Republic of Zambia

MINISTRY of HEALTH

Performance Assessment Tool for Level 2 & 3 Hospitals

PREPARED BY:

DIRECTORATE OF TECHNICAL SUPPORT SERVICES

WITH SUPPORT FROM THE HEALTH SYSTEMS SUPPORT PROGRAMME

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HSSP

Health Services and Systems Program

Contributing to improved health status of Zambians

Republic of Zambia - Ministry of Health
Performance Assessment Tool for Level 2 & 3 Hospitals

Province:…….. District: …… Name of Hospital: ……

Date of Assessment:…… Period under review (Months): ……...

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
1. General Administration / Systems Strengthening / Governance *Objective: To strengthen existing operational systems, financing mechanisms and governance arrangements for efficient and effective delivery of health services*						
1.1 Action points from previous Peformance Assessment	**1.1.1** 80% of action points from previous Peformance Assessment addressed according to agreed timelines.	# of recommendations made during previous Peformance Assessment addressed / # of recommendations	Actions taken report and previous Peformance Assessment report; records and physical checks			
		List unresolved Action Points's and indicate reasons why	Actions taken report and previous Peformance Assessment report; records and physical checks			
1.2 Review of hospital Peformance Assessment Self-Assessment	**1.2.1** Hospital Peformance Assessment Self-Assessment tool completed and relevant actions formulated	Availability of Hospital self assessment using Peformance Assessment tools	Peformance Assessment Reports, Peformance Assessment Self-Assessment			

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1.3 Review of action plan	**1.3.1** Action plan review uses information from HMIS and Peformance Assessment Self-Assessment	Availability of a reviewed Action plan and Budget showing evidence of use of HMIS/ Peformance Assessment Self Assessment	Reviewed Action Plan, Reports			
	1.3.2 80% of the planned activities for the period under review fully completed.	# of planned activities completed / total # of activities planned	Activity reports; Action Plan			
	1.3.3 At least 80% of expenditure according to action plan	Total expenditure on planned activities / Total budget for the same period	Action Plan; Financial reports			
	1.3.4 80% of recommendations in reports /assessments from vertical and ad hoc programmes addressed according to agreed timelines	# of actions taken/ # of recommendations	Reports form vertical and ad hoc programmes (e.g. WHO, ZPCT, EMoC etc.)			
1.4 Community partnership	**1.4.1** Hospital Advisory Committee in existence and functioning	# of meetings held / # of meetings planned	Minutes, Physical Checks			**MoH to provide guidance on ToR and composition of Advisory committees.**
1.5 Institutional meetings	**1.5.1** Management Meetings held monthly and recommendations implemented	# of meetings held / # of meetings planned for period	Minutes, Physical Checks			
		# of recommendation implemented / total # of recommendations	Records and minutes			
	1.5.2 Finance & tender committee meet monthly and recommendations implemented	# of meetings held / # of meetings planned for period	Minutes, Physical Checks			

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		# of recommendation implemented / total # of recommendations	Records and minutes			
	1.5.3 Human Resource Development Committee meet quarterly and recommendations implemented	# of meetings held / # of meetings planned for period	Minutes, Physical Checks			
		# of recommendation implemented / total # of recommendations	Records and minutes			
	1.5.4 Infection Control / prevention Committee meet quarterly and recommendations implemented	# of meetings held / # of meetings planned for period	Minutes, Physical Checks			
		# of recommendation implemented / total # of recommendations	Records and minutes			
	1.5.5 Quality Assurance meetings held and recommendations implemented.	# of meetings held during period / # of meetings planned	Records and minutes			
		# of recommendation implemented / total # of recommendations	Records and minutes			

