**KIBU ASSESSMENT CHECKLIST FOR DECLARATION OF HEALTH FACILITIES**

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|  |  |  |  |
| --- | --- | --- | --- |
| NUMBER | SERVICE PROVISION | STATE WHETHER SERVICE IS OFFERED OR NOT | VALIDATE (SIGNATURE) |
| **1.** | **OUTPATIENT** |  |  |
| **2.** | **INPATIENT** |  |  |
| **3.** | **MATERNITY** |  |  |
| **4.** | **MAIN THEATRE** |  |  |
| **5.** | **PHARMACY** |  |  |
| **6.** | **LABORATORY** |  |  |
| **7.** | **RADIOLOGY** |  |  |
| **8.** | **EYE UNIT** |  |  |
| **9.** | **ICU/HDU** |  |  |
| **10.** | **DENTAL UNIT** |  |  |
| **11.** | **RENAL UNIT** |  |  |
| **12.** | **REHAB (DRUG & SUBSTANCE ABUSE)** |  |  |
| **13.** | **ONCOLOGY** |  |  |
| **14.** | **REHAB (PHYSIOTHERAPY & OR**  **OCCUPATIONAL THERAPY)** |  |  |
| **15.** | **OTHERS** |  |  |

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| **Section** | **Sections to be filled** | **MARKS** | **Scope** |
| 1 | Administrative Information | N/A | All |
| 2 | Health Facility Infrastructure | 11 |
| 3 | Leadership, Patient Rights , Clinical Governance , Human Resource Management | 43 |
| 4 | Infection Prevention And Control | 18 |
| 13 | Safety And Risk Management | 5 |
| 14 | Population Engagement And Outcomes | 6 |
| 5 | Consultation | 26 |
| 9 | Pharmacy | 9 | All Except stand-alone labs |
| 10 | Laboratory | 22 | OPC, IPC, STAND ALONE LABS, |
| 11 | Radiology | 16 | OPC, IPC, DENTAL CLINICS ,STAND ALONE |
| 6 | Maternity Unit | 32 | IPC |
| 7 | General Wards | 26 | IPC |
| 8 | Theatre | 20 | IPC |
| 12 | Other Support Services | 11 | IPC |
| 15 | Eye Unit | 38 | OPC, IPC,STAND ALONE CLINICS |
| 17 | Dental Unit | 39 | OPC, IPC, STAND ALONE CLINICS |
| 16 | ICU | 11 | IPC ONLY |
| 18 | Renal Unit | 11 | OPC, IPC , STAND ALONE RENAL UNIT |
| 19 | Drug And Substance Abuse Treatment And Rehabilitation Service | 19 | REHAB FACILITIES |
| 20 | Oncology Unit | 27 | OPC, IPC |

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| **SECTION 1: ADMINISTRATIVE INFORMATION** | | | |
| **Facility Registration and Location** | | | |
| Registration/Gazette name: | | | |
| Master facility number: |  | Registration number  (for private facilities): |  |
| Physical location: | | Contact details: | |
| County: | | Contact Person: | |
| Address: | | Designation of contact person: | |
| Nearest Town/Market: | |
| Building plot no: | | Phone number: | |
| Nearest NHIF Office: | | Email: | |
| **Facility Details** | | | |
| Facility ownership | * Government ☐Private ☐Faith Based ☐Community | | |
| Facility type | * Both In and Out Patient * Outpatient Only * Radiology Centre (Stand – alone) * Dental clinic (Stand-alone) * Ophthalmic services (Stand - alone) * Dialysis Centre * Oncology Centre * Rehabilitation Centre for drug & Substance Abuse * Other facility, Specify   [ ] | | |

