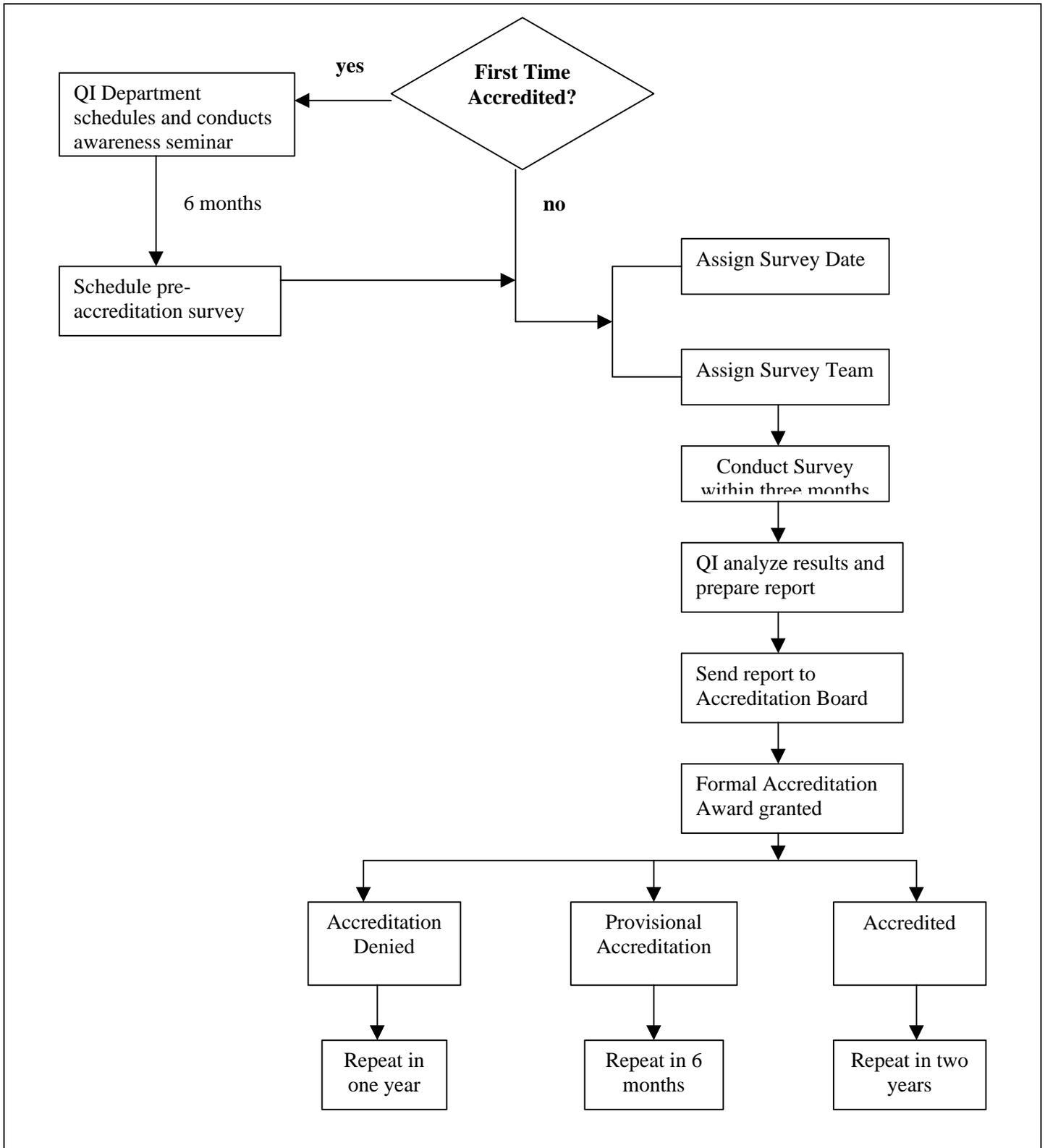
Once the QI Directorate receives the completed application form, it reviews it, assigns a survey team, and schedules the dates for the accreditation survey. The scheduled dates should be within three months from the time the MOHP receives the application. This should give the facility adequate time to prepare for the survey. The QI Directorate will inform the facility, in writing, about the scheduled dates of the survey and the proposed agenda for the visit.

The duration of a site visit may vary from two to four days, depending on the level of the facility. In general, an outpatient PHU will require one day for site visit, a PHC will need two to three days, and a district hospital three to four days.

2. Awareness Seminars

It is imperative that the QI Directorate and its counterparts at the governorate level plan and implement awareness seminars to introduce facilities and their management to the new program prior to an accreditation visit. The seminar agenda should explain the goals and objectives of the accreditation program, describe the survey process, share accreditation standards and verification elements, and clarify roles and responsibilities of both the surveyors and accreditation staff and the facility. It should also cover steps that the facility should take to prepare for the survey process. Materials distributed should include copies of the accreditation policies and procedures and accreditation standards. Awareness seminars should be scheduled after a facility applies for accreditation but at least a few months prior to the initiation of the accreditation visit, to provide facilities with adequate time to prepare for the survey.

Figure 2. Flowchart of the Accreditation Survey Process



3. Pre-accreditation Visit

Since no health care facility in Egypt has ever been surveyed or accredited before, a pre-accreditation visit should be scheduled for each facility applying for accreditation. As noted above, the visit should take place within three months after receipt of the facility's application and the holding of the awareness seminar. During a pre-accreditation visit, each facility will undergo the accreditation survey process without receiving an accreditation status determination. During this visit, significant time is spent to further explain the accreditation process, review adequacy of materials needed, and consult on improvement issues. The pre-accreditation survey is followed by a full accreditation survey in six months.

4. Accreditation Awards

The results of the accreditation survey will lead to one of three possible accreditation decisions:

- > Full accreditation,
- > Provisional accreditation, or
- > Denied accreditation.

The duration for which an accreditation status remains valid depends on the type of accreditation award granted.

4.1.2.1 Full Accreditation

Full accreditation is granted when a facility scores from 80 percent to 100 percent of the total survey scores. This indicates that the facility has achieved and implemented at least 80 percent of the quality standards. Full accreditation is granted for a period of two years. The decision for full accreditation status is reached when:

- > The facility is in full or substantial compliance with MOHP standards.
- > Lack of full compliance in any one standard does not pose any risk or threat to the safety of patients and staff.

4.1.2.2 Provisional Accreditation

Provisional accreditation is granted when a facility scores between 50 percent and 79 percent of the total survey score. Provisional accreditation is awarded when the accreditation board judges that:

- > The facility is in partial compliance with the accreditation standards for each of the categories.
- > Standards that are not in full compliance do not pose any risk to the health and safety of patients and staff.

Provisional accreditation is awarded for a period of one year from the day of the accreditation board judgement. At the end of 12 months, a reassessment survey of the facility is conducted to assess improvements made in the problem areas identified in the first accreditation report. Based on the results of the second survey, the facility may be awarded full accreditation if full compliance is achieved, or may continue to be on probation for another year if the problem areas were not corrected.

If full accreditation is awarded, it will be for a period of one year, the time remaining for the two-year full accreditation status originally sought.

4.1.2.3 Denial of Accreditation Status

Accreditation is denied when facility scores less than 50 percent of the total survey score. This indicates that the facility has failed to achieve 50 percent of the quality standards. A facility will be denied accreditation status when:

- > The facility fails to comply with a significant number (50 percent) of standards within one or more category.
- > When failing to comply with one or more standards poses potential risk to quality of care.

Facilities with denied accreditation will be given a period of one year to work towards improvements in quality. Only after that time may the facility apply for another accreditation survey.

4.1.3 End-of-Survey Meeting

At the end of each survey visit, the team meets with senior management of the facility to summarize and discuss the findings. Facility participants in the meeting include at minimum the director, chief of medical staff, QA coordinator, and nursing director. The end-of survey meeting provides the facility staff with the opportunity to ask questions and respond to survey team findings. During this meeting, the survey team will provide a tentative score, if available. However, the accreditation board determines final and official accreditation status of the facility.

4.1.4 Accreditation Survey Report

After completion of the on-site survey, the team prepares a preliminary report within a period not to exceed 10 days from the last day of the site visit. The QI staff then reviews the report for uniformity in report presentation, and information consistency and accuracy. The report includes scores and description of findings on each of the standard in all categories. The final report is then submitted to the accreditation board for final revision and determination of the accreditation status.

4.1.5 Unscheduled Visits

Should the MOHP through the governorate- and district-level health directorates become aware of any problems that may jeopardize the health and safety of patients or staff at one of the accredited facilities, it may conduct an unscheduled and unannounced survey. The MOHP QI Directorate will form an accreditation survey team to review and investigate the identified problem areas. The survey team plans for a survey that may focus only on the problem area, or it may conduct a complete survey.

4.2 Survey Methods and Procedures

The purpose of the survey is to collect data to verify whether the health facility has met the established standards. The data will be gathered by trained surveyors and analyzed using a computerized accreditation program. The surveyors will use three approaches during the accreditation survey to collect data and measure compliance with the established standards. The three survey methods are:

1. Record review of specific administrative and clinical records
2. Observation of the performance of specified tasks in specified areas
3. Personal interviews

4.2.1 Record Review

The purpose of record review is to provide a composite picture of the clinical and administrative services provided at the facility. Records are meant to keep history of activities, and document policies and procedures applied in the health care delivery services. The content of records will be reviewed against a checklist derived from the accreditation standards, clinical practice guidelines, and policies and procedures. The survey process will focus on two types of documents: administrative documents and reports, and medical records.

Review of Written Documents and Reports

During the site visit, the survey team reviews key documents that focus on facilities policies, procedures, and performance. The facility can use the accreditation manual and the standards verification elements as a reference to determine the type of documents needed for review. Some of the documents for review include policies and procedures, clinical practice guidelines, committee minutes, routine reports, training plans, indicator measurements, and human resource development files.

Review of Medical Records

A substantial part of the assessment depends on review of medical records. Medical records provide data and information necessary to assess patient care issues, especially providing answers to the appropriateness and timeliness of diagnostic procedures and treatment, over- and underutilization of services, and compliance with clinical practice guidelines and referral policies. Patient record review allows examination of patterns of patient care, as well as decision-making process and actions taken to achieve defined clinical or administrative objectives. To this extent, the completeness and accuracy of medical records are crucial for the survey process and have direct impact on the survey results. Facilities with incomplete and inaccurate patient records not only score poorly on their medical record system assessment, but it will affect their overall score.

4.2.2 Observation

Observation is a technique used to collect data about the behavior of people who are the target of evaluated outcome. It is also a technique used to verify and validate the information gained from

varied sources, such as records and interviews. One of the purposes of the observation is to identify the routine or special activities carried out by the care provider or administrative staff. Observation will give the surveyor a feel for behaviors and practices surrounding the practitioner in a given health care setting.

A significant portion of the survey is spent on visiting the different areas where patient services are delivered. During these tours, the survey team meets and observes managers, medical staff, and even patients. The team also tours the facility and observes the environment of care, infection control measures, patient care, staff communication, and patient rights issues.

4.2.2.1 Observation Method

The surveyor will observe one case at a time and will score each measure based on his/her observation. The observer will follow [shadow] a number of encounters and record his/her observation on pre-determined checklist which verifies whether the expected activities have occurred or not. At the end of the observation, the observer will leave the room and wait for the next patient to be observed based on a random selection. The number of observed persons and frequency of observations will be determined by sampling techniques explained elsewhere.

4.2.2.2 Objectivity of Observation

One of the main threats to survey objectivity is observer bias. Various factors may contribute to observer bias. For example, interpersonal relations and interactions between the observer and observed may contribute to the success or failure of the observation. The importance of honesty and integrity of judgement must be emphasized to both the observer and observed. The whole survey process including observations should be viewed as a collaborative activity and learning experience. Its focus is to generate information, improve quality service, and provide learning. During an observation assessment, accreditation surveyors should avoid discussions with providers or patients regarding the task being observed, nor should they interfere with the way the task is being performed or with the decisions made by providers.

Personal relations and interactions among the various actors during the survey are important aspects of the assessment. Conflict can arise because of misunderstood body language or verbal messages. This may generate biases and negative perceptions that can be prevented if the right thing is done at the right time. However, there are some standard procedures that the surveyor should attempt to adhere to, most important of which are:

- > **Be unobtrusive:** Surveyors must learn to remain unobtrusive to the situation they are observing. No matter what surveyors may feel, they must not interject themselves into a situation. For example, during a patient-provider encounter, they can only listen to and record the views and judgement of each party; they can comment on the encounter later, in the end-of-survey meeting or the survey report.
- > **Probing and listening:** Surveyors must learn how to be good, non-threatening listeners. Their role is to act as friendly auditor and objective observer. They must not be perceived as inspectors who only look for faults in the system.
- > **Constructive criticism:** Surveyors must learn to be constructive in their judgements and suggestions. They must thoroughly understand and be sensitive to the system they observe, and not make hasty conclusions or recommend drastic change that will be perceived as

threatening or adverse to the facility or its staff. This means that they must be sure to have all information needed to make an accurate, unbiased judgement. If anything that would affect the score is lacking, surveyors should ask and look for the information or consult other sources of information until they receive all they need to form an accurate and fair judgement.

- > Quality improvement: The job of the surveyor is to check if predetermined standards have been fully met or not and the results will be used to improve the performance of the facility. In this regard, the field visit should not be considered as inspection and control visit. It is a learning exercise with the objective assisting and improving quality of care and work productivity.

4.2.3 Interviews

The purpose of personal interviews is to gain access to people's views, that is, their recollected experiences, feelings, and observations about the medical care process, and management styles or policies and procedures. The interviews are used to collect quantitative data using pre-structured questionnaires or qualitative data using open-ended questions. The focus of the interview is to probe, verify, and justify the activities carried out in achieving defined standards in family practice settings in Egypt. The interview process complements information obtained from the record review process and on-site observation. It will also be used to verify information that was not adequate or accurate in the observation or record review assessments.

In this survey, interviews shall be used to assess different clients' perspectives: internal clients such as facility providers and staff, and external clients such as patients and the community. In a clinical setting, patients and health care providers will be selected randomly for interviews at the end of their visit. Other interviews will be administered with managers and administrative staff.

The survey instrument allows surveyors to interview a random sample of five physicians and five nurses. Small facilities should interview all those working in the facility.

4.3 Sampling Techniques

The accreditation survey method will use random sampling of medical records to assess patient care. Due to the large number of clinical areas and the large number of patient records, it would be difficult to review all records. However, a well-selected random sample of records should provide a good representation of the care provided at the facility.

The objective of the sampling process in this study is to generate valid and reliable data that enable the organizers to make general statements about the accreditation and certification process and outcome. Ideally at least 30 observable cases are needed to make significant conclusion. One of the most difficult challenges in survey research is how to identify a representative sample of respondents. There may be cases where this number will not be realized because of the size of the targeted population under study.

Confidentiality and privacy: An ideal selection and stratification method will take into consideration the medical and legal practices in Egypt. To protect the confidentiality of the information gathered from providers and clients, patients, and providers, coded numbers will be used

to protect privacy and confidentiality of the survey. This confidentiality matter is more applicable to observations, record reviews, and interviews.

Transparent policy: Interviews and roundtable discussions with the performers and policymakers who have intimate knowledge of the system and its policies and procedures require transparent interaction.

Sample stratification: Staffing patterns, scope of activities, and workload will determine the stratification of samples. In health care settings where there is a single specialist, the observed individual will be selected as a single unit of analysis. In health care settings with multiple providers, additional observations are required to generate more information on the practice patterns, and to allow generalization.

4.3.1 Selection of Medical Records

To select a random sample of records, the following steps should be used:

1. Use active medical records of patients seen in the last three months (or two months if the facility sees a high volume of patients) as the universe for selection. The records should be compiled by the record keeper a day before the surveyors' visit to the clinic.
2. Medical records will then be stratified by clinical service area covered in the survey instrument. These are: general cases, antenatal care, integrated management of childhood illnesses (IMCI) (children under the age of 5), hypertension, diabetes, and deliveries. The clinical areas selected may change with time depending on new emerging priority clinical areas or problems.
3. The records should be assigned numerical codes to protect patient, provider, and manager identity and ensure confidentiality.
4. A minimum of 32 patient records should be reviewed to ensure statistical significance of the sample. The number is statistically accepted as significant and will allow generalization.
5. In small clinics, if the number of the records available in the last three months is less than 32 cases, it is suggested that all of the records available be reviewed.
6. To ensure random and systematic sampling, the first case on the list will be randomly selected by blindly pinning the first case. The rest of cases will be systematically picked, i.e., every third case, for example, in the list downwards or upwards depending on the location of the pin and the number picked.

The alternative is to use a sampling method without replacement in which the code numbers are copied onto cards and put into a box. The surveyor picks the first card for review, then dips a hand into the box for the next card until the maximum number of cases is attained. Administrative records, such as personnel records, could be randomly selected using the same manner techniques described above.

4.3.2 Selection of Providers for Interview

1. A sample of providers (physicians and nurses) who attend the clinic on the day of observation will be interviewed. At least five providers are selected.
2. The providers will be listed by specialty such as pediatrics, obstetrics/gynecology, internal medicine, or by clinical service such as family practice or emergency room. An adjustment of samples may be made to ensure representation based on gender and specialty.
3. The providers will be assigned code numbers to protect their identity and ensure confidentiality.
4. A systematic sample method will be used where the first name on the coded roster will be selected at random. Thereafter, the surveyor will interview every third provider who appears on the roster in the clinic on the day of site visit.
5. If there is only one specialist in the clinic, that provider will be selected as a universe. The lack of individual choice will terminate the systematic sampling process.
6. If a provider declines to give an interview, the next provider in the same specialty who appears on the coded roster will be interviewed as a substitute. It should be recorded (without the name) that one provider declined an interview.

4.3.3 Selection of Patients for Interview

Patients might be interviewed for a number of reasons, such as to ask them about specific care they have received, or to assess their satisfaction with the service. A random sample of patients and clients is selected through the following steps:

1. A sample of patients who visit the clinic on the days of the site visit will be selected.
2. A list, which contains names of patients and types of visit, will be drawn from the appointment records or walk rosters earlier in the day.
3. The patients will be assigned code numbers to protect their identity and ensure confidentiality.
4. The patients will then be stratified into types of visit or diagnosis (such as hypertension, general visit, prenatal care visit) if the surveyor is interested in reviewing a specific area. This is only needed if patients are interviewed to assess overall satisfaction with a specific type of care.
5. An adjustment of samples may be made to ensure representation based on gender, age, and other factors, if necessary.
6. The first name on the appointment record will be selected at random. Thereafter, the surveyor will interview every fourth person who completed a visit to the clinic on the day of observation. At least five patients are selected for interview.

7. If a patient declines to give an interview, the next patient who appears on the coded roster will be interviewed as a substitute.

4.3.4 Assigning Observers and Providers

1. The names of providers who will attend the clinic on the day of survey will be copied on a card, coded, and placed in box # 1.
2. The names of the observers will be copied on a card, coded, and placed in a box # 2.
3. The survey leader will randomly pick one provider from box #1 and match him/her against an observer randomly picked from box # 2. At least one provider per clinic should be selected.

4.4 Scoring Techniques

4.4.1 Ordinal Scale

The accreditation survey will use an ordinal scale as a method to measure the application of the proposed accreditation standards. An ordinal scale is defined as a method that uses ordinal number to express degree, quality, or position in a series of activities. Numerical criteria for each category of compliance has been established to score and assess whether the established standards have been met or not met.