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1.6 FAMS / FMIS	**1.5.1** Financial Management according to FMIS standards	# of standards achieved / # of standards set	Accounts records Observations			
	1.5.2 Timely retirement of imprest	Total amount of unretired imprest at end of period / Total amount of imprest given during period under review.				
	1.5.3 Grant income according to budget	Total amount in grants received / total amount in grants budegted				
1.7 HMIS	**1.7.1** Registers completed in accordance with HMIS guidelines	# of registers correctly completed / # of registers sampled	HMIS registers, Physical checks			
	1.7.2 HMIS report data are consistent with hospital registers	# of selected IPD and OPD diagnosis from register / HMIS report data for same diagnoses (audit a minimum of 2 diagnoses IPD and OPD)	IPD and OPD registers and HMIS reports			
	1.7.3 Monthly and quarterly reports completed and submitted in a correct and timely manner.	# of reports completed and submitted / total # of reports expected	Records of monthly reports			
	1.7.4 HMIS data is being analysed with disease and health performance trends being followed.	Availability of updated analytical tools	Reports, graphs, charts, reports, self-assessment reports, maps			

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1.8 Stores	**1.8.1** Use of Standard Operating Procedures for stores management and store room	# of standards achieved / # of standards set	Stores records Observations			
1.9 Security	**1.9.1** Hopital security according to standards	# of standards achieved / # of standards set				
2. Human Resources: *Objective: To provide a well-motivated, committed and skilled professional workforce who will deliver cost effective quality health care services as close to the family as possible.*						
2.1 Staff Returns	**2.1.1** Disaggregated staff returns completed and submitted in a correct manner (quarterly)	# of staff returns submitted / # of staff returns due	Records of staff returns			
	2.1.2 At least 75% of the establishment for professional medical staff at the Hospital filled	# available professional medical staff / Establishment for facility	HR Registers; HR reports			
	2.1.3 At least 75% of the establishment for non-medical and support staff at the hospital filled	#available non-medical staff / Establishment for facility	HR registers; HR reports			
	2.1.4 Analysis of staff attrition and recommendations made	Numbers and categories of staff attrition for the period under review	Registers / reports/ interviews			
		Actions taken by category of attrition	Registers / reports/ interviews			
2.2 HR management	**2.2.1** Human Resource levels and types adequate for all hospital departments	# of professional and support staff available / establishment by department	Staff rotas / Human Resource records/ In patient and OPD registers (to			

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			determine workload)			
	2.2.2 All staff appraised according to job description annually and individual career plan developed.	# of employees appraised and career plan developed / number of employees due for appraisal	Records and interviews			
	2.2.3 Staff development and training plan in place and adhered to	Existence of Staff development and training plan	Human Resource records			
		# of staff training activities during the period / total # of staff training activities planned	Reports, minutes of (technical) meetings			
	2.2.4 Leave Plan in place and adhered to.	# of staff who have taken leave during period / total # of staff (analyze by type of leave and number of leave days)	Reports			
	2.2.5 All trained staff have valid license	#staff with valid license/#staff employed	Human Resource records			
	2.2.6 Human Resources levels and personal details/trainings undertaken included on a database	Human Resources database available and maintanined				
	2.2.7 Knowledge and skills acquired at capacity building workshops and meetings passed on to other staff within a month of training	# of reports disseminated or presentations about training undertaken accessed by relevant staff/ total # of capacity building workshops and meetings	Reports/ presentations Staff interviews			

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		attended during period of review				
2.3 HIV & AIDS workplace policy	**2.3.1** HIV & AIDS workplace policy available and adhered to	Policy available and staff oriented on key elements	Policy, Staff interviews			
3. Quality of care and curative services *Objective: To provide quality health services according to national approved guidelines and SOP*						
3.1 Quality of care (Clinical, Nursing care and rehabilitation)	**3.1.1** Patients are treated according to treatment protocols	# of patients treated according to treatment protocols / # of patients sampled (minimum 5)	Patient records			
		# of patients managed according to nursing care plan / # of patients sampled (This includes: fluid balance, TPR, neurological charts, drug charts, etc.)	Patient records			
	3.1.2 All patients reviewed daily by medical officer	# of patients reviewed daily / # of patients sampled (minimum 5)	Patient records			
	3.1.3 All patients files have detailed history, physical examination, diagnosis and treatment on first contact.	# of patient files correctly completed / # of patient files sampled (Minimum 5)	Patient Records			
	3.1.4 Clinical meetings held (including review the rational	# of clinical meetings held / # of clinical meetings	Minutes			