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| **A. Building** | | | | | **Comments** |
|  | Signage | Assessment | | |
| i | There is adequate, legible and accurate signage to the facility  From major access points outside the premises of the health establishment. | Y ☐ | N | ☐ |  |
| ii | There is clear signage and direction to the services or areas  Within the health establishment. | Y ☐ | N | ☐ |  |
| iii | Does the facility have an accessibility ramp for  Disabled/wheelchair patients? | Y ☐ | N | ☐ |  |
| **B. Utilities** | | | | |
|  | Water | Assessment | | | **Comments** |
| iv | Is safe, clean water available from a tap or container? | Y ☐ | N | ☐ |  |
| v | Is there sufficient storage/reservoir for the water? | Y ☐ | N | ☐ |  |
|  | Electricity | | | |  |
| vi | Is there a stable source of power? | Y ☐ | N | ☐ |  |
|  | Toilet facilities | | | |  |
| vii | Are clean toilets available for both male and female clients? | Y ☐ | N | ☐ |  |
| viii | Is there a cleaning roster displayed? | Y ☐ | N | ☐ |  |
| **C. Security** | | | | |
|  | Fire control mechanism | Assessment | | | **Comments** |
| ix | Does the facility have a fire control mechanism such as a fire extinguisher, sand buckets? | Y ☐ | N | ☐ |  |
| x | Is the equipment available in the reception area as well as  Specific departments? | Y ☐ | N | ☐ |  |
| xi | Is there a security mechanism in place (security guard, alarm  System, fence)? | Y ☐ | N | ☐ |  |
|  | **TOTAL 11 (In this Section Yes has a value equivalent of 1)** |  |  | |  |

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| **A. Leadership** | | | | | **Comments** |
|  | I. Strategic Plan | Assessment | | |  |
| i | The facility has a strategic plan with a clear vision, mission, values  And objectives and has been shared with staff. | Y ☐ | N | ☐ |  |
| ii | Roles and responsibilities of every member in the top decision  Making organ are clearly stipulated and monitored to ensure compliance with ethical business practice. | Y ☐ | N | ☐ |  |
| iii | There is evidence of supportive attitude towards systematic and  Continuous quality improvement by the top management. | Y ☐ | N | ☐ |  |
| iv | Is an organizational chart available and approved by management? | Y ☐ | N | ☐ |  |
| **B. Patient Rights** | | Assessment | | |  |
| v | There is an openly displayed patient charter in line with the  Ministry of Health guidelines which includes but not limited to right to information, privacy, dignity, choice and the price list. | Y ☐ | N | ☐ |  |
| vi | Staffs treat patients with care and respect, with consideration for  Patient privacy and choice. | Y ☐ | N | ☐ |  |
| vii | Patient satisfaction surveys and patient complaints are used to  Improve service quality. | Y ☐ | N | ☐ |  |
| viii | Patients who need to be referred or transferred receive the  Care and support they need to ensure continuum of care. | Y ☐ | N | ☐ |  |
| ix | Patients who wish to complain about poor services are helped to  Do so and their concerns are properly addressed. | Y ☐ | N | ☐ |  |
| **C. Clinical Governance** | | Assessment | | |  |
| x | There is a governance system that sets out the policy, procedures  or protocols for:  Establishing and maintaining a clinical governance framework; Sharing the framework with all staff;  Collecting and reviewing performance data;  Taking corrective action. | Y ☐ | N | ☐ |  |
| xi | Services provided adhere to Ministry of Health guidelines and/or  Licensing specifications and the clinical workforce is guided by current best practice. | Y ☐ | N | ☐ |  |
| xii | Clinical guidelines are in place and are known and utilized by all  Users. | Y ☐ | N | ☐ |  |
| xiii | Referral guidelines are in place and are known and utilized by all users. | Y ☐ | N | ☐ |  |