4.4.2 Advantages of the Ordinal Scale

The numerical values used in an ordinal scale has a number of advantages:

1. The range of scores gives surveyors wider latitude to quantify their scores and allows them to make decisions based on quantitative data.
2. It is adaptable across all dimensions of quality, be it patient care, management of the organization, or management of information.
3. It allows flexible range of minimum and maximum values within the four categories of compliance:
 - > Not met (0).
 - > Unacceptable partially met (1)
 - > Acceptable partially met (2)
 - > Fully met (3)

Scoring Criteria

The scoring criteria proposed to measure the accreditation standards ranges from 0 to 3 where by:

- > Score = 0 (not met). This is the least score, indicating absolute non-compliance with all requirements of the standards. It indicates that the performed activity has not been achieved or the standard/function is unavailable.
- > Score = 1 (partially met, unacceptable). This score indicates that most of the performed activities under this standard are not complete or have not been achieved at an acceptable level of quality. That is, they have not met the minimum threshold of acceptance judged by the standard under review. Hence, the standard is not met and requires significant improvement.
- > Score = 2 (partially met, acceptable). This score indicates that most of the performed activities under this standard are complete and have achieved an acceptable level of quality. Hence, the standard is partially met with acceptable level of quality, yet it requires further improvement to be fully met.
- > Score = 3 (fully met). This is a perfect score indicating that all the requirements of the standards have been fully met.
- > Not Applicable applies to tasks or activities that are not applicable to the task. The “not applicable” scores will be excluded from the calculation of the average or aggregate scores.
- > Missing Data applies to all tasks or activities where no score is available. Tasks with missing data, i.e., when surveyors leave all the boxes in a measure empty, will be counted as zero. In other words, missing data are considered and scored as “not met”. Surveyors should make sure not to leave any task without a score, even if no data or information is available for assessment. At the same time, facilities should ensure the availability of all necessary information to the surveyors, otherwise, it will affect their scores negatively.

4.4.3 Scoring with Numerical Values

Surveyors will score each event independently based on their objective understanding of the clinical practice guidelines, policies and procedures, job descriptions, and other instructions. Then all the scores from each activity are added to get the aggregate for the standard. The aggregate scores are then divided by the frequency of activities to obtain the arithmetic mean (average) of all activities.

Once the average score for each standard is calculated, the scores are weighed using a computerized program to reach a final measure of performance. The weighed score will serve as the basis for judging if the particular task or group of activities have fully met, partially met, or not met the established standards. The weighed scores are set to reflect the relative value and importance of each dimension vis a vis the other dimensions of quality.

In the accreditation survey standards are weighed at two levels:

1. Sub-area scores
2. Overall facility score

4.4.3.1 Sub-area Scores

Table 2 presents the first level of analysis using sub-area scores. The table shows that different sub-areas under the same dimension of quality may carry different weights. These weights determine the overall contribution of each sub-area to the score of the dimension. For example, the dimension of safety has different sub-area weights determined by the importance of that sub-area relative to the other areas within the safety dimension. That is, the clinical safety sub-areas of infection control and sterilization have higher sub-area weights than employee and environmental safety.

4.4.3.2 Overall Facility Score

Table 3 presents the overall facility scores for each of the dimensions of quality. As the table indicates, the weights for each dimension range from 1 to 5, with patient care contributing the highest weight (dimension weight = 5) to the total score. The total score is calculated according to the formula listed below. The average score for each dimension is multiplied by its weight to reach its actual score. This indicates that dimensions with higher weights, such as patient care or safety, will significantly affect the facility final total score, thus influencing the results of the accreditation standards.

Table 2. Level 1 – Dimension of Quality – Weighted Sub Areas

Dimension of Quality	Sub-Area	Sub-Area Weight Level 1	Sub-Area Total Points
A. Patient Rights	1. Patient Rights	2	
	DIMENSION A - TOTAL		2
B. Patient Care	1. General cases*	3	
	2. Hypertension*	3	
	3. Diabetes	3	
	4. Antenatal*	3	
	5. Normal delivery, neonatal	3	
	6. Post-partum care	3	
	7. IMCI	3	
	8. Immunization	3	
	9. Family Planning	3	
	DIMENSION B - TOTAL		27
C. Safety	1. Infection Control	3	
	2. Sterilization	3	
	3. Employee health safety	1	
	4. Environmental safety	2	
	DIMENSION C - TOTAL		9
D. Support Services	1. Emergency	2	
	2. Laboratory	2	
	3. Radiology	2	
	4. Pharmacy	3	
	5. Housekeeping	1	
	6. Kitchen	1	
	7. Laundry	1	
	DIMENSION D - TOTAL		12
E. Management of Information	1. Medical records	2	
	2. MIS/reporting	1	
	DIMENSION E - TOTAL		3
F. QI Program	QI Program	2	
	DIMENSION F - TOTAL		2
G. Family Practice Model	1. Prevention and screening	3	
	2. Continuity of care	3	
	3. Referral	3	
	DIMENSION G - TOTAL		9

Dimension of Quality	Sub-Area	SUBAREA Weight Level 1	SUBAREA Total Points
H.Facility Management	1. HRD	1	
	2. Management	1	
	3. Budgeting	1	
	4. Continuous education	1	
	5. Provider satisfaction	1	
	DIMENSION H - TOTAL		5

LEVEL 1: Scoring - Dimension of Quality Scores
How the Score is Calculated:

Dimension of Quality Score - General

$\Sigma = (\text{Sub-area 1 Possible Points}/\text{Dimension Total Points} \times \text{Sub-area 1 Score}) + (\text{Sub-area 2 Possible Points}/\text{Dimension Total Points} \times \text{Sub-area 2 Score}) + \dots$

Example: Dimension of Quality Score - Safety

$\Sigma = (3/9 \times \text{ScoreC.1}) + (3/9 \times \text{ScoreC.2}) + (1/9 \times \text{ScoreC.3}) + (2/9 \times \text{ScoreC.4})$

Table 3. Level 2 – Overall Facility Score

Dimension of Quality	DIMESION Weight Level 2 (these weights determine the contribution of each dimension to OVERALL score for the facility)	% of total score
A. Patient Rights	1	1/17 (5.88%)
B. Patient Care	5	5/17 (29.41%)
C. Safety	3	3/17 (18.75%)
D. Support Services	2	2/17 (17.65%)
E. Management of Information	1	1/17 (5.88%)
F. QI Program	1	1/17 (5.88%)
G. Family Practice Model	3	3/17 (18.75%)
H. Management of the Facility	1	1/17 (5.88%)
TOTAL POINTS	17	7/17 (100%)

Overall Facility Score

$$\Sigma = (1/17 \times \text{ScoreA}) + (5/17 \times \text{ScoreB}) + (3/17 \times \text{ScoreC}) + (2/17 \times \text{ScoreD}) + (1/17 \times \text{ScoreE}) + (1/17 \times \text{ScoreF}) + (3/17 \times \text{ScoreG}) + (1/17 \times \text{ScoreH})$$

Annex A: MOHP Laws and Legislation

This section is in Arabic and a copy is available upon request to the PHR Resource Center.

Annex B: Application Form for Accreditation

This section is in Arabic and a copy is available upon request to the PHR Resource Center.

Annex C: Standards of Quality

A. Patient's Rights

A.1 Right for Information

All patients are informed of their diagnosis and treatment

Definition

The facility informs the patient about the name of the physician who has primary responsibility for the patient's care. This physician is responsible to inform the patient about the medical diagnosis that corresponds to his signs and symptoms, and the treatment prescribed to improve the medical condition. Any patient scheduled for surgery is informed of the risk of procedure and alternative treatment and has agreed to procedure. When a patient cannot be informed, the information is given to his/her family.

A physician clearly explains any proposed treatments or procedures to the patient. The explanation includes:

- > Potential benefits and drawbacks
- > Potential problems related to recuperation
- > The likelihood of success
- > The possible results of non treatment
- > Any significant alternatives

Verification

- > Policies and procedures or other processes concerning: patient care and their rights and responsibilities, and informed consent
- > Interviews with facility administrators
- > Interviews with clinical staff
- > Interviews with patients and families
- > Patient medical records (check for consent form, if applicable)

Scoring

A.2 Right to Decide

Patients have the right to make decisions about their treatment.

Definition

The facility promotes patient involvement in the selection of the appropriate treatment through implementation of policies and procedures. Services at the facility are provided in such a way as to respect and foster their sense of dignity, autonomy, positive self-regard, civil right, and involvement in their own care.

Care sometimes requires that people other than (or in addition to) the patients are involved in decisions about the patient's care. This is especially true when a patient does not have the mental or physical capacity to make care decisions, or when the patient is a child. When the patient cannot make decisions regarding his or her care, a surrogate decision-maker is identified. A surrogate decision-maker is someone appointed to act on behalf of another. The surrogate makes decision only when an individual is without capacity or has given permission to involve others. In the case of an unemancipated minor, the family or guardian is legally responsible for approving the care prescribed. However, the patient has the right to exclude any or all-family members from participating in his or her care decisions.

Verification

- > Consent form
- > Policies, procedures or other processes concerning patient rights and responsibilities, informed consent, resolution of conflict in care or treatment decisions, and pain management.
- > Interviews with facility administrators
- > Interviews with clinical staff
- > Interviews with patients and families

Scoring

A.3 Patient's Consent

Informed consent is obtained for all the processes of care that is required.

Definition

The facility has clearly identified providers that are responsible for authorizing and performing procedures or treatments. The facility requires that these providers obtain an informed consent from patients before performing these procedures or treatments. The medical staff, in collaboration with others, develop a formal process to document the disclosure process (specific benefits and drawbacks of the treatment or procedures, including impact on daily living activities and alternate therapies, when available). Consent for surgery is documented in the medical record according to hospital policy.

Verification

- > Policies and procedures or other processes concerning: patient rights and responsibilities, and informed consent
- > Interviews with facility administrators
- > Interviews with clinical staff
- > Interviews with patients and families
- > Patient medical records

Scoring

A.4 Confidentiality

There is a system to ensure that patient's diagnosis and treatment are strictly confidential.

Definition

The facility is professionally and ethically responsible for ensuring that patient information is confidential. The facility must have a formal process for handling information and medical records in a confidential manner. Policies and procedures are based on applicable laws and regulation. The patient is periodically informed of the facility policy on confidentiality.

Verification

- > Policies and procedures or other processes concerning patient rights and responsibilities, and handling of information
- > Interviews with facility administrators
- > Interviews with clinical staff
- > Interviews with patients and families

Scoring

A.5 Patients' Complaints

There is an anonymous place in the facility to send written complaints and there is an assigned person/committee for reviewing and acting on these complaints.

Definition

At times when the patient and his family or the providers of care may be in conflict with services provided at the facility, the patient or provider may send an anonymous written complaint to the facility. The facility must have a formal process for reviewing patient complaint and helping to resolve conflicts. This process includes a plan to inform patients and staff about their right to make complaints and how to go about having them resolved. This process also involves the designation of a person/committee who reviews the complaint and consults with the appropriate facility staff. Those

issues that cannot be resolved in this manner are referred to the facility administration for intervention. The facility has a clearly designated place to drop-off written complaints.

Verification

- > Policies and procedures or other processes concerning: patient rights and responsibilities
- > Interviews with facility administrators
- > Interviews with clinical staff
- > Interviews with patients and families
- > Records of the written complaints, the data collected and the resolution.

Scoring

A.6 Patient Satisfaction

There is a system to assess patient and provider satisfaction

Definition

The facility is professionally and ethically responsible for ensuring that the care provided at the facility is satisfactory to patients and providers. The facility must have a formal process for collecting information and reviewing the degree of patient and provider satisfaction with the care provided. This process includes a plan to inform patients and staff about the data collection process and results. This process also involves the designation of a person/committee who reviews the findings and consults with the appropriate facility staff. The issues that require the intervention of the administration of the facility for improvement are brought to their attention.

Verification

- > Policies and procedures or other processes concerning patient rights and responsibilities
- > Patient satisfaction survey instruments, methodology for data analysis
- > Interviews with facility administrators
- > Interviews with clinical staff
- > Interviews with patients and families
- > Records of the actions taken in response to patient or provider dissatisfaction

Scoring

A.7 Interpersonal Communication

There is a system to educate staff in interpersonal skills to ensure that patients/clients are treated with dignity and respect.

Definition

The facility is professionally and ethically responsible for ensuring that its staff has the appropriate interpersonal skills to treat patients/clients. The facility must have a formal process for educating staff on the rights of patients and provide training in interpersonal skills. This process includes a plan for training the staff.

Verification

- > Policies and procedures or other processes concerning patient rights and responsibilities
- > Plan to educate staff to improve interpersonal skills
- > Interviews with facility administrators
- > Interviews with clinical staff
- > Interviews with patients and families

Scoring

B. Patient Care

B.1 Patient Assessment

A comprehensive history and physical examination is performed to all patients.

Definition

An essential step in the patient care process is to have a thorough review of patient clinical history and physical status. Detailed history is obtained from all patients seen for the first time and recorded in the medical record. For every visit, a thorough history of present illness and physical exam is performed. The exam should at minimum check for vital signs.

Record review

History:

- > If new patient, full history obtained
- > If return patient, history updated
- > History adequately taken according to CGs

Physical Exam:

- > Vital signs documented
- > Physical exam taken and documented adequately compared to CGs

Observe

Observe 10 patients selected randomly

History:

- > If new patient, full history is obtained
- > If return patient, history is updated
- > If history adequately taken according to CGs

Physical Exam:

- > Vital signs checked
- > Physical exam taken according to CGs

For specific diseases, see section A

B.2 Diagnostic Tests

The necessary diagnostic tests (laboratory and radiology) are performed on time to determine the diagnosis.

Definition

An essential element in the assessment of the patient's disease, condition, impairment, or disability is through correct and clinically appropriate diagnostic tests. Every patient has access to the necessary diagnostic test to determine his diagnosis according to his medical condition and his individual needs. The facility provides the necessary diagnostic tests in response to the physician's request on time to allow the physician to use test results in his/her treatment. When a facility cannot provide the necessary tests requested, it refers the patient to the facility where the appropriate care is available. The staff should fully inform the patient of his or her needs and the alternatives.

Record Review

- > As indicated by history and physical examination results, laboratory tests may be ordered. Check for appropriateness of test ordered.

Review diagnostic tests performed according to CGs, or according to best clinical practice.

- > Requested diagnostic tests are needed according to history and physical exam:
 - ↑ Among cases of diabetes (Select around 10) Are confirmation tests requested and results noted?
 - ↑ Select 10 antenatal records. Are routine tests performed? (See table in guidelines)
 - ↑ Select 10 cases of chest infections (suspect pneumonia, TB) Is appropriate x-ray performed?
 - ↑ Select 10 F.P. cases, were the following requested and recorded on record?
 - ↑ Urine sugar
 - ↑ Hematocrit and hemoglobin
 - ↑ Wet smear
 - ↑ Pap test
 - ↑ Pregnancy test (maternal)
 - ↑ Blood sugar

Review of Laboratory Record

A. In the lab, review utilization of labs to assess overutilization

- > Select the six most common tests of laboratory tests. Review medical files to determine the need for such tests. Or,
- > Select medical records for patients with the following lab tests:
 - ↑ Liver function

Assess appropriate use of lab tests

B. Timelines

- > Select 20 lab tests

Check time and time of test requisition and result. Is time for giving test results adequate?

Observation

- > Diagnostic test requested needed according to history and physical exam
- > Among cases of diabetes, confirmation tests are requested
- > Select 10 antenatal records. Are routine tests performed (See table in guidelines)
- > Select 10 cases of chest infections (suspected pneumonia, TB) Is appropriate xray performed?
- > Select 10 F.P. cases, were the following requested and recorded on record?
 - ↑ Urine sugar
 - ↑ Hematocrit and hemoglobin
 - ↑ Wet smeat
 - ↑ Pap test
 - ↑ Pregnancy test
 - ↑ Blood sugar

Interview Physician

Time for getting results of diagnostic test adequate.

B.3 Treatment

All treatment plans are based on appropriate diagnostic results.

Definition

The physician uses all the available diagnostic data including the results of previous and recent relevant diagnostic tests to arrive at a diagnosis. All treatment plans correspond to the diagnosis. When additional evidence is required, the physician acquires and uses the diagnostic test results. All of the relevant information is recorded in the medical record.

Record Review

- > Treatment is appropriate to the diagnostic history, results and physical exam
- > Treatment given on time
- > If needed, patient is appropriately referred.

Treatment given according to guidelines.

All changes to the treatment plan are added into the patient record with appropriate justification.

Definition

The physician who had primary responsibility for the patient's care is responsible to assure documentation of patient's evolution through medical notes in the patient medical record. All modifications to the treatment plan along with the justification must be included in the medical record.

Record Review

Select random example of patients with multiple visits:

- > Evolution of patient status documented
- > Modification to treatment documented
- > Justification documented

B.4 Patient Education

The physician explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.

Definition

The physician informs the patient in clear and simple language the medical diagnosis that corresponds to their signs and symptoms. The physician involves the patient in the treatment decision by clearly explaining the prescribed treatment, and the alternatives. When a patient cannot be informed, the information is given to his/her family. The physician makes sure, by asking the patient, that he/she understands the diagnosis and treatment and respond top patient's questions.

Record Review

- > Key patient education messages noted in medical record. Patient referred to appropriate education program/sessions in cases of:
 - ↑ Diabetes
 - ↑ Prenatal
 - ↑ Breast Feeding

Observe

- > The diagnosis and treatment explained to patients
- > Use of simple and clear language
- > Provider checks if patient understand use of simple and clear language

Patient asked if he/she has had any questions

Patient given enough time to discuss case

B.5 Referral

The facility has a well defined system for referrals

Definition

All patients requiring care that is beyond the scope of services provided at the facility are referred to the appropriate provider. The referral system include at a minimum:

- > Identified locations of facilities to which patients are referred to by type of service
- > Agreements with facilities to which patients will be referred
- > Well defined two ways reporting system between the facility and referral centers
- > A list of conditions requiring referrals according to the clinical practice guidelines.

Record Review

Referral policies available:

- > List of facilities for referrals by type of service
 - Telephone numbers and addresses of referral activities
 - Agreements/contracts available with referral activities
 - Agreements for Ambulance service
 - List of telephone numbers of ambulance centers available
- Select medical records of referral patients, access:
 - ↑ Referral to appropriate facility documented
 - ↑ Reports from referral facility attached to record

Physician Review

- > Providers have a copy of list of facilities by type of service
- > Providers are aware of referral policies
- > Providers implement referral policies

B.6 Clinical Practice Guidelines

There are clinical practice guidelines for at least 80% of the clinical cases and procedures given in the facility. Clinical guidelines are disseminated and used by all staff.

Definition

The medical staff at the facility has a process for developing and/or adopting available clinical practice guidelines for the care of medical conditions that constitute most of the services provided at the facility.

The facility has a formal process for reviewing and updating clinical guidelines periodically.

The facility has a formal process to disseminate and train medical staff on the use of clinical practice guidelines.

Record Review

- > Documented clinical practice guidelines for at least 80% of services provided under the basic benefit package:
 - Î Identify most common (highest volume) clinical areas at clinic
 - Î Compare CGs available to most common cases seen at clinic
 - Î Are there CGs for atleast 80% of clinical cases?
- > Medical staff meeting agendas and minutes to disseminate guidelines and train staff;
- > Orientation plan for new medical staff including dissemination of clinical guidelines;
- > Assess process for CGs development

Observe

- > Each examination room has a copy of CGs manual
- > Physicians participate in meetings to discuss CGs
- > Physician received copy from CGs
- > Physician use CGs, refer to it when needed
- > Physician knowledgeable about CGs
- > Copy of training schedule/session for CGs
- > List of ICD-10
- > Number of CGs

Interview

- > Ask physician about CGs
- > Get copy of training scheme/session for CGs
- > Process for identifying new areas where CGs need to be revised or developed

B.7 Peer Review

The facility has a routine system to review patient care provided by medical staff and assess its appropriateness.