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	use of diagnostic procedures)	planned				
		# of recommendations made during clinical meetings followed up / # of recommendations made	Minutes			
3.2 OPD for Specialised cases referred from Health Centres	**3.2.1** Patients are treated according to treatment protocols	# of patients treated according to treatment protocols / # of patients sampled (minimum 5)	OPD Register; Patient records			
3.3 Casualty / Emergency	**3.3.1** Maximum waiting time less than 30 minutes	# of patient with waiting time < 30 minutes / # of patients sampled	Files, registers, observations			
	3.3.2 Supplies and equipment available according to standards	# of standards achieved / # of standards set	Physical check Records			
3.4 Quality Assurance:	**3.4.2** Mortality review meeting held monthly	# of meetings held / # of meetings planned	Records and minutes			
		CFR for each of the top 5 causes of death (total and under 5)	HMIS			
3.5 Theatre / Surgery	**3.5.1** Post-operative wound infections identified, reviewed and recommendations adhered to	# of post-operative infections identified	HMIS; nursing and patients records, physical checks, staff interview			

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		Reviews conducted of all infected wounds and actions followed up	Nursing and patients records, physical checks, staff interview			
3.6 Mortuary	**3.6.1** All unclaimed bodies removed within 3 – 6 weeks.	# of unclaimed bodies kept more than six weeks	Mortuary records			
3.7 Mental health	**3.7.1** Area reserved for psychiatric OPD and IPD	Availability of area for psychiatry (yes/no)	Physical check interview			
3.8 Laboratory	**3.8.1** Tests are subjected to Quality Control through re-testing by reference or independent laboratory	10% +ve and 5% -ve malaria slides, 100% TB sputum smears and 100% +ve HIV tests are sent to reference/independent laboratory for Quality Control	Laboratory Records			
3.9 Imaging / X-ray (where applicable)	**3.9.1** Safety measures against radiation in place and adhered to.	Badges read, protection for patients, annual inspection by Radiation board	Badge readings, physical checks, patient infromation, Radiation Board reports			
	3.9.2 Availability of supplies as per level of Hospital	# of supplies/ # of supplies in SOPs	Physical Check			
	3.9.3 Availability of SOP according to level of Hospital	SOP available and followed	Physical Check			
	3.9.4 Safe disposal of radio-active material	Safe mechanism for disposal of radio-active material in place	Physical Check			

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3.10 Research	**3.10.1** Research topics identified and collaboration with research centre for development of proposal and implementation of research in relevant areas established	# of research proposals	Research proposals			
	3.10.2 Hospitals using research findings to improve on quality care services	# of clinical meetings presenting research findings and actions taken accordingly	Meeting notes and physical check of actions taken			
3.11 Technical Support	**3.11.1** Technical Support provided to the districts	# of support visits provided to districts based on mutually agreed plan	Reports/records			
3.12 Gender	**3.12.1** Gender mainstreaming plan developed and adhered to	# of actions taken to mainstream gender issues/ # of recommendations in plan	Physical check, staff and patients interviews			
4. Integrated Child Health and Nutrition *Objective: To reduce Under-5 mortality by 20%, from the current level of 168 per 1000 live births to 134 by 2011, and significantly improve nutrition.*						
Case Management	**4.1.1** All children seen by senior doctor (level 2) / paediatrician (level 3) on admission and at least every other day	# of children reviewed appropriately / # of children sampled				
4.2 IEC & preventive services	**4.2.1** Health education programme schedule available and adhered to	# of health education sessions/ # health education sessions scheduled	Care givers interviews and schedule			
	4.2.2 All newborns given BCG / OPV before discharge	# of newborns vaccinated with BCG and OPV 0 / # of live births at facility	Vaccine stocks/ patients notes/ maternity unit			