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| **D. Human Resource Management** | | | | | | | | | | Assessment | | | **Comments** |
| xiv | Availability of staff establishment as per hospital level of care. | | | | | | | | | Y ☐ | N | ☐ |  |
| xv | Complete inventory of staff, including training, registration with  Relevant bodies, designation and mode of engagement (i.e. whether permanent or part time). | | | | | | | | | Y ☐ | N | ☐ |  |
| xvi | Availability of job descriptions for all staff, known and shared with  Respective staff. | | | | | | | | | Y ☐ | N | ☐ |  |
| xvii | Relevant training and development opportunities are provided to  Enhance staff competence. | | | | | | | | | Y ☐ | N | ☐ |  |
| xviii | Availability of a staff performance management system, including  Appraisal, discipline and rewards. | | | | | | | | | Y ☐ | N | ☐ |  |
| **E. Quality Management** | | | | | | | | | | Assessment | | | **Comments** |
| xix | The facility has an active quality improvement team. | | | | | | | | | Y ☐ | N | ☐ |  |
| xx | Is there evidence of the last QIT meeting held, within the last  Three (3) months? | | | | | | | | | Y ☐ | N | ☐ |  |
| xxi | There is evidence of implementation of Quality Improvement  Plans. | | | | | | | | | Y ☐ | N | ☐ |  |
| **F. Monitoring Performance Indicators** | | | | | | | | | | Assessment | | | **Comments** |
| xxii | Which of these  Monitored? | | performance indicators | | | are | collected and | | | Y ☐ | N | ☐ |  |
| xxiii | Infant mortality | Y ☐ | | N ☐ | Maternal mortality | | | Y ☐ | N ☐ | Y ☐ | N | ☐ |  |
| xxiv | Immunization | Y ☐ | | N ☐ | Notifiable diseases | | | Y ☐ | N ☐ | Y ☐ | N | ☐ |  |
| xxv | Admissions | Y ☐ | | N ☐ | Outpatient visits | | | Y ☐ | N ☐ | Y ☐ | N | ☐ |  |
| xxvi | Are performance  regularly | | indicators shared with | | | staff | and published | | | Y ☐ | N | ☐ |  |
| **G. Client Feedback Mechanism** | | | | | | | | | | Assessment | | | **Comments** |
| xxvii | Is there a functional client feedback mechanism (e.g. suggestion  Box or hotline number)? | | | | | | | | | Y ☐ | N | ☐ |  |
| xxviii | There is evidence of utilization of the client feedback. | | | | | | | | | Y ☐ | N | ☐ |  |

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| **H. Medical Records And Information Systems** | | Assessment | | **Comments** |
| xxix | Are medical records kept for each patient? | Y ☐ | N ☐ |  |
| xxx | Do the records include names and unique patient numbers? | Y ☐ | N ☐ |  |
| xxxi | Are medical records legible and signed? | Y ☐ | N ☐ |  |
|  | Approved register for all patients | | |  |
| xxxii | Are inpatient registers kept and up to date (if inpatient services)? | Y ☐ | N ☐ |  |
| xxxiii | Are outpatient registers kept up to date? | Y ☐ | N ☐ |  |
| xxxiv | Is there a trained HMIS Officer who also has a letter of authority  For practice from the Association of Medical Records Officers? | Y ☐ | N ☐ |  |
|  | System for storing medical records | | |  |
| xxxv | Is there a system in place for storing medical records? | Y ☐ | N ☐ |  |
| xxxvi | Is there a filing and numbering system for easy retrieval? | Y ☐ | N ☐ |  |
|  | Data security | | |  |
| xxxvii | Does a system exist for keeping facility data, which is lockable and  Or password protected? | Y ☐ | N ☐ |  |
|  | Contribution to external databases and reports | | |  |
| xxxviii | Does the facility contribute to the National HMIS\* database | Y ☐ | N ☐ |  |
| **I. Equipment Management** | | Assessment | |  |
|  | Preventative maintenance plan for equipment | | |  |
| xxxix | Is there a service contract for maintenance? | Y ☐ | N ☐ |  |
| xl | Is there a written schedule (including next service date) for  Maintaining equipment? | Y ☐ | N ☐ |  |
|  | Calibration and Validation | | |  |
| xli | Is there a written calibration schedule available at the area where  Equipment is used? | Y ☐ | N ☐ |  |
| xlii | Is there a document showing regular calibration? | Y ☐ | N ☐ |  |
| xliii | Are contracts available at the facility administration? | Y ☐ | N ☐ |  |
|  | **TOTAL 92 (In this Section Yes has a value equivalent of 2)** |  |  |  |