Definition

The facility has a system to review patient care. It has a clear plan to review patient care that includes: a list of specific activities (meetings, seminars, record review, etc.), frequency of such activities, the procedures used in the review, and a mechanism to disseminate the findings in the facility. The system includes at minimum:

- > Routine case review meetings conducted by medical staff to review selective cases that are either problem prone or high risk (at least one meeting/month)
- > Peer review of a sample of patient medical record to ensure that providers comply with clinical practice guidelines for services provided at the facility. At minimum, the review should examine the appropriateness of the diagnosis and the treatment plan.
- > Daily rounds to inpatients to review and assess prognosis
- > Review of medical records of mortalities and high-risk morbidities.

Record Review

- > Reports of the peer review or case review meetings
Agenda and minutes of case review meetings available
- > Agendas/minutes from meetings available

Documented evidence of action taken to improve identified problems in patient care (pick at least 3 patients care problems identified in meetings and review action taken in all 3 areas and steps implemented towards improvement)

Interview Physician

- > Physician aware of peer review meetings
- > Physician always invited to participate in meetings
- > Physician asked to present or discuss his/her case
- > Physician participate all or most of the time
- > Action taken by physicians or may change in performance based on problems identified in meetings

B.8 Medication

The facility has a basic drug list that is known and used by all physicians.

Definition

The facility has developed a basic list of drugs for prescribing. A copy of the drug list is present in each examination room. The facility periodically informs the physicians about any changes in the drug list. All physicians in the facility have the list available when prescribing.

Record Review

- > Drug list – Documented evidence of updating drug list

Interview Pharmacist

- > Drug list available
- > System to update drug list
- > Implementation of drug list

Interview Physician

- > Doctor is aware of drug list
- > Doctor is informed routinely about changes in drug list
- > Problems with drug availability

Observe

- > Drug list available in examination room
- > Special drug list in Emergency Room

The facility has adequate supply of drugs with valid shelf life at all times.

Definition

The facility has at least a three-month supply of each of the drugs in the basic drug list in stock. All drugs in stock should have valid shelf life. The facility should have a system to check for expiry dates.

A pharmacist committee is often given the responsibility of defining the amount that is equivalent to a three-month stock for each drug in the basic list.

Verification

- > Policies and procedures
- > List of basic drugs

- > Interviews with clinical staff
- > Interviews with administrative staff specially purchasing staff
- > Inspection of a sample of drug for expiration date

Observe

Select random sample of drugs and check expiry dates

- > All drugs are valid
- > Adequate supply 3 months

Interview Pharmacist

- > Ask if: there is supply for 3 months
- > System recorder at certain times
- > Storage often

The facility has adequate system to store and dispense drugs.

Definition

The facility has a designated area to store and dispense drugs. The facility also has specific procedures to stock and dispense drugs. The procedures must define the way the stocks are checked, the restock process, and the dispensing procedures. A special room, with locks is designated as the pharmacy where drugs are stored and dispensed.

Observe

- > Storage area
- > Adequate space
- > No direct sunlight on drugs
- > Appropriate room temperature
- > Refrigerator available

In hospitals, a pharmacist is in charge of the pharmacy dispensing.

Definition

The facility has a pharmacist in charge of the pharmacy. The pharmacist is responsible of drug stocking, storage, and dispensing.

A licensed pharmacist to be in charge of the pharmacy. The pharmacist is at the facility at least 40 hours per week.

Record Review

- > Personnel records

The facility dispenses drugs in appropriate packaging that includes a label with the name of the drug and written instructions about its use.

Definition

The facility sells drugs that are properly packaged, with labels. All drugs are dispensed in containers or bags that include the patient's name, name of the drug, and instructions related to its use.

Observe

- > Drugs put in appropriate containers/bags
- > Adequate supply of containers/bags (3 months)
- > Tag with name of drug added to containers/bags
- > Tag with name of patient added to containers/bags
- > Written instructions given to patient on how to use drugs, when needed

Upon dispensing the drugs, the provider gives simple and clear verbal instructions to patients.

Definition

The pharmacist, or designated person, gives a clear and simple explanation of the use of the prescribed drugs to patients. Explanation should emphasize the need to continue treatment and the need to monitor medication for adverse events.

Verification

- > Interviews with pharmacist/technician
- > Interviews with administrative staff
- > Interviews with patients and families
- > Observation

Observe

- > Select 10 patients and observe pharmacist/clerk dispensing drugs
- > Verbal instructions given

Interview Patient

- > Patient received instructions on use of drugs
- > Patient understands use of drugs

The facility has an antibiotic policy.

Definition

The facility is responsible for offering seminars, and presentations to educate their staff on the appropriate preventive measures for common conditions in their population.

The facility has a clear program for educating staff on the prevention of disease and health promotion. This process includes a plan for training the staff on the necessary skills to screen for common conditions such as hypertension, diabetes, cervical and breast cancer and to educate patients in health promotion, disease prevention.

Verification

- > Staff training program
- > Medical education program
- > Interviews with facility administrators
- > Interviews with clinical staff
- > Screening guidelines of common diseases

Record Review

- > Staff prevention education plan available
- > Training schedule and agenda available
- > Education materials available
- > List of trained staff available

Interview

- > Provider aware of program
- > Provider has schedule
- > Provider participated in training sessions

The facility has a system for tracking children under the age of two with missing immunization.

Definition

- > The facility has a routine system to identify children under the age of two that are missing a vaccine in their immunization program.
- > The facility contacts the family and tries to facilitate the vaccination of the child
- > The facility has a formal process to educate the parents about the necessary immunizations

Record Review

- > List and addresses of children with missed vaccines in the last 6 months
- > Verification that families were contacted by facility
- > Immunization record documenting immunization of children with missing vaccines

The facility has a cervical and breast cancer prevention program.

Definition

- > The facility has a program that fosters the periodic gynecological examination of asymptomatic women that includes pap-smear tests.
- > The facility has a program to educate women on the importance of periodic gynecological exams and pap-smears.
- > The facility has a routine system to provide screening for cervical cancer through gynecological exams and pap test. The program includes a specific schedule for the information and education of married women.

Record Review

- > Patient education materials
- > Schedule agenda for patient education sessions
- > Educational materials and handouts on cervical cancer available
- > Patient record of high risk groups documenting education and referral for pap smear, when needed

The facility provides accident-preventing education to parents of children under 5 years of age.

Definition

The facility has a program to educate parents on the prevention of household accidents among 2-5 year old children.

Record Review

- > Education materials for the prevention of household accidents among young children
- > Schedule and agenda for parent education
- > Education handouts available

The facility has a program to screen for hypertension.

Definition

The facility has a program that fosters the screening for hypertension among all men and women over 30 years old. The facility has a program to educate adults on the importance of the timely diagnosis and the need for periodic clinical exams and treatment of hypertension.

Record Review

- > Measurement of blood pressure documented in all patients over the age of 30.

The facility has a process to screen for diabetes.

Definition

The facility has a program to educate medical staff and healthy adults on the signs and symptoms of diabetes and the importance of an early diagnosis and continuous care to prevent complications. The program includes a specific schedule for the information and education of staff and healthy adults.

The facility has improved the rate of diabetic patients that have periodic retinal examinations.

Definition

The facility has a program that fosters the yearly retinal exam for all patients with diabetes. The facility has a program to educate diabetic patients on the importance of yearly retinal exams.

The facility has a routine system to educate diabetic patients on the importance of periodic retinal exams. The program includes a specific schedule for the information and education of diabetic patients.

Record Review

- > Review medical records of patients with diabetes
- > Patient referred once/year for retrieval exam
- > Results of retrieval exam added/documentated in medical record

- > Patient education message documented in record.

Scoring

B.9 Emergency Care

The emergency room is staffed at all times.

Definition

The facility ensures the presence of qualified staff 24 hours per day. The number of assigned staff should meet the caseload requirements of the ER unit. While on duty, staff should only be assigned to the emergency room.

Record Review

- > Emergency room schedule (at least are assigned to emergency room)/per day, 2 for each shift and 2 on call?
- > Physicians on duty are assigned only to emergency room

Interview Physician

- > Double assignment
- > Enough staff for load

The facility has explicit norms and clinical practice guidelines to identify patients who urgently need care and to stabilize patients for referral.

Definition

The facility should have well defined guidelines on emergency care. The guidelines should enable ER staff to select and prioritize urgent cases, stabilize them, and prepare them for referral.

Record Review

- > Clinical guidelines for the prioritization, stabilization of key life threatening and critical cases (list most important emergency cases)
- > Referral guidelines

Scoring

The physicians at the facility have adequate training in emergency care, especially in first aid, stabilization and referrals of patients to appropriate facilities.

Definition

One of the most important aspects for providing emergency care at the Family Health Unit and Family Health Center level is to have trained staff with the expertise to stabilize and refer patients to appropriate facilities when needed. ER staff should be trained in first aid techniques, CPR, management of emergency cases, identification of urgent cases, and referrals. The facility should have continuous education programs to ensure that all those assigned to the ER have appropriate training when hired and refreshing courses over time.

Record Review

- > Continuous education program and schedule for ER-related training
- > List of ER staff who have been trained in first aid and CPR
- > Clinical practice guidelines for emergency cases

The facility has access to an adequate ambulance(s) staffed with trained personnel to transport patients after stabilization to the referral facility within 20 minutes to final destination.

Definition

All facilities either have an ambulance or have arrangements for ambulance services with another facility/emergency unit. The ambulance service should be within 20 minutes reach to the facility. The facility ensures that the ambulance is equipped and well staffed.

Record Review

- > An agreement with a facility for ambulance services within 20 minutes to final destination based on addresses.
- > The ambulance has at minimum the following equipment:
- > Verification that ambulance arrives and transports patients to final destination within 20 minutes

Observe

- > Ambulance service available
- > The facility has a telephone line or a paging system to contact ambulance services
- > The ambulance has at minimum the following equipment:

The facility has an emergency plan to handle many patients at once, such as in the case of natural disasters.

Definition

The facility has an efficient emergency plan. The plan should enable the ER to deal with disasters and with dealing with many emergency cases at once. This should include at minimum:

- > A list of flying team names including physicians, nurses, X-ray technician, and Lab technician posted in the ER. The team should be within reach to the facility within half an hour. An alternative list of names should be available in case team members cannot be reached;
- > A list of referral centers;
- > A plan to mobilize facility staff and distribute responsibilities among them.

Record Review

- > Staff is aware of the list “flying” team and have access to list
- > Emergency plan specifying functions and roles and responsibilities of staff during emergency
- > List of flying team and alternative team with telephone number ad address

C. Management of Support Services

C.1 Environmental Safety

The facility has a physical environment that is safe to patients, employees, and clients.

Definition

The facility provides a physical environment free of hazards to patients and staff. It has a system for monitoring hazardous items, services, and work-related practices to ensure its safety. Key safety issues that are of particular importance in a facility are:

1. **Safe furniture:** Furniture in the facility is routinely checked to ensure that it is sturdy, safe to use, with no broken parts that can cause injury.
2. **Fire prevention:** The facility has a system for fire prevention including fire alarms and fire extinguishers.
3. **No smoking policy:** The facility is a smoking-free environment. This policy is enforced to all staff and clients.
4. **Security:** The facility has a system for security with security staff available 24 hours/day. The facility has an electric system that meets standards of safety for patients, personnel and the public.

Observe

Site visit to observation of the following:

- > Sturdy, non-broken furniture
- > Properly installed electric sockets. No electric wires exposed from walls, machines, etc.
- > No-smoking signs throughout the facility
- > Fire extinguishers that are checked every three months. Check 40% of extinguishers in different areas to verify last date of fuel recharge
- > Clearly marked emergency exits
- > Security personnel covering 24 hours available at main entrances
- > An alarm system
- > Lock on doors
- > No wires on floor (tripping over)
- > Cleaning after each patient

Record Review

- > Schedule of security personnel every 24 hours

The facility structure/building(s) and its surrounding grounds are suitable for services provided to patient.

Definition

Buildings and grounds around it are appropriate to the population served and to the nature of services provided. The facility ensures that:

- > All areas in the building are clean, neat, functional and well lit
- > Appropriate space and equipment is available
- > Areas surrounding the facility are clean
- > Building(s) are painted from the outside
- > Building walls have no cracks and no broken windows
- > Patient comfort is maintained in inpatient rooms, examination rooms, and waiting areas
- > Stairways are in a good condition
- > Safe tile

Observe

Observe the following:

- > Building painted from outside
- > Painted walls and windows from the inside
- > Absence of rubbish trash, debris, and waste materials around the building(s)
- > Waste disposal site properly maintained and secured from animals and unauthorized persons
- > No broken windows
- > Windows have screens
- > Building has enough natural light
- > Building has enough illumination from the inside
- > Examination rooms have:
 - ⌢ Functional sink with running water and soap
 - ⌢ An examination bed with clean sheets
 - ⌢ A desk and a chair
 - ⌢ Supply cabinet
 - ⌢ Partition to ensure patient privacy
- > Inpatient rooms have:

- ↑ Water proof mattresses covered with clean sheets
- ↑ Access to bathrooms with hot and cold water 24 hours/day
- > Waiting areas have adequate space
- > Waiting areas have adequate chairs to meet demand (at least 4 chairs/examination room)
- > Windows and doors opening directly to outside streets and public grounds are properly closed and protected from outside to ensure cleanliness, safety, and privacy (curtains and/or translucent glass)
- > Stairs not broken
- > Well lit stairway
- > Non-slippery tile

The facility has a preventive and corrective maintenance plan for the building and medical equipment.

Definition

- > The facility has allocated a budget for maintenance as part of its annual operating. The maintenance budget covers two areas: maintenance of the buildings, and maintenance of medical equipment. The maintenance budget is at least X% of annual operating budget.
- > There is a clear system for informing about problems and requesting maintenance
- > There is an inventory of all medical equipment used at the facility with date of manufacturing, utilization levels, maintenance needs, and maintenance schedule
- > The facility has contracted maintenance services to an engineer or to a maintenance firm. The contract specifies schedule for preventive maintenance and a system for timely response and fixing of problems
- > At least every three months, in-house maintenance staff or contracted staff verifies the correct operation of all faucets, toilets, water heating and discharge of wastewater.
- > At least every three months, in-house maintenance staff or contracted biomedical staff verifies the correct operation of all medical equipment in the facility
- > The facility has a system for timely reporting of maintenance problems and timely response and correction of these problems

Record Review

- > Review maintenance budget (?)
- > A contract for building maintenance is available with a reliable company or engineer
- > A contract for maintaining medical equipment is available with a reliable company or engineer medical equipment
- > Schedule showing preventive maintenance visits for the building. At least every three

months, in-house maintenance staff or contracted staff verifies the correct operation of all faucets, toilets, water heating and discharge of wastewater

- > An inventory list of all medical equipment used t the facility with date of manufacturing, utilization levels, maintenance needs, and maintenance schedule
- > Schedule (could be attached to medical equipment) showing preventive maintenance visits for medical equipment. At least every three months, in-house maintenance staff or contracted biomedical staff verifies the correct operation of all medical equipment in the facility
- > List and number of staff trained in use of sophisticated equipment (ECG, ultrasound, list)
- > Duration between request for maintenance and date when problems are fixed

Observe

- > Operating plumbing system (running water in bathrooms and working toilet flushers),
- > Functioning drainage in the laundry
- > Medical equipment free of dust
- > Maintenance schedule available in room

Interview

- > Ask staff working on key equipment about their training. Assess their knowledge about the equipment
- > Knowledge about process for information about problems
- > Ask about duration to fix equipment

The facility has a system for proper disposal of waste products including contaminated materials.

Definition

- > Contaminated solid wastes and all supplies contaminated with human secretions, excreta, blood or tissue which poise high risk are handled safely.
- > Medical waste and needles should not be mixed with non-medical waste.
- > Medical waste should be sent to the incinerator once every 24 hours
- > Non-medical waste should be collected in a special container that is collected by the municipality at least once every 24 hours.

Observe

- > Medical wastes are stored in resistant bags that are labeled with a differentiated color (for operating room, emergency room and all different floors) and handled with gloves.
- > Medical wastes are handled with gloves

- > Presence of colored waste bags for operating room, emergency room, and all different floors. All waste is disposed in plastic bags
- > Separate box will be used for needles, it is made of materials that cannot be penetrated
- > Used needles and sharp disposal are:
 - ↑ Not re-capped
 - ↑ Box is sealed when it is $\frac{3}{4}$ full
- > Non-medical waste bags are disposed in a special waste container
- > Non-medical waste bags are sealed before they are completely full
- > Non-medical waste bags are collected from container at least once every 24 hours

Record Review

- > Agreement and schedule with appropriate disposal site that meets government rules and regulations for incineration of medical wastes.

The facility has safe running water at all times. The source of water is connected to the main public pipes. Water cultures will be made monthly. Water chemical analysis will be made every 3 months.

Observe

- > Running water in all bathrooms at all times
- > Running water in all examination rooms
- > Running water in operating area/"scrub" room
- > Verify water source connected to main public pipes

Record Review

See the results of the last 3 water culture and analysis.

The facility has a safe electric system that does not impose any hazards on patients, employees, or visitors and ensures alternative illumination.

Definition

The electric system including wiring, outlets, etc... are covered and safe and there is illumination when needed. A system of continuous electrical maintenance.

Observe

- > All electrical wires are covered
- > Electric generator

C.2 Safety of Support Services

There is a food handling system to ensure that diet is provided safely and properly to patients.

Definition

The food handling system in a health facility includes at minimum the following characteristics:

- > The food is handled in a clean way:
 - ↑ Utensils are washed directly after meals
 - ↑ Vegetables and fruits are washed thoroughly
 - ↑ Canned food is in a good condition
 - ↑ Good food storage conditions
 - ↑ Clean location
- > System ensure timely distribution of meals
- > Trays are collected in a timely manner after meals and are not left in hallways.

Observe

- > Available running hot water in the kitchen
- > Trays with adequately clean utensils and appropriate presentation
- > Absence of trays in corridors or rooms
- > Expiry dates on canned food
- > Food storage location for cleanliness (tile, containers, floor, refrigerators,...)
- > Kitchen floor, walls, sink, utensils, oven for the presence of food debris
- > Kitchen for the presence of flies or insects
- > Utensils for the presence of rust

Record review

- > The last 3 stool analysis results of kitchen employees (analysis should be made every 3 months), observe the presence of e.coli

Interview Patient

- > Patient satisfaction about quality of food

There is a system for housekeeping to ensure that facility is clean at all times.

Definition

- > The facility has standardized procedures for cleaning including instructions for the use of disinfectants
- > The facility is kept clean at all times. All floors are washed once a day with soap, detergents or disinfectant. Dry sweeping is prohibited except in special cases as in outpatient public areas
- > All cleaning staff is aware in cleaning procedures and has been trained in proper cleaning techniques.

Document Review

- > Written policies and procedures for cleaning available
- > Cleaning schedule for the facility available
- > Training schedule of housekeeping staff

Observe

- > Adequate supplies (3 months) of cleaning materials and disinfectants.
- > The facility is kept clean and dry at all times and has no dust, trash, dirt, filth or spider web on:
 - ↑ Floors in all rooms, corridors, and walkways
 - ↑ Furniture
 - ↑ Equipment
 - ↑ Supplies
 - ↑ Walls
 - ↑ Lighting Fixtures
 - ↑ Ceilings
 - ↑ Toilets and sinks
 - ↑ Doors and woindows
 - ↑ Veiling fans
 - ↑ Air conditioners

There is a standardized process for changing and cleaning of laundry.

Definition

- > The facility has written policies and procedures for cleaning soiled linen;
- > All laundry staff is trained in laundry procedures and how to deal with soiled linen.