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	4.2.3 All <1 children discharged have up to date vaccine schedules	# of children <1 discharged with up to date vaccine schedules / total # of children <1 discharged	Patients notes/ vaccine records			
4.3 HIV	**4.3.1** Opt-out HIV testing policy implemented in paediatric ward	# of children tested for HIV / total # of admitted children sampled	Pateint records Ward register			
	4.3.2 Infants born to HIV+ve mothers protected through PMTCT	% infants born to HIV+ve mothers protected through PMTCT	Patient records/ART records			
	4.3.3 At least 80% of infants born to HIV +ve mothers receiving cotrimoxazole prophylaxis	Number of babies born to HIV +ve mothers receiving cotrimoxazole prophylaxis/Total number of babies born from HIV +ve mothers	PMTCT registers and ART records			
	4.3.4 Eligible paediatric patients on ART are children	#. of eligible paediatric patients on ART / Total # of eligible paediatric patients	Register ART records			
4.4 Neonatal care	**4.4.1** Availability of skilled staff and equipment in neonatal resuscitation	# of staff skilled in neonatal resuscitation	Observation, Interview			
		Availability of working resuscitation equipment including neonatal ambu bag	Observation, Interview			

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	4.4.2 Neonatal resuscitation according to guidelines	# of children resuscitated using guidelines / # of children needing resuscitation	Patient notes			
	4.4.3 Review of stillbirths carried out and recommendations made.	# of stillbirths reviewed / # of stillbirths during period.	Maternity register, reports HMIS			
		# of recommendations followed up / total # of recommendations				
4.4 Nutrition / Malnutrition	**4.4** 80% infants managed according to Baby Friendly Hospital Initiative (BFHI) guidelines	#infants managed according to Baby Friendly Hospital Initiative guidelines/# of severely malnourished children admitted	Patient interviews			
	4.4.2 80% of severely malnourished children managed according to WHO guidelines	# of severely malnourished children managed according to WHO guidelines / # of severely malnourished children admitted	Patient records			
	4.4.8 All mothers with admitted children (under 2years) receive infant feeding counseling / support	# of mothers with admitted children (under 2years) received infant feeding counseling or support / # of mothers with admitted children (under 2 years) sampled	Records sample			

5. Integrated Reproductive Health

Objective: To increase access to integrated reproductive health services and family planning services that reduce the maternal mortality ratio (MMR) by

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one quarter, from 729 per 100,000 live birth to 457 by 2011						
5.1 Emergency Obstetric Care (EmOC)	**5.1.1** Comprehensive Emergency Obstetric Care including resuscitation available at all times according to the standards	# of standards achieved / # of standards	Physical checks patients' records			
	5.1.2 Protocols available for all maternal emergencies (e.g. eclampsia, rupture of uterus, placenta praevia, ect.)	All protocols for obstetric emergencies available	Protocols Physical check			
5.2 Deliveries	**5.2.1** 100% maternal deaths reviewed and recommendations made (according to MDR tools)	# of maternal deaths with completed MDR forms and recommendations made / total # of maternal deaths	Reports			
	5.2.2 At least 85% maternal deaths recommendations followed up	# of recommendations followed up / total # of recommendations	Reports			
	5.2.3 Deliveries conducted by doctor or midwife	# of deliveries by doctor or midwife / total # of deliveries	Delivery books			
	5.2.4 80% deliveries have partograms recorded according to guidelines	# of institutional deliveries monitored by partograms / total # of institutional deliveries	Partograms			
	5.2.5 At least 5% of expected births in hospital catchment area are delivered by C/S (analyze if below 5%).	# of C/S performed / Total # of expected deliveries in hospital catchment area	HMIS, Delivery records			