\*HMIS-Health Management Information System

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| **SECTION 4: INFECTION PREVENTION AND CONTROL** | | | | |  |
| **A. General** | | Assessment | | | **Comments** |
|  | 1. Hygiene protocol | | | |  |
| I | Does the facility have a hygiene protocol? | Y ☐ | N | ☐ |  |
| ii | Does the hygiene protocol have a dedicated staff roster? | Y ☐ | N | ☐ |  |
|  | 2. Solid waste management | | | |  |
| iii | Is there a standard operating procedure for waste management? | Y ☐ | N | ☐ |  |
| iv | Is there an incinerator or contracted waste management company? | Y ☐ | N | ☐ |  |
| v | Does the facility have a waste holding area? | Y ☐ | N | ☐ |  |
|  | 3. General facility cleanliness | | | |  |
|  | Facility cleanliness entails the general appearance and odor across various  Departments, to understand whether the facility is cleaned regularly. Observe how well this facility satisfies the criterion below. | | | |  |
| vi | Is the paint work acceptable? | Y ☐ | N | ☐ |  |
| vii | Is the floor smooth? | Y ☐ | N | ☐ |  |
| viii | Is the ceiling free of cobwebs and dust? | Y ☐ | N | ☐ |  |
|  | 4. General compound cleanliness | | | |  |
| ix | Is the grass well maintained? | Y ☐ | N | ☐ |  |
| x | Are the bushes neatly kept? | Y ☐ | N | ☐ |  |
| xi | Is the site free of odor? | Y ☐ | N | ☐ |  |
|  | 5. Patient Safety |  |  | |  |
| xii | There is a policy to identify and manage patients correctly to  Eliminate errors. | Y ☐ | N | ☐ |  |
| xiii | Are adverse events or patient safety incidents promptly identified  And managed to minimize patient harm and suffering? | Y ☐ | N | ☐ |  |
| **B. Sterilization Services** | | Assessment | | | **Comments** |
| xv | Is there a separate area for cleaning with decontamination and  Sterilization processes? | Y ☐ | N | ☐ |  |
| xvi | Is there functional equipment for sterilization? | Y ☐ | N | ☐ |  |
| xvii | Are standard operating procedures available for sterilization? | Y ☐ | N | ☐ |  |
| xviii | Are sterile supplies well stored, labeled and stored in a designated  Area? | Y ☐ | N | ☐ |  |
| xix | Is the facility fully compliant in the practice of infection control? | Y ☐ | N | ☐ |  |
|  | **TOTAL 38 (In this Section Yes has a value equivalent of 2)** |  |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. General** | | | | | | | | **Assessment** | | | **Comments** |
|  | Triage | | | | | | |  |  | |  |
| i | Does the facility have a triage area with a qualified nurse(s)? | | | | | | | Y ☐ | N | ☐ |  |
| ii | Is it located at the first point of contact with patients? | | | | | | | Y ☐ | N | ☐ |  |
|  | Examination room | | | | | | | | | |  |
| iii | There is a room(s) set aside where patients/clients can consult with  a clinician and be examined in confidence. | | | | | | | Y ☐ | N | ☐ |  |
| iv | Does the examination room have a coach and a mackintosh? | | | | | | | Y ☐ | N | ☐ |  |
| v | Does the room have a consultation table with at least two chairs? | | | | | | | Y ☐ | N | ☐ |  |
|  | Examination equipment | | | | | | | | | |  |
| vi | Is a thermometer available? | | | | | | | Y ☐ | N | ☐ |  |
| vii | Is a stethoscope available? | | | | | | | Y ☐ | N | ☐ |  |
| viii | Is a tongue depressor available? | | | | | | | Y ☐ | N | ☐ |  |
| ix | Is a weighing scale available/accessible? | | | | | | | Y ☐ | N | ☐ |  |
| x | Is a blood pressure (BP) machine available/accessible? | | | | | | | Y ☐ | N | ☐ |  |
| xi | Is a torch available? | | | | | | | Y ☐ | N | ☐ |  |
| xii | Is a privacy screen available? | | | | | | | Y ☐ | N | ☐ |  |
| xiii | Is a diagnostic set available? | | | | | | | Y ☐ | N | ☐ |  |
| xiv | Is a lamp available? | | | | | | | Y ☐ | N | ☐ |  |
|  | Emergency tray and equipment | | | | | | | | | |  |
| xv | Does the facility have an emergency tray available at designated  Sites? | | | | | | | Y ☐ | N | ☐ |  |
| xvi | Is there a checklist  Emergency tray? | for | regular | review | and updates | to | the | Y ☐ | N | ☐ |  |
| xvii | Confirm that the emergency tray has the following essential drugs: | | | | | | | Y ☐ Y ☐ Y ☐ Y ☐  Y ☐ | N N N N  N | ☐  ☐  ☐  ☐  ☐ |  |
|  | Glucose | | | | | | |
|  | Adrenaline | | | | | | |
|  | Sodium bicarbonate | | | | | | |
|  | Diazepam | | | | | | |
|  | Phenobarbitone | | | | | | |
| xviii | Confirm that the emergency equipment is available: Ambu bag and mask available in pediatric and adult sizes. | | | | | | | Y ☐ Y ☐ Y ☐ Y ☐  Y ☐ | N | ☐ |  |
|  | Adjustable bed. | | | | | | | N | ☐ |
|  | Functional suction machine. | | | | | | | N | ☐ |
|  | Oxygen cylinder and flowmeter, or piped oxygen. Endotracheal tubes. | | | | | | | N  N | ☐  ☐ |
|  | **TOTAL 26 (In this Section Yes has a value equivalent of 1)** | | | | | | |  |  | |  |