- > There is a schedule for changing bed linen from examination rooms and inpatient rooms (if available). Inpatients with open drains and/or secretions have their linen changed daily
- > There is a separate system for handling contaminated clothes. Standards requiring linens contaminated with blood or potentially high-risk secretions to be transfers separately in polyethylene bags
- > The facility ensures that there is adequate supply of surgical clothing and that no surgical procedures are postponed for lack of clothing
- > Full automatic washing machine is available

Record Review

- > Written laundry policies and procedures including specific policies for cleaning of contaminated linen
- > Laundry schedule
- > Training schedule
- > Training Curriculum

Observe

- > Functioning full automatic washing machine
- > Adequate supplies and washing detergents available
- > Handling of contaminated clothes
- > Adequate supply of surgical clothing
- > Separate bags for linen contaminated with infections, human secretors, excretions, or blood labeled as “contaminated”

Interview Patients

- > Interview at least 10 patients in hospitals, 5 patients in family health centers to assess their satisfaction with daily/frequently of exchange of bed linen

Interview Doctor/Nurse

- > Surgeries postponed due to lack of surgical clothing
- > Use of separate bags for contaminated linen

C.3 Safety of Clinical Services

The facility has a system for sterilization that is well communicated to all staff and enforced.

Definition

System include the following:

- > Establishment standards for sterilization
- > A sterilization area with at least one functioning autoclaves and one oven sterile materials stored in two separate drums, one for plastic material and another for dressing
- > The facility has enough disinfectant antiseptic and soap for monthly use.
- > The main antiseptics are 70% alcohol, betadine, chlorine 0.5%
- > The facility disinfects disposable gloves before discarding them
- > Disposable gloves are not reused
- > The system ensures that all staff use disposable gloves and syringes when needed
- > The head physician and head nurse receive special training on sterilization and conduct routine supervision
- > Sterile equipment used once per one patient

Observe

- > Autoclave and one oven available
- > Storage of sterile materials in separate drums
- > Expiry date of sterile material
- > Adequate supply of right antiseptic (for 3 minutes)
- > Adequate supply and disposable gloves (for 3 minutes)
- > Use of disposable gloves (for 3 minutes)
- > Interview with medical and nursing staff

Document Review

- > Sterile materials stored in two separate drums, one for plastic material and another for dressing
- > Sterile equipment used once per one patient
- > Sterilization standards, policies and procedures available
- > Training schedule

The facility has an employee's health program

Definition

The employee's health program will include a:

- > Complete pre-employment medical record
- > Special tests run according to services and duties assumed
- > Prophylactic measures taken in cases of accidents

Record Review

Updated documentation of the following test:

- > Physicians and nurses:
 - ↑ Tuberculin skin test annually. Positive converters should start treatment and do ESR and chest X-ray
 - ↑ Hepatitis profile: HbsAg; positive HbsAg do SGOT
 - ↑ Rubella titer on females (vaccination if needed)
- > Food handlers (particular attention when sick with diarrhea, RTI, UTI, and skin lesions)
 - ↑ Stool microscopy and culture, twice a year
 - ↑ Tuberculin skin test, annually
 - ↑ Annual physical examination
 - ↑ Nose and throat culture, annually
- > Blood bank, Hematology and Serology staff
 - ↑ Hepatitis profile twice annually
 - ↑ Tetanus immunization
 - ↑ Rubella screening and immunizations for females
- > Needle prick accidents
 - ↑ Hepatitis profile on stuck person and on patient
 - ↑ If HbsAg is positive give Hepatitis B Immune globulin within 7 days of exposure
 - ↑ Repeat hepatitis profile one month later
- > Tuberculosis Contact(s)
 - ↑ Tuberculin skin test (TST) directly, repeat after the 1st 6 weeks of exposure, if negative repeat in 3 months and then chest Xray in 6 months duration
 - ↑ Converters need treatment

Scoring

C.4 Infection Control

The health center uses a coordinated system to reduce the risks of endemic and epidemic nosocomial infections in patients and health care workers by using an IC process that is based on sound epidemiological principles and IC research.

Definition

- A. The Infection control system include at minimum the following: The availability of policies and procedures that provide the framework for the IC process by defining the surveillance, prevention, and control measures:
- > Available written protocols and procedures for:
 - ↑ IC surveillance and data collection
 - ↑ QI surveillance and data collection
 - ↑ Patient related procedures (i.e. IV insertion, Foley catheterization,...)
 - ↑ Periodic testing of all designated staff, who are in direct contact with patients tested and monitored. Records reflect that testing activities are monitored.
 - ↑ Housekeeping methods
 - ↑ Laundry methods
 - ↑ Medical wastes and wastes management methods
 - ↑ Sterilization methods

B. Individual(s) assigned to be responsible for data collection and evaluation

C. Defined IC data collection methodology that focus on:

 - > Patients:
 - ↑ Daily collection of positive culture results (pt. Name. Culture site, organism, sensitivity, no. of colonies)
 - ↑ Defining the culture result if nosocomial or not-nosocomial by relating it to other signs and symptoms (N criteria is to be explained in the IC protocol)
 - > Procedures related to patient:
 - ↑ Direct observation of procedures (i.e. I.V. insertion, wound dressing) and comparing it to stated standards.
 - > Environment:
 - ↑ Cultures taken from susceptible areas: Operating room, delivery suite, kitchen, patient rooms, nursing nurseries, intensive unit care
 - ↑ Direct observation of procedures done (i.e. housekeeping, medical wastes management) and comparing it to stated standards

D. Establish methods of reporting and individuals departments who should receive the reports (staff):

- > Written reports
 - > Routine reporting of collected data
 - > To whom they report in the center (administration and/or QI committee)
- E. Mechanism for reporting infections to public health authorities. All diagnosed communicable diseases are reported to the concerned authorities, a copy of each reported case is kept with the IC officer.
- F. Actions taken to prevent or reduce the risk of nosocomial infections in patients, employees, and visitors
- > Surgical patients are asked to revisit the unit/center 2-3 days after surgery to assess and treat for any related infection if present
 - > Infection control team conducts routine meetings to identify causes of infections and to take action towards its solution
 - > Staff follow the policies and procedures for infection control as outlined by the organization at least in the following cases:
 - ⌢ Separate dirty linen from clean linen
 - ⌢ Cleaning procedure for patient rooms after each inpatient discharge
 - ⌢ Disinfecting equipment and supplies after each use
 - ⌢ Using a safe needle disposal system
 - ⌢ Lab employees wear gloves when they are dealing with blood or body fluids
 - > Policies and procedures are reviewed, adapted, or revised to address the factors that contribute to nosocomial infection.
- G. Continues employee in-service education in the area of infection control, needle stick, hand washing, sterilization in the form of programs, campaigns, flyers, lectures.

Verification

Record Review

See documents of written protocols and procedures: The infection control system include at minimum the following: The availability of policies and procedures that provide the framework for the IC process by defining the surveillance, prevention, and control measures:

- > Available written protocols for:
 - ⌢ IC surveillance and data collection
 - ⌢ QI surveillance and data collection
 - ⌢ Patient related procedures (i.e. IV insertion, Foley catheterization,...)
 - ⌢ Periodic testing of all designated staff, who are in direct contact with patients tested and monitored. Results reflect that testing activities are monitored

- ↑ Housekeeping methods
- ↑ Laundry methods
- ↑ Medical wastes and wastes management methods
- ↑ Sterilization methods

Job description of the infection control officer and the infection control doctor:

- > Educational background (if related to IC)
- > Training they had on IC
- > Their role as specified in the job description (they should exhibit significant information)
- > The names of the people responsible for data collection (i.e. ICO or IC nurse) and data evaluation (i.e. IC physician)

Verification

Record Review

- > Recorded data of positive culture results
- > Action taken towards results of the cultures

Interview

Interview ICO on:

- > How do you know that a positive culture is N or NN
- > Ask for documented criteria in the IC protocol
- > Ask the ICO what are the procedures that you have lately reviewed
- > Ask for the results of that audit
- > Ask the ICO what are the procedures that you have lately reviewed
- > Ask for the results of that audit

Observe

- > Housekeeping methods by looking at the corners of the floor if clean or not
- > Medical waste management methods by checking:
 - ↑ Presence of the special bags in OR, lab, ER, treatment rooms
 - ↑ Proper procedures for needle disposal (will be specified in the IC protocol)

Verification

Record Review

Request to see the 3 last reports and check for:

- > Frequency of reporting
- > The dates of the last 3 reports

Interview

Meet the people who receive the reports and ask them how did they deal with a reported incident that you were told about by the ICO (actions will not be evaluated but, double check if they really receive reports)

Verification

Record Review

- > Check the form used for reporting communicable diseases
- > Check a sample of some reported cases
- > From the surgical patients' medical records, check for follow up visits and the assessment for nosocomial infection by looking at recorded information about wound status and related lab results
- > Look at the records and minutes of ICC/QIC meetings and assess for discussions on reported infections, their causes and possible solutions.

Observe

Visit all concerned services and look for:

- > Is dirty linen separated from clean one (are there two different hampers to serve this purpose)
- > Procedure room: observe if room is cleaned between the two different procedures
- > Equipment and supplies: cleaned between two different procedures
- > Needles disposal: safe boxes that don't spill
- > Lab employees: use of disposed gloves while working and in the trash can
- > Minutes if the ICC: check when was the last time the policies and procedures were reviewed and updated.
- > Check ICC reports and check the process to determine causes of infection and actions recommended
- > Check the records of the results of the tests done on the employees and compare them to the list of employees names at the admin. To check for deficiencies in the employees that need to be tested

Verification

Record Review

- > Documented training activities training plan, schedule, and training material

Interview

- > Ask employees about activities they have attended and what were the information given in that activity
- > Ask how do they collect them and dispose the boxes

D. Management of the Facility

D.1 Mission Statement

The facility has a clear written mission statement that reflects facility's values. The mission statement is communicated to all staff.

Definition

The facility has a mission statement that reflects the vision and goals of the organization, the population it serves, and the services it provides. The statement guides the long-range strategies of the facility, its operational plans, budget, and resource allocation. The mission statement is developed in collaboration with key representative of the staff and is communicated to all staff.

Verification

- > Mission statement
- > Interview with selected staff aware of the mission statement

Scoring

D.2 Planning

The facility has an organized process for planning.

Definition

The facility has an effective planning process that produces clearly defined goals and objectives and ensures proper allocation of human, space, and other resources to meet the goals and objectives. The planning process includes the participation and collaboration of senior management staff and those most familiar with services. The director and appropriate staff representatives participate in decision-making. Administrative and clinical managers collaborate in the determination of patient care policies, care delivery, and performance improvement activities. The planning process consists of:

- > Defining organizational objectives;
- > Setting operation plans for implementation;
- > Setting time frame for implementation;
- > Assigning responsibilities for implementation;
- > Setting operating budget and continuous monitoring of expenses;
- > Setting a process for continuous monitoring of operation;
- > The management and appropriate staff representatives participate in decision making structure and processes. Administrative and clinical managers collaborate in the determining patient care policies, care delivery and performance improvement activities.

Verification

- > Strategic plan and/or implementation plan
- > Annual budget balance

Annex D: Accreditation Survey Instrument

Primary Health Care Accreditation Program – Survey Instrument

February 2001

Name of Facility

Date of Survey

Name of Surveyor

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A. Patient's Rights

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this assessment, surveyors should request from the administrator and/or appropriate person the following documents for review:

- > Policies and procedures regarding patients rights at the facility
- > A copy of the consent form
- > Records of selected patients
- > Patient satisfaction questionnaire(s) used by the facility
- > Results and reports of patient satisfaction survey
- > Selected written complaints from patients and/or staff compiled by the facility
- > Training plan and list of staff trained in interpersonal communication

A.1	Patients are informed about their treatment and are asked about their consent for certain procedures, when applicable	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
A.1.1	The facility has specified list of procedure for which consent form is required					
A.1.2	A patient consent form is available at the facility					
A.1.3	Informed consent is obtained for all relevant processes of care. Ask to see records of patients who have performed procedures requiring consent forms. Check for the signed consent forms in their records.					

A.2	The facility has written policies on patient rights that are communicated to patients	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
A.2.1	Written policies on patient rights are available					
A.2.2	Patient's rights are disseminated, or made visible to patients					

A.3	The facility has a system to deal with complaints	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
A.3.1	There is an anonymous place in the facility to send written complaints					
A.3.2	There is an assigned person/committee for reviewing and acting on these complaints. Names and positions of persons assigned to review and act on complaints					
A.3.3	<p>Verification of Implementation</p> <p>The purpose of this assessment is to look for demonstrated evidence that appropriate and timely action was taken to deal with complaints received:</p> <ul style="list-style-type: none"> > Select three written complaints received in the last three months. Review the process that was adopted by the facility to review the problem and act on it > Was a person assigned to review complaints > Analysis, data/information gathering about problem conducted > Complaint discussed with appropriate staff > Action was made by administration to solve problem 					

A.4	The facility has a system to assess patient and provider satisfaction	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
A.4.1	The facility has a patient satisfaction questionnaire that is implemented routinely (at least once every 6 months). This includes assessment of special services such as Family Planning					
A.4.2	The facility has a provider satisfaction questionnaire that is implemented routinely					
A.4.3	Verification of Implementation <ul style="list-style-type: none"> > Review results of last 3 patient satisfaction surveys and select at least 2 of the main problems highlighted in the survey > Review results of the last FP questionnaire and assess how results/problems identified were handled > Assess the facility's action to deal with these problem areas: <ul style="list-style-type: none"> ↑ Sample size of patients selected for the satisfaction survey ↑ Persons assigned to look into problems ↑ Further analysis/investigation taken to understand problem(s) ↑ Action taken to solve problem(s) 					

A.5	The facility provides training in patient satisfaction and/or interpersonal communication to its staff	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
A.5.1	The facility has a training schedule and a list of all staff trained in patient satisfaction and/or interpersonal communication					

A.6	All women have the right to receive Family Planning counseling, information and services from the appropriate provider	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
A.6.1	<ul style="list-style-type: none"> > Family Planning counseling is provided by physician and/or nurse > All medical and clinical care is provided by a trained physician 					

A.7	The facility has a system to ensure that female providers are available, either on site, or through referrals, if requested by client	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA

B. Patient Care

General Clinical Areas

Observation Checklist

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

B.1.1	A comprehensive history and physical examination is performed for all patients	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.1.1.1	Full history (new patient). Updated history, if return patient. History adequately taken according to CGS	0 1 2 3 N/A									
B.1.1.2	Physical Examination Vital signs checked	0 1 2 3 N/A									
B.1.1.3	When applicable, inspection, palpation, percussion, auscultation, and tests/procedures to elicit specific signs are done according to CGS	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.1.2	The physician explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.1.2.1	Methodology:	0 1 2 3 N/A									
	> Physician is courteous to the patient	N/A									
	> Use clear and simple language	0 1 2 3 N/A									
	> Periodically checks if patient understands instructions	0 1 2 3 N/A									
	> Ask patients if they have any questions	0 1 2 3 N/A									
B.1.2.2	Diagnostic tests / procedures and diagnosis are explained to patient in simple clear language	0 1 2 3 N/A									
B.1.2.3	Treatment plan, use of medications, possible side effects, risk reduction, regimen, etc. are explained to patient in simple clear language	0 1 2 3 N/A									
B.1.2.4	Patient is informed about available community resources	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.1.2.5	Patient is given adequate time to ask questions (discuss his/her case)	0 1 2 3 N/A									
B.1.2.6	Reason for referral explained to patient	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Record Review

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: This section assesses the quality of clinical care provided to patients at the facility. The focus of this assessment is to get a general understanding about the quality of patient care at the facility and NOT to assess individual provider performance. In order to conduct this assessment, the surveyor should allow for the following steps:

- > Ask the medical record department to have ready for you the medical records of all patients seen at the facility in the last 3 months
- > Put all the files in a stack and follow the random sampling methodology explained in the Sampling Technique section
- > Select at least 10 random records for revision
- > Review the select medical records and assess the following:

B.1.3	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.1.3.1	History: > Recorded findings indicate adequate history taking, according to CGS	0 1 2 3 N/A									
B.1.3.2	Physical Examination > Vital signs, positive findings (on palpation, percussion, auscultation, otoscopy, etc. when needed) documented in chart	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.1.4	The necessary diagnostic tests (laboratory and radiology) are performed on time to determine the diagnosis.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.1.4.1	Results of diagnostic tests are timely (i.e.; received by the provider prior to treatment or change in treatment plan) to enable him/her make proper diagnosis	0 1 2 3 N/A									
B.1.4.2	Results are recorded in chart (or laboratory tests attached)	0 1 2 3 N/A									
B.1.4.3	Tests ordered are appropriate according to CGS or best clinical practice	0 1 2 3 N/A									
B.1.4.4	Diagnosis is appropriate according to CGS	0 1 2 3 N/A									

B.1.5	All treatment plans are based on appropriate diagnostic results.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.1.5.1	Treatment is appropriate to diagnosis	0 1 2 3 N/A									
B.1.5.2	Treatment is given on time (not delayed)	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.1.6	The physician explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.1.6.1	<p>Key educational messages on the following are documented in chart:</p> <ul style="list-style-type: none"> > Diagnosis and use of medications/equipment > Risk reduction: diet, exercise, smoking cessation, etc. when applicable > Community resources available to patient > Special education classes (diabetic, asthmatic, etc.) 	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.1.7	Patients requiring care beyond the scope of the services provided at the facility are referred to the appropriate provider	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.1.7.1	Referral is justified according to CGS, if applicable	0 1 2 3 N/A									
B.1.7.2	Copies of referral slips and report of referral facility/consultant attached to chart	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Antenatal Care

Record Review

Facility Name: _____

Surveyor's Name: _____

Date: _____

Instructions: The focus of this assessment is to get a general understanding about the quality of antenatal care at the facility and NOT to access individual provider performance. In order to conduct this assessment, the surveyor should allow the following steps:

- > Ask the medical record department to have ready for you the medical records of all pregnant women seen at the facility in the last 3 months
- > Put all the files in a stack and follow the random sampling methodology explained in the Sampling Technique section
- > Select at least 10 records for revision and review the select medical records and assess for the following:

First Visit:

B.2.1	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.1.1	Full History:	0 1 2 3 N/A									
	> Personal history: occupational history, special habits, age	N/A									
	> Menstrual history (LNMP, EDD)	0 1 2 3 N/A									
	> Current obstetric history	0 1 2 3 N/A									
	> Past obstetric history (antenatal, delivery, postpartum, and fetal)	0 1 2 3 N/A									
	> Past medical and surgical history	0 1 2 3 N/A									
	> Family history (diabetes, hypertension, congenital anomalies, and twins)	0 1 2 3 N/A									
	> Immunization status: tetanus toxoid	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.1	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.1.2	Physical Examination: General examination: > Weight, height	0 1 2 3 N/A									
	> Blood pressure	0 1 2 3 N/A									
	> Edema of lower limbs	0 1 2 3 N/A									
	Local examination: > Fundal level	0 1 2 3 N/A									
	> Fetal lie (after 32 weeks)	0 1 2 3 N/A									
	> Fetal presentation (after 32 weeks)	0 1 2 3 N/A									
	> Engagement of presenting part (after 36 weeks)	0 1 2 3 N/A									
	> Auscultation of the fetal heart sounds	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.2	The necessary diagnostic tests (laboratory and radiology) are performed on time to determine the diagnosis.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.2.1	Diagnostic Tests/Procedures:	0 1 2 3 N/A									
	> Blood analysis: ABO, Rh, Full Blood Picture, RBS										
	> Complete Urine Analysis	0 1 2 3 N/A									
	> Ultrasound according to CGs	0 1 2 3 N/A									
B.2.2.2	Appropriate diagnosis according to CGs	0 1 2 3 N/A									
B.2.2.3	Risk factors, if present, are appropriately identified in record	0 1 2 3 N/A									
B.2.2.4	Referral of risk pregnancies to a specialist, according to CGs	0 1 2 3 N/A									

B.2.3	All treatment plans are appropriate according to CGs	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.3.1	Supplementation of Iron and Ca, Folic acid in first trimester	0 1 2 3 N/A									
B.2.3.2	Appropriate drug prescription, if given, according to CGs	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Periodic Visit:

B.2.4	Number of visits according to CGs:	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
	> Once every month, first 6 months	0 1 2 3 N/A									
	> Once every 2 weeks, 7 th and 8 th month										
	> Once every week, 9 th month										

B.2.5	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.5.1	History:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> Fetal movement	N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.5	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.5.2	Physical Examination:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> Weight	N/A									
	> Blood pressure	0 1 2 3 N/A									
	> Edema of lower limbs	0 1 2 3 N/A									
	> Fundal level	0 1 2 3 N/A									
	> Fetal lie (after 32 weeks)	0 1 2 3 N/A									
	> Fetal presentation (after 32 weeks)	0 1 2 3 N/A									
	> Engagement of presenting part (after 36 weeks)	0 1 2 3 N/A									
> Fetal heart sound	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.5	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.5.3	Diagnostic Procedures	0 1 2 3 N/A									
	> Urine examination performed and recorded according to CGs										
	> Blood sugar performed and recorded according to CGs (28-32 weeks)	0 1 2 3 N/A									
	> Ultra sound: patient is referred for U/S and results are appropriately recorded in patient file (according to CGs)	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Observation Checklist

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

First Visit

B.2.6	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.6.1	History: Full history according to CGs	0 1 2 3 N/A									
	> Personal history	0 1 2 3 N/A									
	> Menstrual history (LNMP, EDD)	0 1 2 3 N/A									
	> Obstetric history (past history of difficult deliveries, symptoms of pre-eclampsia)	0 1 2 3 N/A									
	> Family History	0 1 2 3 N/A									
	> Past medical and surgical history	0 1 2 3 N/A									
	> Immunization status: tetanus toxoid	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.6	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.6.2	Physical Examination:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	General examination:	N/A									
	> Weight, height										
	> Blood pressure	0 1 2 3 N/A									
	> Edema of lower limbs	0 1 2 3 N/A									
	> Heart and chest examination	0 1 2 3 N/A									
	> Breast examination	0 1 2 3 N/A									
	> Thyroid examination	0 1 2 3 N/A									
	Local examination:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> Fundal level fundal grip	N/A									
	> Umbilical grip	0 1 2 3 N/A									
	> First and second pelvic grip	0 1 2 3 N/A									
> Auscultation of the fetal heart sounds	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	
> Palpation	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

		Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.7	Referral of risk pregnancies to a specialist, according to CGsf	0 1 2 3 N/A									

B.2.8	The physician explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.8.1	At least three key educational messages are discussed with patient on first visit:										
	> Nutrition (during first visit)	0 1 2 3 N/A									
	> Immunization status (first visit)	0 1 2 3 N/A									
	> Importance of regular visits	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.9	Total number of prenatal visits according to CGs	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
	> Once every month, first 6 months	0 1 2 3 N/A									
	> Once every 2 weeks, 7 & 8 month										
	> Once every week, 9 th month										

B.2.10	A comprehensive history and physical examination is performed for all patients	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.10.1	History	0 1 2 3 N/A									
	> Fetal movement	N/A									
	> Ask about new complaints	0 1 2 3 N/A									
	> Assess previous complaints	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.10	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.10.1	Physical examination	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	General examination	N/A									
	> Weight, Height										
	> Blood pressure	0 1 2 3 N/A									
	> Edema of lower limbs	0 1 2 3 N/A									
	Local examination:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> Fundal level	N/A									
	> Fetal lie (after 32 weeks)	0 1 2 3 N/A									
> Fetal presentation (after 32 weeks)	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	
> Engagement of presenting part (after 36 weeks)	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	
> Auscultation of the fetal heart sounds	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.11	Diagnostic procedures	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
	> Urine examination	0 1 2 3 N/A									
	> Blood analysis	0 1 2 3 N/A									
	> Ultra sound: patient is referred for U/S and results are appropriately recorded in patient file according to CGs	0 1 2 3 N/A									

B.2.12	The physician explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.12.1	Methodology:	0 1 2 3 N/A									
	> Physician is courteous to the patient	N/A									
	> Use clear and simple language	0 1 2 3 N/A									
	> Periodically checks if patient understands instructions	0 1 2 3 N/A									
	> All patients if they have any questions	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

		Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.12.2	Key educational messages on at least three of the following are discussed with patient:	0 1 2 3 N/A									
	> Nutrition										
	> Personal Hygiene	0 1 2 3 N/A									
	> Use of drugs and medications	0 1 2 3 N/A									
	> Breast Feeding	0 1 2 3 N/A									
	> Delivery process	0 1 2 3 N/A									
	> Encourage regular antenatal visits	0 1 2 3 N/A									
	> When referral to a specialist is needed, explain to patient the reason for referral	0 1 2 3 N/A									
	> Educate patient about alarming signs such as bleeding	0 1 2 3 N/A									
	> Reassures patient about pregnancy and any special condition	0 1 2 3 N/A									
> Referral of patients to educational sessions	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Patient Interview

B.2.13	The physician explained to pregnant women about their condition and any follow-up steps.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.13.1	Did the doctor explain to you about the pregnancy? > Assess patient's knowledge and understanding of her conditions	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.13	The physician explained to pregnant women about their condition and any follow-up steps.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.2.13.2	Did the doctor refer or explain to you about the following: (Assess patient's knowledge and understanding of her conditions?)	0 1 2 3 N/A									
	> Nutrition (during first visit)										
	> Immunization status (first visit)	0 1 2 3 N/A									
	> Personal hygiene	0 1 2 3 N/A									
	> Spacing and family planning	0 1 2 3 N/A									
	> Use of drugs and medications	0 1 2 3 N/A									
	> Breast feeding	0 1 2 3 N/A									
	> Delivery process	0 1 2 3 N/A									
	> Encourage regular antenatal visits	0 1 2 3 N/A									
	> When referral to a specialist is needed, explaining to patient the reason for referral	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.2.13	The physician explained to pregnant women about their condition and any follow-up steps.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
	Did the doctor respond to your complaints and questions?	0 1 2 3 N/A									
B.2.13.4	Did the doctor explain to you the importance and the number of visits that you should make prior to your delivery? (assess patient's knowledge and understanding)	0 1 2 3 N/A									
B.2.13.5	Did anyone explain to you about the delivery services in the facility? (Assess patient's knowledge and understanding)	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Hypertension

Observation Checklist

Facility Name: _____

Surveyor's Name: _____

Date: _____

Instructions: The purpose of this assessment is to review the quality of medical care provided to patients with hypertension. To conduct this assessment the surveyor should:

- > Check appointments to check appointment book and identify patients with hypertension schedules to visit the clinic on that day and ask the facility to observe at least 3 of these patients.
- > If it is difficult to find enough cases of hypertension on that day, the surveyor should ask the facility to arrange for at least 3 patients with hypertension to visit the clinic for checkup.
- > Once in the examination room, and prior to the physical exam, the surveyors should inquire about nature of visit. If patient is new patient, surveyor should make sure that full history is taken, If it is a return visit, history should be updated.

B.3.1	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.1.1	History – Patient asked about:	0 1 2 3 N/A									
	> Duration of hypertension	N/A									
	> Readings in past 3 months (when applicable)	0 1 2 3 N/A									
	> Factors that increase risk or influence control of hypertension	0 1 2 3 N/A									
	> Family history of hypertension, premature coronary artery disease (CAD), stroke, diabetes, or renal disease	0 1 2 3 N/A									
	> Weight gain	0 1 2 3 N/A									
	> Sedentary lifestyle	0 1 2 3 N/A									
	> Excess intake of sodium, alcohol, saturated fats and caffeine	0 1 2 3 N/A									
> Use of medications that may raise BP or interfere with effectiveness of anti-hypertension drugs (cold medicines, nasal decongestants, oral contraceptives, appetite suppressants)	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.1	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.1.1	> Stressed work/family environment	0 1 2 3 N/A									
	> Results and adverse effects of previous anti-hypertensive therapy (when applicable)	0 1 2 3 N/A									
	> Symptoms suggesting causes of hypertension (see CGs)	0 1 2 3 N/A									
	> Cormorbide conditions	0 1 2 3 N/A									
	> Symptoms suggestive of target organ damages	0 1 2 3 N/A									
	> (CAD, heart failure, stroke, renal disease, diabetes, peripheral vascular disease, gout, sexual dysfunction)	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.1	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.1.2	Physical Examination:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> take and record vital signs in chart: pulse, temperature, respiratory rate	N/A									
	> take ≥ 2 BP measurements separated by 2 minutes with patient either supine or seated and after standing for at least 2 minutes and record average of readings	0 1 2 3 N/A									
	> Verify BP level in the contralateral arm	0 1 2 3 N/A									
	> Measure height, weight and waist circumference	0 1 2 3 N/A									
	> Examine optic fundi or refer for fundus examination	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.1	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.1.3	> Inspect, palpate, percuss and auscultate the following body parts to elicit following signs (when present)	0 1 2 3 N/A									
	> Neck: distended veins, enlarge thyroid gland, corrtid bruits	0 1 2 3 N/A									
	> Heart: Arrhythmia, precordial heave, increased size, S3-S4, murmurs	0 1 2 3 N/A									
	> Lungs: rales, basal crepitations	0 1 2 3 N/A									
	> Abdomen: bruits, enlarged kidneys, abnormal aortic pulsations	0 1 2 3 N/A									
	> Extremities: diminished or absent pulsations, bruits, edema	0 1 2 3 N/A									
	Perform a brief neurologic examination	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.2	The patient explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.2.1	Patient Education Methodology > Use simple clear language	0 1 2 3 N/A									
	> Periodically check if patient understands instructions	0 1 2 3 N/A									
	> Ask patient if he/she has any questions	0 1 2 3 N/A									
B.3.2.2	Inform patient about diagnosis and severity of his/her disease	0 1 2 3 N/A									
B.3.2.3	Explain to patient the use and possible adverse/side effects of prescribed medications	0 1 2 3 N/A									
B.3.2.4	Explain to patient the chronic nature of hypertension and necessity of his/her involvement in its management	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.2	The patient explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.2.5	<p>Explain the following lifestyle modifications (when applicable) are integral part of management of his/her disease:</p> <ul style="list-style-type: none"> > Weight reduction, cessation of smoking > Increase aerobic physical activity (30-45 minutes, 3-4 times a week) > Reduce sodium intake to ≤ 6 grams of sodium chloride/day > Maintain adequate intake of dietary potassium > Reduce intake of dietary saturated fat and cholesterol for overall cardiovascular health 	0 1 2 3 N/A									
B.3.2.6	Encourage home BP measurement and bring in BP values to encourage positive attitudes about achieving therapeutic goals	0 1 2 3 N/A									
B.3.2.7	Explain to patient reason for referral to hospital or consultant, when needed	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Record Review

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

B.3.3	A comprehensive history and physical examination is performed for all patients. (New patient (full history), return patient (updated history)).	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.3.1	Record the following history-related findings in patient's chart:	0 1 2 3 N/A									
	> Duration of hypertension	0 1 2 3 N/A									
	> BP readings in past 3 months (when applicable)	0 1 2 3 N/A									
	> Factors that increase risk or influence control of hypertension (See CGS)	0 1 2 3 N/A									
	> Factors that determine prognosis and guide treatment (target organ damage and/or co-morbid conditions according to CGs)	0 1 2 3 N/A									

* Hypertension is based on the average of ≥ 2 readings taken at each of \geq visits after an initial screening.

* **Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met**

B.3.3	A comprehensive history and physical examination is performed for all patients. (New patient (full history), return patient (updated history)).	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.3.2	Physical examination: Record the following measurements in patient's medical record: > Vital signs	0 1 2 3 N/A									
	> Pulse, temperature, respiratory rate	0 1 2 3 N/A									
	> > 2 BP measurements (seated and standing)	0 1 2 3 N/A									
	> BP in contralateral arm (first visit)	0 1 2 3 N/A									
	> Examination of the following body parts in patient's medical record: Fundi, neck, heart. Lungs, abdomen and extremities (first visit)	0 1 2 3 N/A									

* Hypertension is based on the average of ≥ 2 readings taken at each of \geq visits after an initial screening.

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.4	The necessary diagnostic tests (laboratory and radiology) are performed on time to determine the diagnosis.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.4.1	Diagnostic tests/procedures. Order and record the following tests/procedures during first visit: > CBC	0 1 2 3 N/A									
	> Urinalysis	0 1 2 3 N/A									
	> Electrocardiogram	0 1 2 3 N/A									
	> Other optional tests with justification (according to CGs)	0 1 2 3 N/A									
B.3.4.2	Diagnosis > Record hypertension in patient's chart in terms of stage and risk stratum (see CGS)	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.5	All preventive and treatment plans are based on appropriate diagnostic results.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.5.1	Preventive measures specifically relevant to hypertension data recorded in patient's chart indicate that:	0 1 2 3 N/A									
	> Hypertension is adequately controlled, if not, controlled reasons are documented										
	> Periodic check on patient's adherence to lifestyle modifications	0 1 2 3 N/A									
	> Periodic check on end-organ functions (heart, kidney, CNS, etc.)	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.5	All preventive and treatment plans are based on appropriate diagnostic results.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.5.2	Preventive measures relevant to syndrome X (type II diabetes + hypertension + dyslipidemia + central obesity) The following measures are documented in patient's chart: > Adequate control of hypertension	0 1 2 3 N/A									
	> Pharmacologic treatment of dyslipidemia of LDL cholesterol is >130 mg/dl	0 1 2 3 N/A									
	> Lifestyle modifications with emphasis on weight reduction	0 1 2 3 N/A									
	> Aspirin therapy	0 1 2 3 N/A									
	> Annual dilated pupil fundoscopic examination for early detection and treatment of diabetic retinopathy	0 1 2 3 N/A									
	> Periodic testing for microalbuminuria and treatment with ACE inhibitors for early detection and prevention of diabetic nephropathy	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.6	The physician explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.6.1	<p>The patient's medical record shows that the following key educational messages were given to patient:</p> <ul style="list-style-type: none"> <li data-bbox="258 570 625 630">> Severity of disease (BP level, and-organ damage) <li data-bbox="258 651 625 760">> Chronic nature of the disease and need for patient and family involvement in its management <li data-bbox="258 781 625 857">> Possible adverse effects of prescribed medications <li data-bbox="258 878 625 922">> Lifestyle modifications 	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.3.6	The physician explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.6.2	<p>Follow-up</p> <p>> Follow-up visits are scheduled according to risk stratification. (most patients in stage 1 & 2, risk group A & B should be seen within 1-2 months after initiating therapy to determine adequacy of BP control, adherence to lifestyle modifications and occurrence of adverse effects of medications. Once BP is stabilized, follow-up at 3-6 month interval is generally appropriate)</p>	0 1 2 3 N/A									

B.3.7	Patients are appropriately referred.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.3.7.1	Appropriate referral to health educator/nurse, special classes or programs for further education, if needed.	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Diabetes

Observation Checklist

Facility Name: _____

Surveyor's Name: _____

Date: _____

Instructions: The purpose of this assessment is to review the quality of medical care provided to patients with diabetes. To conduct this assessment the surveyor should:

- > Check appointments to check appointment book and identify patients with diabetes scheduled to visit the clinic on that day and ask the facility to observe at least 3 of these patients.
- > If it is difficult to find enough cases of diabetes on that day, the surveyor should ask the facility to arrange for at least 3 patients with diabetes to visit the clinic for checkup.
- > Once in the examination room, and prior to the physical exam, the surveyors should inquire about nature of visit. If patient is new patient, surveyor should make sure that full history is taken, If it is a return visit, history should be updated.

B.4.1	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.4.1.1	History – Patient asked about:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> Personal, family, and past history	N/A									
	> Symptoms related to diabetes	0 1 2 3 N/A									
	> Symptoms of coexisting illness (hypertension, liver disease, heart disease)	0 1 2 3 N/A									
	> Frequency of acute complications (DKA, hypoglycemia)	0 1 2 3 N/A									
	> Full dietary history (habits, types, amount, times of main meals and snacks, weight changes)	0 1 2 3 N/A									
	> Current medications used for coexisting diseases (steroids, thiazdes, etc.)	0 1 2 3 N/A									
> Methods of glucose monitoring	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.4.1	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.4.1.2	Physical examination	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> Weight, height	N/A									
	> BMI (wt "kg"/ht ² "m ² ")	0 1 2 3 N/A									
	> Growth velocity	0 1 2 3 N/A									
	> HR	0 1 2 3 N/A									
	> Blood Pressure	0 1 2 3 N/A									
	> Palpate peripheral pulses	0 1 2 3 N/A									
	> Examine feet (deformities, cracking, brittle nails, infections, calluses, dryness, ulcers, oedema)	0 1 2 3 N/A									
	> Examine mouth, teeth, gum	0 1 2 3 N/A									
> Examine thyroid gland	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.4.2.2	Explain the following educational messages	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
	> Hypoglycemia (symptoms and treatments, prevention)	0 1 2 3 N/A									
	> KDA (symptoms, prevention, importance of hospitalization)	0 1 2 3 N/A									
	> Management and interment illnesses and acute stress	0 1 2 3 N/A									
	> Long term complications and how they can be prevented or at least delayed with good glycemic control	0 1 2 3 N/A									
	> Personal hygiene	0 1 2 3 N/A									
	> Foot care	0 1 2 3 N/A									
B.4.2.3	Referral of patients to educational sessions (nutritionist, diabetes nurse, if available)	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.4.2	The physician explains to all patients the diagnosis and treatment and any follow-up steps using clear and simple language. The physician ensures that patients understood the message through feedback.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.4.2.1	Patient education Methodology > Use simple clear language > Periodically check if patient understands instructions > Ask patient if he/she has any questions	0 1 2 3 N/A									
B.4.2.2	Explain the following educational messages > Basic patho-physiology of diabetes > Nutrition (caloric requirements, exchange system, main meals and snacks, constitution of food) > Drugs (oral hypoglycemics or insulin) > Exercise (proper way and timing, precautions) > Monitoring (SBGM, Ketonuria)	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.4.2.2	Patient education	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	Methodology	N/A									
	> Use simple clear language										
B.4.2.2	> Periodically check if patient understands instructions	0 1 2 3 N/A									
	> Ask patient if he/she has any questions	0 1 2 3 N/A									
	Explain the following educational messages	0 1 2 3 N/A									
	> Basic patho-physiology of diabetes										
	> Nutrition (caloric requirements, exchange system, main meals and snacks, constitution of food)	0 1 2 3 N/A									
> Drugs (oral hypoglycemics or insulin)	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	
> Exercise (proper way and timing, precautions)	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	
> Monitoring (SBGM, Ketonuria)	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Record Review

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

B.4.3	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.4.3.1	History – patient asked about:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> Personal, family and past history	N/A									
	> Symptoms related to diabetes	0 1 2 3 N/A									
	> Symptoms of coexisting illness (hypertension, liver disease, heart disease)	0 1 2 3 N/A									
	> Frequency of acute complications (DKA, hypoglycemia)	0 1 2 3 N/A									
	> Full dietary history (habits, types, amount, times of main meals and snacks, weight changes)	0 1 2 3 N/A									
	> Current medications used for coexisting diseases (steroids, thiazdes, etc)	0 1 2 3 N/A									
> Methods of glucose monitoring	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.4.3	A comprehensive history and physical examination is performed for all patients.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.4.3.2	Physical examination:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> Weight, height, vital signs	N/A									
	> BMI (wt "kg"/Ht ² "m ² ") (first visit)	0 1 2 3 N/A									
	> Growth velocity (first visit)	0 1 2 3 N/A									
	> HR (first visit)	0 1 2 3 N/A									
	> Fundus examination (every year)	0 1 2 3 N/A									
	> Blood pressure (recumbant and standing)	0 1 2 3 N/A									
	> Palpate peripheral pulses	0 1 2 3 N/A									
	> Examine feet (deformities, cracking, brittle nails, infections, calluses, dryness, ulcers, oedema)	0 1 2 3 N/A									
	> Examine mouth, teeth, gum	0 1 2 3 N/A									
> Examine thyroid gland. Thyroid profile (every year)	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	
> Hb Alc (3-6 months)	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.4.3.2	Physical examination	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
	> Creatinine – uric (6 months)	0 1 2 3 N/A									
	> Microproteinuria (every year)	0 1 2 3 N/A									
	> HDL – LDL – TG – T Cholesterol (1-2 years)	0 1 2 3 N/A									
	> Examine skin (dermopathy, infections, sites of insulin injections)	0 1 2 3 N/A									
	> Examine joints for IM	0 1 2 3 N/A									
	Local examination	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> Chest and heart	N/A									
	> Abdomen (liver, spleen, lion)										
	Neurological examination										
	↑ Vibration sense, glove and stocking hyposthesia, ankle jerks										