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	5.2.6 All Indications for C/S reviewed and justified	All C/S reviewed by senior doctors	HMIS, reviews, patients records, delivery book			
	5.2.7 Referral systems in place and adhered to	#of patients referred according to standards and feedback to districts on discharge	Referral letters, nurses notes			
	5.2.8 All mothers receive vitamin A supplementation before discharge	# of mothers who received Vitamin A supplementation / Total # of mothers who delivered	Delivery register			
5.3 Gynaecology services	**5.3.1** Staff trained in cervical smears/ acid testing	# of staff trained / # of eligible staff (midwives and doctors)	Records			
5.4 Family planning	**5.4.1** All eligible in-patients offered a full range of family planning methods including long term and permanent methods for family planning (requires staff trained, equipment and supplies available)	# of BTL done # of IUD inserted # of Jadell implanted # of oral contraceptives issued # of clients administered injectables # inpatients of reproductive age councelled/# inpatients of reproductive age	FP registers In patient records Theatre registers, Physical checks for supplies and equipment			
5.5 PMTCT	**5.5.1** Focused ANC including PMTCT provided as per guidelines (including ART)	80% referred ANC clients receiving FANC as per guidelines	ANC register			

6. HIV/AIDS, STIs and Blood Safety

Objective: To halt and begin to reduce the spread of HIV/AIDS and STIs by increasing access to quality HIV/AIDS, STI and Blood Safety interventions

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6.1 Blood Bank / transfusions	**6.1.1** All blood for transfusion screened for HIV, Hepatitis C, Hepatitis B and Syphilis.	All units of blood screened as per guidelines	Blood bank records			
	6.1.2 Blood supplies meet hospital requirements	# of units requested / # of units supplied	Blood bank records			
6.2 ART clinic	**6.2.1** Guidelines on treatment initiation available and adhered to.	All eligible client on ART as per guidelines	ART clinic records/patients notes			
	6.2.2 All patients on ART are evaluated and entered in appropriate registers	100% patients evaluated and entered in register	ART records			
	6.2.3 Availability of eligibility forms; pre ART registers with tally sheets; ART registers with tally sheets; ART care cards	ART materials available	Physical check			
	6.2.4 All HIV+ve eligible persons accessing ART	# of persons accessing ART / total # of eligible patients	ART records			
	6.2.5 All HIV+ ve clients are managed according to the guidelines	# HIV+ve clients managed according to guidelines/#HIV+ve clients records sampled	ART records			
	6.2.6 80% of patients on ART have a 95% compliance	# patients registered on ART/ # collecting drugs monthly/quarterly	HMIS, ART registers and reports			
	6.2.7 Referral systems in place from all Councelling nad Testing entry points in the districts to ART clinic. Including feedback	All eligible patients referred to ART clinic	Referral slips from wards to ART clinic, ART registerscords, meetings with			

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	mechanism		DHMT			
		# of referral slips sent to DHMT/ # clients enrolled on ART				
	6.2.8 Adherence counselling on site	# of ART clients receiving adherence counseling/#ART clients attended in reporting period	Patient record/ ART clinic records			
	6.2.9 Hospital adheres to free ART guidelines	# of patients receiving investigations, consultation and treatment free of charge / # receiving ART	Financial records, Client/ staff inteviews			
	6.2.10 Hospital accredited for ART service provision	Accreditation certificate available	Accreditation certificate			
6.3 HIV management in In Patients Department	**6.3.1** Opt-out HIV testing policy implemented in In Patients Department	# in patients tested for HIV / total # of in patients sampled				
	6.3.2 Referral systems for ART in place from In Patients Department to ART clinic	# of eligible in-patients referred to ART clinic / total #eligible in-patients	Referral slips from wards to ART clinic, ARTIS, ART registers and meetings with DHMT			
	6.3.3 All eligible pregnant women on HAART	# of pregnant women referred for ART / # pregnant women eligible	PMTCT registers			
6.4 STI management	**6.4.1** 80% STI clients tested for HIV	# of STI clients tested / Total # of STI clients sampled	Patient records, STI clinic registers			
	6.4.2 100% STI patients treated according to guideline	# of STI patients treated according to guidelines / Total # STI patients	Patients records			