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| **A. General** | | **Assessment** | | **Comments** |
|  | Labour ward Policies | | |  |
| i | A policy that governs ante natal, intrapartal, post-natal and  Neonatal care exists. | Y ☐ | N ☐ |  |
| ii | Policy in place for pain management during and after delivery that  Is known to the staff and implemented. | Y ☐ | N ☐ |  |
| iii | There is a maternity infection prevention programme in place. | Y ☐ | N ☐ |  |
| iv | A system is in place to monitor Labour progress. | Y ☐ | N ☐ |  |
| v | A policy on infection prevention and control. | Y ☐ | N ☐ |  |
|  | Oxygen source | | |  |
| vi | Does the labour ward have oxygen cylinder or piped oxygen  Connection? | Y ☐ | N ☐ |  |
|  | Procedures for obstetrics emergency | | |  |
| vii | Are there procedures available for handling obstructed labour,  Foetal distress, HELLP, Eclampsia and APH/PPH/IPH? | Y ☐ | N ☐ |  |
| viii | Is a functional resuscitative available with oxygen, suction machine  And Ambu bags? | Y ☐ | N ☐ |  |
|  | Procedure for monitoring labour | | |  |
| ix | Are partographs available? | Y ☐ | N ☐ |  |
|  | *Confirm partographs have the following information:* |  |  |  |
| xi | Is contraction properly charted? | Y ☐ | N ☐ |  |
|  | Is cervical dilation recorded? | Y ☐ | N ☐ |  |
|  | Is color coding done? | Y ☐ | N ☐ |  |
|  | Is TPR/BP recorded? | Y ☐ | N ☐ |  |
|  | Is urine output/input charted? | Y ☐ | N ☐ |  |
|  | Are drugs coded? | Y ☐ | N ☐ |  |
|  | New born unit |  | |  |
| xvi | Access to a functional incubator available. | Y ☐ | N ☐ |  |
| xvii | Is there a sitting area for nursing mothers? | Y ☐ | N ☐ |  |
|  | Sluice Room |  |  |  |
| xviii | Is a sluice room/area available and properly located? | Y ☐ | N ☐ |  |
| xix | Is there a sluicing sink with running water? | Y ☐ | N ☐ |  |

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| B. **Equipment** | | **Assessment** | | **Comments** |
| xx | Standard delivery bed. | Y ☐ | N ☐ |  |
| xxi | Fetoscopes. | Y ☐ | N ☐ |  |
| xxii | Weighing scale. | Y ☐ | N ☐ |  |
| xxiii | BP machine. | Y ☐ | N ☐ |  |
| xxiv | Cord ligatures. | Y ☐ | N ☐ |  |
| xxv | Suction machine. | Y ☐ | N ☐ |  |
| xxvi | Adequate source of lighting. | Y ☐ | N ☐ |  |
| xxvii | Source of oxygen. | Y ☐ | N ☐ |  |
| xxviii | Baby Resuscitative. | Y ☐ | N ☐ |  |
| xxix | Adequate sterile delivery sets. | Y ☐ | N ☐ |  |
| **C. Delivery through Caesarean Section** | | **Assessment** | | **Comments** |
| xxx | Does the facility have access to a maternity /general theatre? | Y ☐ | N ☐ |  |
| xxxi | Does the facility have access to ambulance? | Y ☐ | N ☐ |  |
| xxxii | Does the facility have access to the blood bank? | Y ☐ | N ☐ |  |
|  | **TOTAL 96 (In this Section Yes has a value equivalent of 3)** |  |  |  |

\*APH-Antepartum Haemorrhage

\*IPH-Intrapartum Haemorrhage

\*PPH-Postpartum Haemorrhage

\*HELLP-Haemolysis, Elevated Liver enzymes, Low Platelets (syndrome associated with Pre-eclampsia)