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.4.4	The necessary diagnostic tests (laboratory and radiology) are performed on time to determine the diagnosis.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.4.4.1	Diagnostic tests/procedures. Order and record the following tests/procedures during first visit:	0 1 2 3 N/A									
	> Fasting Plasma Glucose (FPG)and/or 2H PPPG and/or OGTT										
	> Urine Glucose	0 1 2 3 N/A									
	> Hb Alc (3-6 months)	0 1 2 3 N/A									
	> Microproteinuria every year after 5 years of diabetes	0 1 2 3 N/A									
	> BUN and serum creatinine	0 1 2 3 N/A									
	> Thyroid profile (every year)	0 1 2 3 N/A									
	> Teeth examination (every year)	0 1 2 3 N/A									
	> Fundus examination (every year after five years of diabetes)	0 1 2 3 N/A									
	> Lipid profile (LDL, HDL, Cholesterol and TG) every 1-2 years	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.4.4	The necessary diagnostic tests (laboratory and radiology) are performed on time to determine the diagnosis.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.4.4.2	Diagnosis > Record diabetes in patient's chart and complications, if present	0 1 2 3 N/A									

B.4.5	All preventive and treatment plans are based on appropriate diagnostic results.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.4.5.1	Appropriate drug prescription, according to CGs	0 1 2 3 N/A									

B.4.6	Patients are appropriately referred.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.4.6.1	Appropriate referral to health educator/nurse, special classes or programs for further education, if needed	0 1 2 3 N/A									
B.4.6.2	Appropriate referral for the following tests is documented in the record, if needed: > Hb Alc > Micoproteinuria every year after 5 years of diabetes > BUN and serum creatinine > Thyroid profile > Lipid profile (LDL, HDL, Cholesterol, and TG) > Fundus examination every year after five years of diabetes	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

IMCI

Observation Checklist

Facility Name: _____

Surveyor's Name: _____

Date: _____

B.5.1	A comprehensive history and physical examination is performed for all sick children according to age of child.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.5.1.1	Child is assessed for ALL five dangerous signs	0 1 2 3 N/A									
B.5.1.2	Child is checked for:	0 1 2 3 N/A									
	> Cough (count breathing, assess chest indrawing, stridor, wheeze)	0 1 2 3 N/A									
	> Diarrhea (assess duration, dehydration)	0 1 2 3 N/A									
	> Sore throat	0 1 2 3 N/A									
	> Ear infection	0 1 2 3 N/A									
	> fever	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.5.1	A comprehensive history and physical examination is performed for all sick children according to age of child.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.5.1.3	> Child's weight assessed against growth monitor	0 1 2 3 N/A									
	> Child is assessed for anemia (palmer pallor and mucous membrane pallor)	0 1 2 3 N/A									
B.5.1.4	Child under 2 months assessed for feeding	0 1 2 3 N/A									
B.5.1.5	> Child's vaccination status checked according to MOHP immunization schedule	0 1 2 3 N/A									
	> Vitamin A supplementation status checked	0 1 2 3 N/A									
B.5.1.6	Children below 2 months of age assessed for the following:	0 1 2 3 N/A									
	> Possible bacterial infections										
	> Jaundice	0 1 2 3 N/A									
	> Diarrhea	0 1 2 3 N/A									
	> Feeding problems and low weight	0 1 2 3 N/A									
	> Vaccination status (BCG before age 3 months)	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.5.2	The providers explain to mothers the classification and treatment and any follow-up steps using clear and simple language.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.5.2.1	The provider uses clear and simple language	0 1 2 3 N/A									
	> Referral is explained, if applicable										
	> Feeding problems according to age	0 1 2 3 N/A									
	> Use of antibiotics and ORS	0 1 2 3 N/A									
	> Vaccination and when to come back	0 1 2 3 N/A									
B.5.2.2	The provider uses mother's cards, follow-up cards, and referral notes for education	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Record Review

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

B.5.3	A comprehensive history and physical examination is performed for all sick children according to age of child.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.5.3.1	Child is assessed for ALL five dangerous signs	0 1 2 3 N/A									
B.5.3.2	Child is checked for:	0 1 2 3 N/A									
	> Cough (count breathing, assess chest indrawing, stridor, wheeze)	0 1 2 3 N/A									
	> Diarrhea (assess duration, dehydration)	0 1 2 3 N/A									
	> Sore throat	0 1 2 3 N/A									
	> Ear infection	0 1 2 3 N/A									
	> fever	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.5.3	A comprehensive history and physical examination is performed for all sick children according to age of child.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.5.3.3	> Child's weight assessed against growth monitor	0 1 2 3 N/A									
	> Child is assessed for anemia (palmer pallor and mucous membrane pallor)	0 1 2 3 N/A									
B.5.3.4	> Child under 2 months assessed for feeding	0 1 2 3 N/A									
B.5.3.5	> Child's vaccination status checked according to MOHP immunization schedule	0 1 2 3 N/A									
	> Vitamin A supplementation status checked	0 1 2 3 N/A									
B.5.3.6	Children below 2 months of age assessed for the following:	0 1 2 3 N/A									
	> Possible bacterial infections										
	> Jaundice	0 1 2 3 N/A									
	> Diarrhea	0 1 2 3 N/A									
	> Feeding problems and low weight	0 1 2 3 N/A									
> Vaccination status (BCG before age 3 months)	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.5.4	Cases requiring diagnostic tests are appropriately referred according to IMCI guidelines, when needed.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.5.4.1	Referrals for diagnostic tests are requested in the following cases: > Cough for 30 days or more	0 1 2 3 N/A									
	> Persistent diarrhea with dehydration for 14 days or more	0 1 2 3 N/A									
	> Chronic ear infection	0 1 2 3 N/A									
	> Ear problems without ear infections	0 1 2 3 N/A									
	> Fever for 5 days or more	0 1 2 3 N/A									

B.5.5	The facility provides appropriate prevention and treatment to all sick children according to IMCI guidelines	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.5.5.1	> Antibiotic is correctly given to children	0 1 2 3 N/A									
	> Appropriate treatment is given according to case	0 1 2 3 N/A									
B.5.5.2	> Child is given all vaccination, if needed	0 1 2 3 N/A									

B.5.6	Children appropriately referred, when needed, according to guidelines.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Immunization

Observation Checklist

Facility Name: _____

Surveyor's Name: _____

Date: _____

Instructions: Standard B.6.1 should be assessed if an immunization session is taking place during the time of the survey. If immunization is NOT taking place during the time of the survey, surveyor should skip this section.

B.6.1	Vaccination procedures are appropriately administered to all children according to MOHP guidelines.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.6.1.1	Provider washes hands or changes disposable gloves after each child	0 1 2 3 N/A									
B.6.1.2	Provider checks timetable	0 1 2 3 N/A									
B.6.1.3	Provider gives correct dose	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.6.1	Vaccination procedures are appropriately administered to all children according to MOHP guidelines.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.6.1.4	> Appropriate method of vaccination > Position of child	0 1 2 3 N/A									
B.6.1.5	Provider uses different syringes for different vaccines, even for same child	0 1 2 3 N/A									
B.6.1.6	> Provider uses needle "safety box" to dispose needles > Proper handling of needles	0 1 2 3 N/A									

B.6.2	Provider provides right health messages and inform mother about follow-up or next visit.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
		0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Family Planning

Observation Checklist

Facility Name: _____

Surveyor's Name: _____

Date: _____

Instructions: Observation in Family Planning focuses only on counseling sessions. Observation of physical examination and method insertion/removal should only be conducted upon client's approval. If patient does not approve observation, skip standards B.7.1 and B.7.2 and start assessing counseling and IEC with standards B.7.3

B.7.1	A comprehensive history and physical examination is performed for all new women.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.7.1.1	History:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> History of method	N/A									
	> Menstrual history	0 1 2 3 N/A									
	> Obstetric history	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.7.1	A comprehensive history and physical examination is performed for all new women.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.7.1.2	Physical examination:	0 1 2 3 N/A									
	> General condition/nutritional status	N/A									
	> Blood pressure	0 1 2 3 N/A									
	> Breast examination	0 1 2 3 N/A									
	> Abdominal examination	0 1 2 3 N/A									
	> Pelvic examination	0 1 2 3 N/A									

B.7.2	Insertion and removal of method is appropriately performed according to guidelines.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.7.2.1	Proper techniques are used according to guidelines	0 1 2 3 N/A									
B.7.2.2	Infection control standards are applied	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.7.3	The facility has a good IEC system.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.7.3.1	Provider explains to client about the FP methods and follow-up steps using clear and simple language.	0 1 2 3 N/A									
	> Client is informed about different methods										
	> Mode of action explained	0 1 2 3 N/A									
	> Side effects	0 1 2 3 N/A									
	> How to use method	0 1 2 3 N/A									
	> Cost of method	0 1 2 3 N/A									
	> Proper counseling is given to clients who want to stop or change method	0 1 2 3 N/A									
> Date and time of follow-up visits are clearly explained to client.	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	
B.7.3.2	The facility has adequate IEC materials:	0 1 2 3 N/A									
	> Posters										
	> Pamphlets	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.7.3	The facility has a good IEC system.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.7.3.2	The facility has adequate IEC materials:	0 1 2 3 N/A									
	> Story boards										
	> Samples of materials	0 1 2 3 N/A									
B.7.3.3	The facility ensures the privacy of the FP session	0 1 2 3 N/A									

B.7.4	The client decided on the appropriate methos.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
		0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

Record Review

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

B.7.5	A comprehensive history and physical examination is performed for all new women.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.7.5.1	History:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
	> History of method	N/A									
	> Menstrual history	0 1 2 3 N/A									
	> Obstetric history	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.7.5	A comprehensive history and physical examination is performed for all new women.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.7.5.2	Physical examination:	0 1 2 3 N/A									
	> General condition/nutritional status	N/A									
	> Blood pressure	0 1 2 3 N/A									
	> Breast examination	0 1 2 3 N/A									
	> Abdominal examination	0 1 2 3 N/A									
	> Pelvic examination	0 1 2 3 N/A									
> Weight	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

B.7.6	The necessary diagnostic tests are performed on time.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.7.6.1	Diagnostic tests procedures:	0 1 2 3 N/A									
	> Blood analysis: ABO, RH, Full Blood Picture, RBS	N/A									
	> Pregnancy test	0 1 2 3 N/A									
	> Complete urine analysis	0 1 2 3 N/A									
	> Ultrasound according to CGs	0 1 2 3 N/A									
> Papsmear according to CGs	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	0 1 2 3 N/A	

B.7.7	All treatments are appropriate according to guidelines.	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
B.7.7.1	> The method used is suitable for client (no contraindications)	0 1 2 3 N/A									
	> If method is changed, reasons are documented clearly.	0 1 2 3 N/A									
B.7.7.2	Women are appropriately treated for infections and bleeding, if needed	0 1 2 3 N/A									

* Scoring: 0=Not met, 1=Unacceptable (partially met), 2=Acceptable (partially met), 3=Fully Met

C. Safety

Environmental Safety

Observation Checklist

Facility Name: _____

Surveyor's Name: _____

Date: _____

Instructions: To complete this section of the assessment, the surveyor should arrange with the Director for a “walk through” the facility. The purpose of the tour is to conduct thorough observation key standards of safety. Make sure to walk through the facility with an assigned staff member from the facility who can assess all areas in the facility and who may be able to answer some questions, if needed. The surveyor should walk through walkways, waiting areas, staircases, and examination room(s), radiology and laboratory departments and observe the following:

C.1.1	The facility has a physical environment that is safe to patients, employees and clients.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.1.1.1	Sturdy, non-broken furniture					
C.1.1.2	Secure electric sockets: no electric wires exposed from walls or machines					
C.1.1.3	"No-smoking" signs clearly placed and visible in all public areas, walkways, examination rooms, etc.					
C.1.1.4	"No-smoking" policy enforced. No one is seen smoking during the visit.					
C.1.1.5	Fire extinguishers properly located in visible and accessible places throughout the facility					
C.1.1.6	Fire extinguishers are checked every three months: Select 40% of extinguishers and check dates of last fuel recharge					
C.1.1.7	Clearly marked exits					
C.1.1.8	Security personnel available at each exit					
C.1.1.9	An alarm system installed throughout the facility					
C.1.1.10	Locks available on all main doors					
C.1.1.11	Floors are covered with non-slippery tiles					
C.1.1.12	All stairways are supported by rails					
C.1.1.13	There are no broken stairs in the stairways					

C.1.2	The facility structure/building and its surrounding grounds are suitable for services provided to patients.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.1.2.1	Building is decently painted from the outside					
C.1.2.2	Absence of rubbish trash, debris, and waste materials around the building					
C.1.2.3	There are no broken windows in the facility					
C.1.2.4	All windows opening to the outside have screens that are appropriately used					
C.1.2.5	Waste disposal site properly covered, maintained and secured from animals and unauthorized persons					
C.1.2.6	Building has enough natural light, Stairways have adequate light					
C.1.2.7	Building has enough illumination from the inside and ventilation					
C.1.2.8	Waiting areas have adequate space and seats that meets the demand of the facility					
C.1.2.9	Windows and doors opening directly to outside streets and public grounds are properly closed and covered with curtains to ensure privacy					
C.1.2.10	Examination rooms have:					
	> Functional sink with running water and soap					
	> An examination bed with clean sheets					
	> A desk and a chair					
	> Supply cabinet					
	> Paravan					
	> Timers for counting breathing among children					
C.1.2.11	The facility has at least one functional telephone line					
C.1.2.12	The facility has an electric generator with enough power					
C.1.2.13	The facility can accommodate handicapped					
	> Entrance ramps which are clearly marked					
	> Elevators in multistoried buildings					
C.1.2.14	There is at least one wheel chair available at the main entrances of the facility (main reception, emergency room)					
C.1.2.15	Oral Rehydration Therapy (ORT) Corner					

C.1.2	The facility structure/building and its surrounding grounds are suitable for services provided to patients.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.1.2.16	Appropriate location for vaccination:					
	> Ground floor					
	> Separate room, if possible					
	> Separate entrance and waiting area					
C.1.2.17	Room has "tiled" walls					
	Vaccination room has:					
	> Sink					
	> Cooling box					
	> Ice packs					
	> Refrigerator away from direct sunlight					
C.1.2.18	> Refrigerator is 35 cm away from wall					
	> Thermometer					
	Family planning equipment:					
	> IUD insertion/removal instrument					
	> IUD insertion iodine cup					
> IUD insertion forceps						
> IUD insertion scissors						
> IUD insertion sound, uterine						

C.1.3	The facility has a preventive and corrective maintenance plan for the building and medical equipment.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.1.3.1	Running water in bathroom sinks and toilets at all times					
C.1.3.2	Functioning toilets					
C.1.3.3	Source of water connected to the main public pipes					
C.1.3.4	Functioning drainage in the laundry and bathrooms					
C.1.3.5	Medical equipemnt free of dust					
C.1.3.6	Functioning medical equipment (check at least 3 machines)					
C.1.2.7	Maintenance schedule attached to each medical equipment					

C.1.4	The facility has system for proper disposal of waste products including contaminated materials.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.1.4.1	Medical wastes are stored in resistant bags that are labeled with a differentiated color for the operating room, emergency room, and other floors					
C.1.4.2	Medical wastes are handled with gloves					
C.1.4.3	Separate box is used for needles. Box is made of materials that cannot be penetrated					
C.1.4.4	Used needles and sharp disposals are not recapped					
C.1.4.5	Box is sealed when its ¾ full					
C.1.4.6	Non-medical waste bags are disposed in a special waste container					
C.1.4.7	Non-medical waste bags are sealed before they are completely full*					
C.1.4.8	Non-medical waste bags are collected from containers at least once per 24 hours*					

* Surveyors who cannot observe this standard should ask questions in an interview.

Observation Checklist

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this assessment, surveyors should request from the administrator and/or appropriate person the following documents for review:

- > Written No Smoking policy
- > Schedule of security personnel
- > All maintenance schedules (electric, plumbing, medical, equipment, etc.)
- > Inventory list of all medical equipment
- > Maintenance and waste disposal contracts
- > Training activities regarding (list of trained staff, training schedule, curriculum)

C.1.5	The facility has a physical environment that is safe to patients, employees and clients.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.1.5.1	Written "No Smoking" policy available					
C.1.5.2	Weekly schedule of security personnel covering different shifts during each 24 hour period					
C.1.5.3	Electric maintenance schedule. Schedule lists name of company and/or engineer and/or technician, date of last maintenance and schedule for future visit					
C.1.5.4	Documented policies for emergency fire plan is available					

C.1.6	The facility has preventive and corrective maintenance plan for the building and medical equipment.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.1.6.1	A contract, with a company or engineer, is available for maintaining all medical and non-medical equipment in the facility					
C.1.6.2	An inventory list of all medical equipment available at the facility with:					
	> Name of equipment and model					
	> Name of manufacturing company					
	> Date of manufacturing					
	> Maintenance schedule					
C.1.6.3	A maintenance schedule is attached to each piece of equipment (at least one visit every 3 months or according to frequency of use)					
C.1.6.4	List of staff trained in use of medical equipment. Staff working on medical equipment are trained in the use of their machines; to verify their attendance of the training ask for certificates or any document (e.g., EG, U/S)					
C.1.6.5	A schedule for preventive maintenance visits for the building. At least one visit every 6 months to verify operation of water, ventilation and discharge of waste water.					
C.1.6.6	<p>Verification of Implementation:</p> <p>Assess a complete cycle of a maintenance problem. Identify a problem with one of the medical equipment that took place lately. Review the process by which a problem has been identified by staff. Assess the following:</p> <ul style="list-style-type: none"> > Process by which notification has made > Action taken by individuals in charge to solve the problem > Timelines of response > Demonstrated evidence that equipment was checked and fixed properly and on time 					

C.1.7	The facility has a system for proper disposal of waste products including contaminated materials	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.1.7.1	Written agreement with a designated disposal site that meets government rules and regulations for incineration of medical waste					
C.1.7.2	Written procedure for safe handling of medical and laboratory wastes within the facility and during transportation from the facility to the collectors, e.g. wear gloves, covered containers, etc.					
C.1.7.3	An appropriate waste disposal schedule according to the type and volume waste materials					

C.1.8	The facility has safe running water at all times	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.1.8.1	Results of the last three water cultures and analysis. Water cultures are made on monthly basis, chemical analysis every 3 months					

Clinical Safety

1. Sterilization

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this section of the assessment, the surveyor should arrange with the Director for a “walk through” the sterilization room, laboratory, vaccination/woman clinic, and procedure room. The purpose of the tour is to conduct thorough observation of key standards of safety as it relates to sterilization techniques. The surveyor should assess the following:

C.2.1.1	There is a system for sterilization techniques that is well communicated to all staff and enforced.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.2.1.1.1	A separate sterilization room is available					
C.2.1.1.2	Autoclave and/or one oven available in sterilization room					
C.2.1.1.3	Expiry dates of sterile materials valid					
C.2.1.1.4	Adequate supply of disposable gloves is available (3 months)					
C.2.1.1.5	Adequate supply of right antiseptic is available (3 months)					
C.2.1.1.6	A sufficient number of sterilization drums of different sizes are available for cotton, gauze, dressings, and gloves					
C.2.1.1.7	Sterile materials stored in two separate drums, one for plastic materials and one for dressing					
C.2.1.1.8	Sterile equipment used once per patient (select a procedure to observe) Observe at least 3 patients					
C.2.1.1.9	Staff use of disposable gloves in laboratory					
	Staff use disposable gloves while giving vaccination or specimen collection					
	Staff use disposable gloves in family planning units (observe at least 3 patients)					
	Dentists use disposable gloves					
C.2.1.1.10	Procedure room, equipment and supplies are cleaned after each patient (observe at least 3 patients) (clean furniture and floor with disinfectant)					

C.2.1.1	There is a system for sterilization techniques that is well communicated to all staff and enforced.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.2.1.1.11	Written sterilization standards, policies, and procedures available > These policies take into consideration different methodologies of sterilization for different materials used, e.g. glass, clothes, and solutions, use of sterile tape					
C.2.1.1.12	Training materials, training schedule, and list of staff trained in sterilization techniques					

2. Infection Control

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this section of the assessment, surveyors should request from the administrator and/or appropriate person the following documents for review:

- > Infection control (IC) policies and procedures manuals
- > Infection control reports
- > Training materials and schedule
- > List of staff trained in IC

C.2.21	There is a system for sterilization techniques that is well communicated to all staff and enforced.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.2.2.1.1	The facility has written IC policies and procedures which include the following:					
	> IC surveillance and data collection					
	> Patient related procedures (IV insertion, Foley catheterization, etc.)					
	> Policies for periodic testing of all designated staff, who are in direct contact with patients					
	> IC policies for housekeeping methods					
	> IC policies for laundry methods					
	> IC policies for medical wastes and waste management methods					
	> IC policies for sterilization methods					
	> IC policies for the ventilation system					
	> IC policies for the laboratory					
	> IC policies for the patient ward					
> Procedure room, equipment and supplies are cleaned after each patient (observe at least 3 patients) (clean furniture and floor with disinfectant)						

C.2.21	The facility has a coordinated system to reduce the risks of endemic and epidemic nosocomial infections in patients and health care workers by using IC process that is based on sound epidemiological principles and IC research	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.2.2.1.2	The facility has an assigned infection control officer and/or infection control doctor					
C.2.2.1.3	There is a written job description of the infection control officer and/or infection control doctor					
C.2.2.1.4	Documented Training activities, training plan, and schedule of the infection control officer and other staff					
C.2.2.1.5	The facility has special forms used for reporting communicable diseases					
C.2.2.1.6	Review records of cultures taken from the OR, delivery room, kitchen, patient rooms, nurseries, and ICU. Verify that cultures were performed					
C.2.2.1.7	Review IC reports, check for: <ul style="list-style-type: none"> > Frequency of reporting (at least one IC report should be available every 2 months) > Dates of the last 3 reports 					
C.2.2.1.8	Select records of at least 3 post surgical patients (if operation was done at the center) Check for: <ul style="list-style-type: none"> > Follow-up visits 					
	<ul style="list-style-type: none"> > The assessment for nosocomial infection by checking wound status 					
	<ul style="list-style-type: none"> > Related lab results 					
C.2.2.1.9	Minutes and records of the IC committee or QI committee where reported infections, causes, and possible solutions are discussed					

C.2.21	The facility has a coordinated system to reduce the risks of endemic and epidemic nosocomial infections in patients and health care workers by using IC process that is based on sound epidemiological principles and IC research	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.2.2.1.10	<p>Verification of Implementation:</p> <p>Review a complete IC process at the facility. Select at least two reports of identified nosocomial infections and assess the process of further investigation, and action taken to solve the problem. The purpose of this assessment is to have demonstrated evidence that appropriate and timely action was taken:</p> <ul style="list-style-type: none"> > Select a sample of reported nosocomial cases. Select at least one surgical nosocomial case. > Review recorded data. It should identify: <ul style="list-style-type: none"> î Names of patients î Culture site î Organism î Sensitivity î Number of colonies > Review the process taken to determine causes of infection and action taken to solve the problem > Check the timelines of action taken > Minutes and records of the IC committee or QI committee where reported infections are discussed, causes, and possible solutions > Check medical record of these patients to check on follow-up visits to assess the infection. Assess action taken by individuals in charge to solve the problem 					

3. Employee Health Program

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: This section of the survey assesses the facility's program on employees' health. To conduct this assessment, ask the human resource office or the administrator to provide you with the employment files and pre-employment medical records of at least:

- > 5 physicians
- > 5 nurses
- > 3 food handlers
- > 3 blood bank, hermatology, and/or serology staff
- > 3 staff members with needle pricks
- > 3 tuberculin contacts, if available

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.2.3.1	The facility has policies and procedures for dealing with occupational hazards. Policies should specify handling of infectious diseases and injuries.					
C.2.3.2	The facility has an employee health program that routinely monitors the health of its employees, especially those who are at risk of infections, to ensure their safety and the safety of patients they are in contact with.					
C.2.3.2.1	Each new hire (who might have contact with patients) has complete pre-employment medical record: TB Test, Hepatitis Prifile (check records of at least five new hires)					
	Staff 1					
	Staff 2					
	Staff 3					
	Staff 4					
	Staff 5					

C.2.3.2	The facility has an employee health program that routinely monitors the health of its employees, especially those who are at risk of infections, to ensure their safety and the safety of patients they are in contact with.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.2.3.2.2	Select five physicians and five nurses and check for updated documentation of the following test: <ul style="list-style-type: none"> > Chest X-ray for TB (positive converters are undergoing treatment) > Hepatitis profile: HbsAg. (positive HbsAg perform SGOT) Physician 1 Physician 2 Physician 3 Physician 4 Physician 5 Nurse 1 Nurse 2 Nurse 3 Nurse 4 Nurse 5					
C.2.3.2.3	Select three food handlers. Check for updated documentation of the following tests: <ul style="list-style-type: none"> > Stool microscopy and culture (twice per year) > Annual tuberculin skin test > Annual physical examination, especially skin > Annual nose and throat culture Staff 1 Staff 2 Staff 3					
C.2.3.2.4	Select three staff members from blood bank, hematology, and serology. Check for updated documentation on the following tests: <ul style="list-style-type: none"> > Hepatitis profile, twice per year > Tetanus immunization > Rubella screening and immunization for female staff Staff 1 Staff 2 Staff 3					

C.2.3.2	The facility has an employee health program that routinely monitors the health of its employees, especially those who are at risk of infections, to ensure their safety and the safety of patients they are in contact with.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
C.2.3.2.5	<p>Select three staff members who have had needle pricks in the last year. Review records of staff and check if the following tests are appropriately followed and monitored:</p> <ul style="list-style-type: none"> > Hepatitis profile on stuck person documented > HbsAg negative patients are given Hepatitis B Immune globulin within 7 days of exposure > Hepatitis profile is repeated after one month? <p>Staff 1</p>					
	Staff 2					
	Staff 3					
C.2.3.2.6	Select three laboratory technicians. Check for updated records on their immunization status (according to standards)					
C.2.3.2.7	<p>Select three radiation technicians. Review records of staff to determine results of radiation detection</p> <p>Staff 1</p>					
	Staff 2					
	Staff 3					

D. Support Services

1. Pharmacy

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.1.1	The facility dispenses drugs in appropriate packaging that includes a label with the name of drug and written instructions about it.					
	Bags/containers					
	> Label with name of patient					
	> Label with name of drug					
	> Label with written instructions for use					
D.1.2	The facility dispenses appropriate supply of drugs for chronic and acute illnesses. Count of contents (up to 3 months supply for supply chronic conditions, and appropriate period for acute conditions according to CGs)					
D.1.3	The facility receives appropriate verbal instructions on the use of drugs (observe at least five patients)					
	Patient 1					
	Patient 2					
	Patient 3					
	Patient 4					
	Patient 5					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.1.4	The facility adopts a Basic Drug List (BDL) (Obtain and review a copy of the bDL. Note the nomenclature used and date):					
	> The bDL is adopted and listed by generic name.					
	> The BDL includes Family Planning contraceptives					
	> The BDL includes Reproductive Tract Infection drugs					
	> The BDL is known and used by all physicians					
	> The bDL is current within the last year					
	> A copy of BDL is present and in plain view in each exam room					
D.1.5	The facility has adequate supply of drugs (3 months) including IMCI drugs, FP contraceptives, and vaccines (at least for one setting)					
	> Check IMCI list of drugs. (essential oral treatment, injectable drugs for referral)					
	> Check list of FP contraceptives commodities (oral, IUDs, Foaming Tablets, Condoms, Injectables, sterile disposable syringes) for 3 months					
	> Check vaccines according to MOHP guidelines					
D.1.6	Drugs in the facility have valid shelf-life at all times (select randomly 5 drugs on shelf and for each note: drug names(generic) on BDL, and current expiry date)					
D.1.7	Drugs are appropriately prescribed according to CGs					
	There is no discrepancy between prescription and drugs given:					
	> Select a sample of 10 patients (4 chronic and 6 acute)					
	> Check prescriptions given by doctor					
	> Check log by pharmacist					
	> Compare the two					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.1.8	The facility has an adequate system to store and dispense drugs					
D.1.8.1	Inspect designated area to store and dispense drugs. Note:					
	> Area has sufficient space					
	> Area is not too hot or cold					
	> No direct sunlight on area					
	> Area has a working refrigerator with a freezer compartment					
	> There is a lock on the door					
D.1.8.2	Inspect vaccines' storage according to guidelines:					
	> Vaccines are properly arranged in refrigerator					
	> Appropriate temperature (2-8 degrees) measured twice daily					
	> Refrigerator horizontal location					
	> Ice in freezer does not exceed 0.5 cm					
D.1.8.3	Ice box is properly used according to guidelines. (only applicable during immunization sessions)					
D.1.9	Expiry dates are clearly posted on each shelf					
D.1.10	Fire extinguishers appropriate for use in case of chemical related fire are available					
D.1.11	Fire extinguishers are easily accessible					

2. Laboratory

Facility Name: _____

Surveyor's Name: _____

Date: _____

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.2.1	The facility has written policies and procedures for laboratory services					
D.2.2	Laboratory staff by certified or licensed technicians. They should be specially trained in laboratory or otherwise qualified by training and experience.					
D.2.3	Laboratory's space, supplies and equipment are adequate for its function according MOHP policies.					
D.2.4	Quality control is maintained through periodic calibration of equipment and validation of test results					
D.2.5	Results of laboratory tests are given to physicians on time					
D.2.6	The laboratory has adequate supplies					
D.2.7	The laboratory is clean					
D.2.8	The laboratory has functioning equipment and machines					
D.2.9	Sterilization techniques are properly enforced in the laboratory					

3. Radiology

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: The purpose of this section is to assess the performance of the radiology department at the facility. The surveyors should ask to see the following:

- > Policies and procedures
- > Staff radiation files
- > Patient's waiting and change areas
- > Functioning equipment and supplies
- > Reporting of results

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.3.1	The facility has written (and current) radiology policy and procedures					
D.3.2	The radiology services are supervised by certified technicians, specially trained in radiology procedures and licensed, or otherwise qualified by training and experience					
D.3.3	Adequate space for department's functions, waiting areas, and changing area					
D.3.4	The radiology department has adequate supplies for its function					
D.3.5	The radiology department has adequate functioning equipment					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.3.6	Staff radiation exposure measured and monitored by film badges or other measures > Check records of staff radiation exposure. It should indicate that staff exposure is within the recommended limits					
D.3.7	Reporting of radiation results is performed in a timely manner					
D.3.8	The walls (floor is applicable) of the radiology room has appropriate lead insulation					
D.3.9	Duplicate copies of all reports are kept on file in the department or by the radiologist at another location					

4. Emergency Care

Facility Name: _____

Surveyor's Name: _____

Date: _____

Instructions: This section shall assess emergency services at the facility. The surveyor should ask for the following:

- > ER policies and procedures
- > Emergency care clinical protocols
- > Training schedules and lists of trainees
- > Assess ER supplies, medications, and equipment
- > Assess flow of patients
- > Assess referral procedures
- > Assess ambulance system and response time

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.4.1	Staff is adequately trained in the use of emergency equipment					
D.4.2	Emergency kits adequately stocked with appropriate medications and supplies					
D.4.3	Supplies are easily accessible					
D.4.4	A copy of a special emergency room BDL is present in each emergency room					
D.4.5	Staff is trained in regular cardio-respiratory resuscitation training					
D.4.6	The ER is staffed at all times: Qualified staff are present at all times (check ER schedule)					
D.4.7	Physicians on duty are assigned only to ER					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.4.8	<p>The facility has explicit norms and clinical practice guidelines to identify patients who urgently need care and to stabilize patients for referrals:</p> <ul style="list-style-type: none"> > CGs for the key life threatening and urgent cases > Referral guidelines 					
D.4.9	<p>Physicians are adequately trained in emergency care, especially in first aid, stabilization and referrals for patients to appropriate facilities:</p> <ul style="list-style-type: none"> > Check schedule and program for continuous education in emergency care > Check list of ER staff who have been trained in emergency care 					
D.4.10	The facility has access to an equipped ambulance, staffed with trained personnel to transport patients after stabilization to the referral facility					
D.4.11	An agreement with a facility for ambulance services is available					
D.4.12	Estimated time for ambulance services is within 20 minutes to final destination					
D.4.13	The ambulance is well equipped					
D.4.14	There is a telephone line or a paging system to contact the ambulance services					
D.4.15	<p>The ER is adequately equipped for emergency care.</p> <ul style="list-style-type: none"> > Nabilizers > Oxygen source 					

5. Housekeeping

Facility Name: _____

Surveyor's Name: _____

Date: _____

Instructions: This section applies to facilities with kitchens. Surveyors should skip this section if no dietary department or kitchen services are available. To complete this section of the assessment, the surveyor should arrange with the Director for a “walk through” the kitchen area, food storage area, and patient rooms and corridors. The purpose of the tour is to conduct thorough observation of key standards of safety as it relates to food handling. The surveyor should observe the following:

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.5.1	There is a system for housekeeping to ensure that facility is clean at all times.					
D.5.1.1	Adequate supplies for at least 3 months of cleaning materials and disinfectants (soap and chlorox)					
D.5.1.2	The facility is clean and dry and has no dust, trash, dirt, or spider webs on:					
	> Floors (and corners) in all rooms, corridors, and walkways					
	> Furniture					
	> Equipment					
	> Supplies					
	> Lighting fixtures					
	> Ceilings					
	> Walls					
	> Toilets and sinks					
	> Doors and windows					
	> Air conditioners					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.5.1.3	<p>Check cleaning schedule, observe housekeeping staff to check if they use appropriate cleaning methods:</p> <ul style="list-style-type: none"> > Dust and clean furniture > Wet mopping to clean floors > Clean corners of the room > Clean floor in strokes form from inside to outside 					
D.5.2	There is a system for housekeeping to ensure that facility is clean at all times.					
D.5.2.1	Written cleaning policies and procedures available, with specific policies for cleaning the facility and supplies					
D.5.2.2	Cleaning schedule is available					
D.5.2.3	Adequate supplies for at least one month					
D.5.2.4	Training materials are available					
D.5.2.5	Training schedule and list of trained staff available					
D.5.2.6	There is an adequate number of staff per shift					

6. Laundry

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.6.1	There is a standardized process for changing and cleaning of laundry					
D.6.1.1	Functioning full automatic washing machine					
D.6.1.2	Adequate supplies and washing detergents available					
D.6.1.3	Adequate supply of surgical clothing					
D.6.1.4	Contaminated linen separated from clean linen					
D.6.1.5	Appropriate handling of contaminated clothes, if available, separate bags labeled as "contaminated" for linen contaminated with infections, human secretor excretions or blood					

* If surveyor cannot observe this standard, should ask in an interview

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
D.6.2	There is a system for the laundry service.					
D.6.2.1	Written laundry policies and procedures available, with specific policies for cleaning contaminated linen.					
D.6.2.2	Laundry schedule available					
D.6.2.3	Training schedule for laundry staff and list of trained staff available					

7. Kitchen

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: This section applies to facilities with kitchens. Surveyors should skip this section if no dietary department or kitchen services are available. To complete this section of the assessment, the surveyor should arrange with the Director for a “walk through” the kitchen area, food storage area, and patient rooms and corridors. The purpose of the tour is to conduct thorough observation of key standards of safety as it relates to food handling. The surveyor should observe the following:

		Not Met	Unacceptable Partially Met	Acceptable Partially Met	Fully Met	NA
		0	1	2	3	
D.7.1	There is a food handling system to ensure that diet is provided safely and properly to patients.					
D.7.1.1	Running hot water available in the kitchen					
D.7.1.2	Valid expiry dates of canned food					
D.7.1.3	Kitchen floor, walls, sink, utensils, oven are clean. No food debris is present					
D.7.1.4	There are screens on all kitchen windows					
D.7.1.5	Utensils have no rust					

		Not Met	Unacceptable Partially Met	Acceptable Partially Met	Fully Met	NA
		0	1	2	3	
D.7.2	There is a food handling system to ensure that diet is provided safely and properly to patient.					
D.7.2.1	Records for the last three stool analysis for kitchen employees. The records should show the results of the analysis					
D.7.2.2	Written policy for the management of those with positive cultures					
D.7.2.3	Written policy for the management of the kitchen					
D.7.2.4	Written policies and procedures for food safety					
D.7.2.5	Training materials and schedule for kitchen staff					

E. Management of Information

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

<p>Instructions: To complete this assessment, the surveyor should ask for:</p> <ul style="list-style-type: none"> > Facility policies and procedures on medical records > Sample of reports, logs, encounter forms, etc. > Minutes from the Medical Record Committee meetings, if available > Reports of the Medical Record Committee reviews
--

E.1	The facility has a system to maintain the accuracy and validity of data and reporting.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
E.1.1	Data are recorded accurately and validly > Pull the records (daily log/printouts, encounter forms, ledger books, etc.) for 10 patients who have had medical encounter in the last six months. Trace the data recorded on each record to determine whether data are recorded accurately, validly, and consistently in each system. Follow up on any inconsistencies.					
E.1.2	There is a system or mechanism for routinely verifying reported data > Ask person responsible for data processing, what audit mechanisms exist and how frequently data are verified					
E.1.3	Information system (whether manual or automated) generates useful information reports on a timely basis > Determine content, frequency, and use of routine reports					

E.1	The facility has a system to maintain the accuracy and validity of data.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
E.1.4	The facility maintains accurate and valid immunization reports according to MOHP policies:					
	> Immunization session registers					
	> Immunization and birth registers					
	> Defaulter registers					
	> Refrigerator's temperatures register					
	> Monthly immunization register					
	> Vaccination manual					

E.2	The facility has complete and accurate medical records.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
E.2.1	The design of the record is adequate for recording data for continuing patient care					
E.2.2	All entries in chart are signed, dated, and when necessary authenticated					
E.2.3	Signed patient consent form attached to chart, if applicable					
E.2.4	Relevant history findings are recorded in the file					
E.2.5	Findings of physical exam are recorded in the file					
E.2.6	Diagnosis is recorded in the file					
E.2.7	Treatment plans and changes in treatment plans are documented and justified in the record					
E.2.8	Any hospitalization or referral to specialist is documented (with justification) in patient's chart					
E.2.9	Patient's chart contains copy of the referral slip, if applicable					

E.3	The facility has a system for reviewing medical records.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
E.3.1	The facility has a medical record committee (ask to see the list of names)					
E.3.2	There is a job description/terms of reference for the medical record committee					
E.3.3	The committee reviews medical records routinely (at least once every 2 months)					