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		sampled				
	6.4.3 75% STI clients' partners investigated for STI	# of STI clients' partners investigated / Total # of STI clients	STI register			
7. Tuberculosis *Objective: To halt and begin to reduce the spread of TB through effective interventions*						
7.1 TB diagnosis and case management	**7.1.1** At least 70% of pulmonary TB cases supported by a positive sputum test	# of PTB smear positive cases / Total # of PTB cases				
	7.1.2 All TB patients offered HIV testing	# TB cases tested for HIV/#TB cases	ARTIS			
	7.1.3 All in-patients screened for PTB (history taken and follow up diagnostic tests if indicated)	# of in-patients screened for TB / # of inpatients sampled	Patients records			
	7.1.4 All TB cases managed according to standards	# of TB patients treated according to standards / # of TB patients sampled	Patient records			
	7.1.5 DHMT is informed of at least 80% TB cases diagnosed at the hospital	# of TB cases diagnosed in the hospital with diagnosis forwarded to the DHMT / # of TB cases diagnosed at hospital				
8. Malaria *Objective: To halt and reduce the incidence of malaria by 75% and mortality due to malaria in children under five by 20%*						
8.1 Malaria case management	**8.1.1** All patients diagnosed by laboratory tests and treated as per guidelines	# of malaria patients with laboratory diagnosis / # of patients treated for malaria	Patient records			

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		# of malaria patients treated according to guidelines / # of malaria patients sampled				
	8.1.2 All in-patients sleep under an ITN each night	# patients sleeping under an ITN/# inpatients	Physical check, patient interviews Availability of ITNs			
9. Epidemics Control and Public Health Surveillance *Objective: To significantly improve public health surveillance and control of epidemics, so as to reduce morbidity and mortality associated with epidemics*						
9.1 Emergency and disaster preparedness	**9.1.1** Hospital has an Emergency Preparedness Plan describing how the organization will effectively respond to disasters or emergencies and epidemics	Plan exists and rehearsed by staff members twice a year.	Observations and Records / Interviews			
		# staff knowledgeable on plan/# staff interviewed				
	9.1.2 Hospital prepared for fire	# departments with fire equipment available and serviced and staff prepared for fires/ # departements	Physical check and staff interviews			
9.2 Surveillance	**9.2.1** System in place to conduct surveillance for notifiable diseases	# notifiable diseases reported/ #notifiable diseases admitted or seen as Out Patients	Weekly Epidemiological reports DHMT reports OPD and IP registers			

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10. Environmental Health and Food Safety *Objective: To promote and improve hygiene and universal access to safe and adequate water, food safety and acceptable sanitation, with the aim of reducing the incidence of water and food borne diseases*						
10.1 Hygiene	**10.1.1** Food handlers tested every 6 months	# of food handlers examined and declared fit / Total # of food handlers	Certificates			
	10.1.2 Patients access to clean drinking water	# of water samples taken conforming to WHO standards / total # of water samples taken	Results in EHT Department			
10.2 Waste managment	**10.2.1** Medical waste disposal according to SOPs	Medical waste disposal plan adhered to.	Physical checks			
	10.2.2 Solid waste management as per guidelines	Waste disposal plan adhered to.	Physical checks			
11. Essential drugs and medical supplies *Objective: To ensure availability of adequate, quality, efficacious, safe and affordable essential drugs and medical supplies at all levels, through effective procurement management and cooperation with pharmaceutical companies*						
11.1 Pharmacy	**11.1.1** All essential drugs and medical supplies for each department listed have stock control cards	Comprehensive list and stock control cards available for all drugs required by each department	Stock control cards/ recommended list of essential drugs for each department			
	11.1.2 All essential drugs are available at all times for all departments	# of essential drug stock outs / # of stock control cards sampled	Stock control cards			