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| --- | --- | --- | --- | --- |
| **A. General** | | **Assessment** | | **Comments** |
|  | **1. Patient Oversight** |  |  |  |
| i | Ward beds are segregated by gender and age. | Y ☐ | N ☐ |  |
| ii | Are admissions procedures standardized with patient categorizations? | Y ☐ | N ☐ |  |
| iii | Are patients in hospital uniform? | Y ☐ | N ☐ |  |
| iv | Are there regular ward rounds? | Y ☐ | N ☐ |  |
| v | Are there handover and discharge reports on a standard form? | Y ☐ | N ☐ |  |
|  | **2. Patient Records** | | |  |
| vi | Are patient records kept with unique reference numbers? | Y ☐ | N ☐ |  |
|  | **3. Monitoring Equipment** | | |  |
| vii | Does each ward have a BP machine? | Y ☐ | N ☐ |  |
| viii | Does each ward have a thermometer? | Y ☐ | N ☐ |  |
| ix | Does each ward have a pulse oxymeter? | Y ☐ | N ☐ |  |
| x | Does each ward have a suction machine? | Y ☐ | N ☐ |  |
| xi | Bed spacing is at least 3 feet apart. | Y ☐ | N ☐ |  |
| xii | Beds are metallic and easy to disinfect. | Y ☐ | N ☐ |  |
| xiii | Does each ward have an emergency room? | Y ☐ | N ☐ |  |
|  |
| xiv | Is there an ablution block available, segregated by gender? | Y ☐ | N ☐ |  |
| **B. Infection prevention and control** | |  | |  |
|  | **Hygiene Protocol** | | |  |
| xv | Is there a hygiene protocol with a dedicated staff roster available? | Y ☐ | N ☐ |  |
|  | **Hand Washing** | | |  |
| xvi | Is a sink present with running water from a tap or modified storage  Container? | Y ☐ | N ☐ |  |
| xvii | Is soap or hand sterilizer available at the hand washing area? | Y ☐ | N ☐ |  |
|  | **Solid Waste Management** |  | |  |
| xviii | Are there (at least two) color-coded bins (black and yellow) with  Matching color lining bags? | Y ☐ | N ☐ |  |
| xix | Or are there color coded lining bags in the bins? | Y ☐ | N ☐ |  |
| xx | Are there standard operating procedures for waste management? | Y ☐ | N ☐ |  |
|  | **Use of Disinfectants** |  |  |  |
| xxi | Is there evidence of disinfectant use? | Y ☐ | N ☐ |  |
| xxii | Are you able to observe disinfectant containers used for cleaning? | Y ☐ | N ☐ |  |
|  | **Protective Equipment** |  |  |  |
| xxiii | Are gloves available? | Y ☐ | N ☐ |  |
| xxiv | Are gowns or dust coats available? | Y ☐ | N ☐ |  |
| xxv | Are face masks available? | Y ☐ | N ☐ |  |
| xxvii | Are safety boots available? | Y ☐ | N ☐ |  |
|  | TOTAL 78 (In this section Yes has a value equivalent of 3) |  |  |  |