E.4	There is a system to ensure that patients records are strictly confidential.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
E.4.1	Written policies and procedures on confidentiality of medical records are available					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
E.5	<p>Verification of Implementation:</p> <p>The purpose of this assessment is to have demonstrated evidence that appropriate and timely action is taken to ensure that accuracy and completeness of the patient files:</p> <ul style="list-style-type: none"> > Review a complete medical record review process at the facility > Select a problem identified by the medical record review committee > Review the process taken to determine causes of problem and action taken to solve the problem > Check the timelines of action taken > Assess action taken by individuals/doctors in charge to solve the problem 					

F. Quality Improvement Program

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this assessment, the surveyor should ask to meet the director of the facility or any senior administrator assigned by the facility to respond to the survey questions. During the interview, the surveyor should ask to see many of the documents discussed to verify its availability and applicability. Prior to the meeting, surveyor should ask for the following documents:

- > QI policies and procedures manual
- > Job description for the QI coordinator
- > A QI plan
- > Minutes of QI team/committee meetings during the last 3 months
- > Report(s) on specific process improvement activities

F.1	The facility has a system to maintain the accuracy and validity of data and reporting.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
F.1.1	The facility has a committee or team assigned for improving the quality of care at the facility					
F.1.2	There is an assigned QI coordinator whose role is to conduct QI related work					
F.1.3	There is a job description for the QI coordinator					
F.1.4	The job description is well communicated to the QI coordinator					
F.1.5	The facility has an annual QI plan. Ask for a copy of the plan. Review the plan and check for: <ul style="list-style-type: none"> > Priorities for improvement > Implementation plan with timeframe > Assigned responsibilities for implementation including process improvement teams, committees, etc. > Operating budget included 					
F.1.6	The facility has QI policies and procedures					

F.1	The facility has a system to monitor and improve the quality of care.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
F.1.7	<p>The facility has a system to develop, adopt, and disseminate clinical practice guidelines for priority clinical areas and procedures provided at the facility:</p> <ul style="list-style-type: none"> > The facility has clinical practice guidelines for at least 80% of the cases > There is an implemented plan to disseminate guidelines to providers (trainings, workshops, etc.) 					
F.1.8	The facility provides training in QI to its staff					
F.1.9	The facility has routine peer review meetings, and/or case review meetings to discuss key cases and/or problems					
F.1.10	<p>The facility has a system to review the use of drugs and/or antibiotics:</p> <ul style="list-style-type: none"> > Drug/antibiotic committee available > Reports summarizing use of drugs > Action taken to improve drug prescribing 					
F.1.11	<p>Verification of Implementation: Review a complete QI process at the facility. Review two problems or areas for improvement identified by the facility in the last year and assess the process of further investigation, and action taken to solve the problem. The purpose of this assessment is to have demonstrated evidence that appropriate and timely action was taken:</p> <ul style="list-style-type: none"> > Select a problem or process improvement activity > Review the process taken to determine causes of problems and action taken to solve the problem > Check if a process improvement team was organized, whether the team was representative of those involved in the process > Was data collected to analyze the problem? > Check the timeliness of action taken > Minutes and records of the QI committee where result of the analysis were reported and possible solutions were discussed > Assess action taken by individuals in charge to solve the problem 					

G. Family Practice Model

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: This section assesses the implementation of the family practice model at the facility. The surveyor should assess the following:

- > Availability of a prevention program
- > Focus on continuity of care
- > Availability of a clear referral system

G.1	The facility has a prevention program.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
G.1.1	The facility has an effective dissemination program to educate its staff about disease and accident prevention, and screening for illnesses such as diabetes, hypertension, asthma, accidents among children, cancer, etc.					
G.1.2	The facility has effective communication to make its patients aware of what they can do to prevent and reduce illnesses, such as: <ul style="list-style-type: none"> > Educational sessions and materials on accident prevention among children > Counseling, educational sessions, and/or educational materials on diabetes > Counseling, educational sessions, and/or educational materials on hypertension > Counseling, educational sessions, and/or educational materials on cholesterol > Counseling, educational sessions, and/or educational materials on cancer 					

G.1	The facility has a prevention program.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
G.1.3	<p>The facility has a system to screen for diabetes among high risk groups (persons with family history of diabetes, obesity, history of gestational diabetes, history of macrosomia or obstetrical complications)</p> <ul style="list-style-type: none"> > Verify all activities performed to identify high risk groups > Verify all activities performed to follow-up with patients at high risk 					
G.1.4	The percentage of women who received their first prenatal care visit during the first three months of pregnancy					
G.1.5	The percentage of new mothers who received a check-up within eight weeks after delivery					
G.1.6	<p>There is a breast feeding educational program for pregnant women:</p> <ul style="list-style-type: none"> > Verify that educational sessions/ counseling in breast feeding are held > Verify the percentage of pregnant women or new mothers who received advice in breast feeding 					
G.1.7	<p>The facility has a program to follow-up on children under the age of two who have not received all their vaccinations</p> <ul style="list-style-type: none"> > Percentage of children under the age of two who received recommended immunizations to prevent childhood diseases 					
G.1.8	<p>The facility has a program to follow-up on patients with diabetes:</p> <ul style="list-style-type: none"> > Percentage of patients with diabetes who received, or referred, to receive an eye exam 					

G.2	Continuity of care is maintained in the facility.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
G.2.1	Arrangements with public health, educational, and social service organizations					
G.2.2	Patients are seen by the same family doctor over a certain period of time. Review patient records and check for signature of the same doctor					

G.3	The facility has a well-defined system for referrals.	Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
G.3.1	The facility has a written referral policy that is properly communicated to all providers					
G.3.2	Referral forms to hospital and specialists are available					
G.3.3	A list of referral facilities and/or specialists is available and known by physicians					
G.3.4	A list of patient education and counseling programs are available at the facility or a list is identified for referral					
G.3.5	Percentage of referred cases _____					
G.3.6	<p>There is a process for coordination for referral of patients to receive the right care.</p> <ul style="list-style-type: none"> > Review the complete referral process at the facility. Select three records of patients who were referred and assess referral process. The purpose of this assessment is to have demonstrated evidence that appropriate and timely referral was made > Select a sample of reported referral cases > Review patient records. It should include: <ul style="list-style-type: none"> ↑ Names of patients ↑ Diagnosis ↑ Name of facility and/or doctor to whom patient is referred ↑ Referral slip or report on results from the referred facility ↑ Follow-up care 					

H. Management of the Facility

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: This section assesses the implementation of the management of the facility. The surveyor should assess the following:

- > Availability of a clear planning process
- > Availability of a continuous education program
- > Availability of a system for human resources

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
H.1	The facility has a clear mission statement developed and agreed upon by staff.					
H.2	The facility has a systematic process for planning: <ul style="list-style-type: none"> > The management and medical staff work together to set priorities for planning > Key staff is involved in the planning process > A plan is available. It includes the following: <ul style="list-style-type: none"> ↑ Clear goals and objectives ↑ An implementation plan; specific activities and tasks for implementation ↑ Timetable for implementation ↑ Assigned responsibilities ↑ An annual budget 					
H.3	The facility has a clear organizational structure with clear lines of authority.					
H.4	A full time director is assigned to manage the facility. The director has a clear written job description. (ask to see job description)					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
H.5	The facility director has appropriate training in health management and participates in continuous education programs. <ul style="list-style-type: none"> > Management training > A list of all workshops/training attended by the director 					
H.6	A department head is assigned to each of the administrative and medical departments.					
H.7	There are written job descriptions for all positions in the facility. The job description is clearly communicated to all staff. <ul style="list-style-type: none"> > Review job descriptions for selected positions > Ask selected staff if they are aware of their job description 					
H.8	There is a clear system/process for coordination and communication between the director and the staff. (check for staff meetings, meeting minutes, bulletin board for announcements, etc.)					
H.9	The facility has a fair system to assess employee performance. <ul style="list-style-type: none"> > A performance evaluation instrument is available > Review performance evaluation for selected employees > Discuss performance with selected employees 					
H.10	The facility has adequate number and distribution of staff by specialty. Review: <ul style="list-style-type: none"> > Staff statistics > Selected staff qualifications, e.g., emergency room staff 					
H.11	The facility has a program to orient new staff to their work.					
H.12	The facility has a system for continuous education. Check for: <ul style="list-style-type: none"> > A plan for continuous education > Criteria for selecting participants > Training schedules > Minutes from meetings to discuss training needs > List of training participants > Interview selected staff 					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
H.13	<p>Staff is adequately trained in different key areas:</p> <ul style="list-style-type: none"> > At least 80% of providers trained in clinical practice guidelines > At least 60% of providers trained in IMCI > At least 60% of providers trained in Family Planning > At least 80% of staff trained in infection control > At least 80% of staff trained in interpersonal skills and client satisfaction 					

I. Interviews

1. Facility Director

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this assessment, the surveyor should ask to meet the director of the facility or any senior administrator assigned by the facility to respond to the survey questions. During the interview, the surveyor should ask to see many of the documents discussed to verify its availability and applicability. Prior to the meeting, surveyor should ask for the following documents:

- > Mission statement
- > Facility policies and procedures manual
- > Written referral policy
- > Annual implementation plan and budget
- > Facility organizational structure
- > Job descriptions for the director
- > Job descriptions for the department heads
- > Minutes of staff meetings during the last 3 months
- > Terms of reference for the facility governing board
- > List of performance measures monitored by the facility
- > Routine statistical reports routinely prepared and monitored by the administration

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.1.1	Does the facility have a clear written mission statement that reflects the facility's values? Was the mission statement communicated to all staff? (ask to see copy of the mission statement)					
I.1.2	Does the facility have strategic and/or annual implementation plan? Ask for a copy of the plan. Review the plan and check for: <ul style="list-style-type: none"> > Organizational objectives defined > Implementation plan with time frame > Assigned responsibilities for implementation > Operating budget included 					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.1.3	Does the facility have job descriptions for its staff? (ask to see a copy of job descriptions)					
I.1.4	The director involves senior management in the planning and decision making process and delegates authority and responsibilities to senior staff: > Determine whether or not senior staff interact with the director through regular meetings					
I.1.5	Are there routine staff meetings? If yes, how often? Ask to see copies of the minutes for the last three months					
I.1.6	How are major decisions communicated to staff? > Staff meetings > Bulletin boards > Newsletter > Letters					
I.1.7	Does the facility have a referral policy? (Ask to see a copy of referral policy) > Has the policy been communicated to all staff members? > Has the facility established agreements for referral with specific facilities?					
I.1.8	Does the facility have a system for continuous education? (ask to see the annual plan for continuous education)					
I.1.9	How does management stay aware of problems at the facility? > Regular meetings > other					
I.1.10	The facility has a Board of managers with appropriate size and composition for the facility					
I.1.11	Does the facility provide an orientation session for new hires where job descriptions and key policies and procedures are discussed					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.1.12	<p>Does the Board/Director receive information needed for decision making in a timely manner.</p> <ul style="list-style-type: none"> > Determine the frequency of routine reports > Determine whether the board/Director routinely receives financial reports, utilization reports, QI reports, and other reports > Determine what information the Board/Director receives to set and monitor facility goals and objectives (monthly MIS reports with specified indicators) 					
I.1.13	<p>There is a clear and appropriate understanding of duties and responsibilities of the board/Director and senior managers in the facility</p> <ul style="list-style-type: none"> > Determine board/director or senior management understanding of their duties and responsibilities > Determine if director have had any management training in the last two years 					
I.1.14	<p>Is there a process for establishing short and long term goals and measurable objectives?</p> <ul style="list-style-type: none"> > Ask the director to describe how goals and objectives were developed > Goals should be based on needs and evaluation of previous performance 					
I.1.15	<p>Is there a process for monitoring the achievement of goals and objectives? Is the information given to the Board and Director and senior managers and appropriate actions are taken as necessary</p> <ul style="list-style-type: none"> > Ask the director to describe the monitoring process to track facility goals and objectives > Review meeting minutes to see if they reflect the Board and senior management role in monitoring achievement of goals and objectives > Review any management information reports which are designated to monitor the achievement of goals and objectives 					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.1.16	<p>The organizational structure is appropriate for the size and complexity of the facility. Duties and responsibilities are clearly delineated and communicated</p> <ul style="list-style-type: none"> > Review organizational chart with director and ask about main duties and responsibilities and reporting relationships > Review job descriptions to see if they are consistent with the organizational chart 					
I.1.17	<p>The budgetary planning process involves the Board/Directorm, and senior management</p> <ul style="list-style-type: none"> > Have the director and/or senior management describe the process for developing the goals, objectives and budget > Review the minutes of meetings to see if they reflect the role of Board or senior management in the process 					

2. Physician

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this assessment, select 5 physicians from the facility and different issues related to safety, maintenance, training, etc.

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.2.1	Have you ever seen and discussed your job description? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.2	Have you participated in continuous education training related to your work in the past year? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.3	Have you seen the clinical guidelines used in this facility? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.2.4	Do you have a copy of the clinical guidelines manual? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.5	Have you participated in any workshop to discuss clinical guidelines in the last year? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.6	Have you ever seen the antibiotic policy of this facility? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.7	Do you have a copy of the antibiotic policy? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.8	Do you believe that the antibiotic policy is applicable and satisfactory to your work?					
I.2.9	Have you seen the Basic Drug List? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.2.10	Do you have a copy of the Basic Drug List? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.11	Do you believe that the Basic Drug List is satisfactory and meets the needs of the diseases you encounter in this facility?					
I.2.12	Do you believe that there is an established process for updating you about changes in the drug list? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.13	Are you aware of the referral policy of the facility? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.14	Do you have a list of all referral facilities? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.15	Is the referral policy satisfactory and meet the needs of the patients you encounter in this facility?					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.2.16	Would you say there is an established process, followed by all staff at the facility, to report problems with medical equipment, plumbing, electricity, etc.? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.17	Have delays in fixing medical equipment, plumbing, electricity, etc., ever delayed or stopped your work? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.18	Have you ever received training in the use of medical equipment you use in your work? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.19	Do you believe that physicians follow clinical guidelines and drug policy established by the facility? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.2.20	Have you experienced any delays in clinical procedures or surgeries due to lack of linen and appropriate clothing? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.21	Do you believe that you have enough time to give adequate patientcare including patient education? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.22	Are you aware of any regular meetings that take place in the facility where physicians discuss specific cases or problems with clinical performance? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.23	Have you ever participated in an infection control training workshop? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.2.24	Are you satisfied with the speed by which results of laboratory and radiology tests are reported to you? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.25	Have you ever seen sterilization policies and procedures in this facility? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					
I.2.26	In general, are you satisfied with your work as a physician in the facility? Physician 1					
	Physician 2					
	Physician 3					
	Physician 4					
	Physician 5					

3. Nurse

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this assessment, select 5 nurses from the facility and different issues related to safety, maintenance, training, etc.

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.3.1	Have you ever seen and discussed your job description? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.2	Have you participated in continuous education training related to your work in the past year? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.3	Have you seen the no-smoking policy in this facility? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.3.4	Schedule of security personnel available covering different shifts during 24 hours Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.5	Do you believe that the no-smoking policy is enforced in this facility? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.6	Have you been trained in the use of fire extinguishers? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.7	Would you say, there is an established process, followed by all staff at the facility, to report problems with medical equipment, plumbing, electricity, etc.? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.8	Have delays in fixing medical equipment, plumbing, electricity, etc., ever delayed or stopped your work? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.3.9	Have you ever received training in the use of the medical equipment you use in your work? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.10	Have you experienced shortages in running water that affected the work in the facility? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.11	Is it a normal procedure in this facility to use separate bags for contaminated linen? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.12	Have you experienced any delays in clinical procedures or surgeries due to lack of linen and appropriate clothing? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.13	Would you say that it is a normal procedure in this facility that used linen be changed on time daily? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.3.14	Would you say that it is a normal procedure in this facility that bed linen is changed after each patient? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.15	Have you ever participated in an infection control training workshop and/or IC activities in the facility? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.16	Have you ever received training in sterilization techniques? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.17	Have you ever seen sterilization policies and procedures in this facility? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					
I.3.18	Do you believe sterilization techniques are properly implemented by all staff and properly monitored by supervisors? Nurse 1					
	Nurse 2					
	Nurse 3					
	Nurse 4					
	Nurse 5					

4. Laundry

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this assessment, select 2 housekeeping staff members from the facility and ask them the following:

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.4.1	Has anyone ever discussed your job, roles and responsibilities with you? Staff 1					
	Staff 2					
I.4.2	Have you ever received training related to your work? Staff 1					
	Staff 2					
I.4.3	Do you believe there is enough staff to do the job? Staff 1					
	Staff 2					
I.4.4	Do you believe you have enough cleaning supplies to do your job well? (specify type of detergents if needed) Staff 1					
	Staff 2					
I.4.5	Have you been trained in the use of fire extinguishers? Staff 1					
	Staff 2					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.4.6	Have you experienced shortages in running water that affected the work in the facility? Staff 1					
	Staff 2					
I.4.7	Is it a normal procedure in this facility to use separate bags for contaminated linen? Staff 1					
	Staff 2					
I.4.8	Would you say that it is a normal procedure in this facility that bed linen is changed on time daily? Staff 1					
	Staff 2					
I.4.9	Would you say that it is a normal procedure in this facility that bed linen is changed after each patient? Staff 1					
	Staff 2					
I.4.10	Assess staff knowledge about laundry policies and procedures Staff 1					
	Staff 2					
I.4.11	Assess staff knowledge about cleaning and handling contaminated laundry (do you use gloves to carry contaminated linen? Do you transport contaminated linen by plastic bags? Do you use different procedures and detergents to clean contaminated linen that non-contaminated line?) Staff 1					
	Staff 2					

5. Housekeeping

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this assessment, select 2 housekeeping staff members from the facility and ask them the following:

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.5.1	Has anyone ever discussed your job, roles and responsibilities with you? Staff 1					
	Staff 2					
I.5.2	Have you ever received training related to your work? Staff 1					
	Staff 2					
I.5.3	Do you believe there is enough staff to do the job? Staff 1					
	Staff 2					
I.5.4	Do you believe you have enough cleaning supplies to do your job well? Staff 1					
	Staff 2					
I.5.5	Have you been trained in the use of contaminated spills? Staff 1					
	Staff 2					

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.5.6	Have you experienced shortages in running water that affected the work in the facility? Staff 1					
	Staff 2					
I.5.7	Assess staff knowledge about housekeeping policies and procedures)how often do you clean furniture e.g., beds, floors? Do you use dry or wet mopping? How often do you change the cleaning water?): Staff 1					
	Staff 2					
I.5.8	Assess staff knowledge about cleaning techniques and in handling contaminated spills, e.g. blood spots Staff 1					
	Staff 2					

6. Infection Control

Facility Name:	_____
Surveyor's Name:	_____
Date:	_____

Instructions: To complete this assessment, surveyors should request a meeting with the Infection Control Officer or IC Nurse, Chief of Medical staff and/or facility manager, and with one of those who receive the IC report in the facility.

		Not Met 0	Unacceptable Partially Met 1	Acceptable Partially Met 2	Fully Met 3	NA
I.6.1	Has anyone ever seen and discussed your job description?					
I.6.2	How do you determine positive cultures as N (nosocomial) or NN (not nosocomial)? (nurses should be aware of the methodologies by which they relate signs and symptoms and lab results to confirm whether it was acquired at the center or not)					
I.6.3	Have you participated in any training in IC in the past year?					
I.6.4	Have you seen the IC policies and procedures in this facility?					
I.6.5	Do you have a copy of the policies and procedures manual?					
I.6.6	Do you believe that there is an established process for reporting nosocomial infections?					
I.6.7	Have you ever participated in an infection control training workshop?					
I.6.8	Are you involved in IC activities?					