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	11.1.3 All essential supplies are available at all times for all departments	# of medical supply stock outs / # of stock control cards sampled	Stock control cards			
	11.1.4 Drug and medical supplies management as per standards	# of pharmacy standards achieved / # of pharmacy standards set	Physical checks and records			
	11.1.5 Drug & Therapeutics Committees meeting as per guidelines (monthly)	# of meetings held / # of expected meetings	Records and physical checks			
		# recommendations of the Drug & Therapeutics Committees followed up/ # recommendations.				
	11.1.6 Active pharmacovigilance (side effects of drugs and completion of pharmacovigelence forms)	# of patients monitored for side effects / total # of patients sampled	Pharmaco-vigilance reports, Patients notes			
	11.1.7 Distribution procedures of drugs to wards: for ward stock, 6 hours; for drug chart, 30 minutes.	Time taken for processing and dispensing drugs to wards/ expected time	Interviews with ward in-charges and pharmacy staff			

12. Infrastructure and equipment

Objective: To significantly improve on the availability, distribution and condition of essential infrastructure and equipment so as to improve equity of access to the basic health care package

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12.1 Medical equipment	**12.1.1** Hospital has an inventory list of medical equipment, including state of repair.	Inventory list available	Physical check against list of equipment			
	12.1.2 Hospital preventative maintenance and repair plan available (including maintenance contracts)	# medical equipment serviced routinely and repaired when necessary/ # equipment sampled.	Physical check against preventative maintenance plan; Maintenance contracts			
	12.1.3 Hospital procurement plan available and adhered to	Essential equipment procured according to plan/ # required equipment	Physical check against procurement plan			
	12.1.4 Availability and maintenance of cold chain at all times	Temperature control maintained for specifications of drugs and reagents at all times/ # drugs and reagents sampled	Temperature charts in fridges/physical checks of fridges			
12.2 Infrastructure	**12.2.1** Infrastructure extension and major renovations are included in action plan and proposals developed and submitted through PHO for funding	# proposals submitted to PHO for funding for major renovations / extensions/ # extensions and removations required	Proposals			
12.3 Dental clinic	**12.3.1** Dental clinic equipment and supplies available according to SOP	# of standards achieved / # of standards set	Records and Observations			
12.4 Theatre / surgery	**12.4.1** Theatre equipment and supplies available according to SOP	# of standards achieved / # of standards set	Records and Observations			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
12.5 Physiotherapy	**12.5.1** Physiotherapy equipment and supplies available according to SOP	# of standards achieved / # of standards set	Records and Observations			
12.6 Wards	**12.6.1** Facility structures, furnishings and equipment according to standards per level of hospital.	# of standards achieved / # of standards set	Records and Observations			
		# of bed sheets and blankets / total # required (by department)	Records and Observations			
	12.6.2 Infection prevention supplies available according to standards	# of standards achieved/#of standards set	Records and Observations			
12.7 Laboratory	**12.7.1** Lab Equipment and supplies according to standard for level of Hospital	# of standards achieved / # of standards set	Observation, records			
12.8 Imaging / X-ray	**12.8.1** Imaging and X-ray equipment and supplies according to standard for level of hospital	# of standards achieved / # of standards set	Observation, records			
12.9 Transport	**12.9.1** Transport available according to standards	# of vehicles available / Recommended # of vehicles for institution	Physical check, Transport records			
		# of ambulances available / Recommended # of ambulances for institution	Physical check, Transport records			
	12.9.2 Transport management according to standards	# of standards achieved / # of standards set	Observation, records			
12.10 Laundry department	**12.10.1** Equipment and supplies according to standard for level of hospital	# of standards achieved / # of standards set	Observation, records			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
12.11 Kitchen	**12.11.1** Equipment and supplies according to standard for level of hospital	# of standards achieved / # of standards set	Observation, records			
12.12 Mortuary	**12.12.1** Equipment present and functioning according to standards for level of hospital	# of standards achieved / # of standards set	Observation, records			
12.13 Relatives Shelter	**12.13.1** Structure according to standards	# of standards achieved / # of standards set	Observations and Records			

Summary

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List of participants

- .....
- ……

List of achievements

- …….
- …….

PROBLEM IDENTIFIED	ANALYSIS	RECOMMENDATIONS	BY WHEN	BY WHOM

Technical Support to be provided by Provincial Health Office

- …..
- …..

Provincial Health Office

Date

Assessed Hospital

Date