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| **A. General** | | | | | **Assessment** | | | **Comments** |
|  | **1. Policies** | | | | | | |  |
| i | There is a policy on obtaining an informed consent from patients  And/or their relatives who are undergoing invasive procedures. | | | | Y ☐ | N | ☐ |  |
| ii | Theatre services are available 24/7. | | | | Y ☐ | N | ☐ |  |
| iii | Infection prevention policies and protocols in place. | | | | Y ☐ | N | ☐ |  |
|  | **2. Receiving and Recovery Areas** | | | |  |  | |  |
| iv | There is a designated area for receiving patients and post-  Anesthesia recovery. | | | | Y ☐ | N | ☐ |  |
| v | Availability  Linen. | of gender-specific | changing rooms and | adequate | Y ☐ | N | ☐ |  |
| vi | There is a  Operations. | specific area set | aside where staffs | scrub for | Y ☐ | N | ☐ |  |
| vii | Does the receiving area have adequate lighting? | | | | Y ☐ | N | ☐ |  |
|  | **3. Operating Area** | | | | | | |  |
| viii | There is adequate space in the operating area allowing for free  Movement of theatre staff. | | | | Y ☐ | N | ☐ |  |
| ix | There is adequate lighting from both overhead and flexible light  Sources in operating area. | | | | Y ☐ | N | ☐ |  |
| x | There are adequate sterile gloves in different sizes in the  Operating room. | | | | Y ☐ | N | ☐ |  |
| xi | There is a standard adjustable operating table. | | | | Y ☐ | N | ☐ |  |
| xii | There are at least two functional anaesthetic machines in the  Operating room. | | | | Y ☐ | N | ☐ |  |
| xiii | There are adequate ambu-bags, both adult and paediatric in the  Operating Room. | | | | Y ☐ | N | ☐ |  |
| xiv | Patient monitor(s) is available and in good working condition in  the Operating Room. | | | | Y ☐ | N | ☐ |  |
| xv | Theatre utilities, including functional laryngoscopes, endotracheal  tubes, suction machines and suction tubes are available in different sizes to cater for both adult and paediatric clients. | | | | Y ☐ | N | ☐ |  |
| xvi | There is a reliable source of back-up oxygen, separate from  anaesthetic machines. | | | | Y ☐ | N | ☐ |  |
| xvii | There is a designated area for sterilizing equipment. | | | | Y ☐ | N | ☐ |  |
|  | **4. Sluice Room** | | | |  | | |  |
| xviii | Is a sluice room/area available and properly located? | | | | Y ☐ | N | ☐ |  |
| xix | Is there a sluicing sink with running water? | | | | Y ☐ | N | ☐ |  |
|  | **5. Staff Requirements** | | | |  |  | |  |
| xx | Are there at least three theatre staff (scrub, runner and  anaesthetic nurse)? | | | | Y ☐ | N | ☐ |  |
|  | **TOTAL 100 (In this Section Yes has a value equivalent of 5)** | | | |  |  | |  |

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| **A. General Policies and guidelines** | | **Assessment** | | | **Comments** |
| i | Pharmaceutical unit is licensed by Pharmacy & Poisons Board. | Y ☐ | N | ☐ |  |
| ii | Pharmacy is supervised by a trained and registered Pharmacist or  other qualified personnel appropriate for the level of care. | Y ☐ | N | ☐ |  |
| iii | The facility has procedures for ordering, acquiring, storing,  dispensing and disposing pharmaceutical products. | Y ☐ | N | ☐ |  |
| iv | Safety procedures, protocols in relation to medication available. | Y ☐ | N | ☐ |  |
| **B. Storage and display of commodities** | | **Assessment** | | | **Comments** |
| v | Does the pharmacy have secure, lockable cupboards for restricted  drugs only accessible by authorized persons (e.g. narcotics and psychotropics). | Y ☐ | N | ☐ |  |
| **C. Record keeping and documentation** | | **Assessment** | | | **Comments** |
| vi | Does the pharmacy have a well-explained system for recording  prescriptions? | Y ☐ | N | ☐ |  |
| vii | Does the pharmacy have standard operating procedures for  disposal of expired drugs? | Y ☐ | N | ☐ |  |
| vii | Is there a daily updated inventory system showing which  commodities are available? | Y ☐ | N | ☐ |  |
| ix | Is there documentation showing where medicines are procured? | Y ☐ | N | ☐ |  |
|  | **TOTAL 36 (In this Section Yes has a value equivalent of 4)** |  |  | |  |

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| **A. Policies, guidelines and SOPs** | | | | | **Assessment** | | | **Comments** |
|  | Reporting procedures | | | | | | |  |
| i | The Unit is licensed by the Kenya Medical Laboratory Board. | | | | Y ☐ | N | ☐ |  |
| ii | The facility has existing standard operating procedures for  collecting, labelling, preparing, storing, interpreting and disposal  of specimens; which are known by all staff working in the laboratory. | | | | Y ☐ | N | ☐ |  |
| iii | Availability of an updated inventory of equipment. | | | | Y ☐ | N | ☐ |  |
| iv | Register of all tests done and turnaround time for each test is  recorded. | | | | Y ☐ | N | ☐ |  |
| v | The laboratory has SOPs and guidelines for reporting laboratory  procedures according to license class. | | | | Y ☐ | N | ☐ |  |
| vi | The Laboratory has infection prevention protocols in place. | | | | Y ☐ | N | ☐ |  |
| **B. Equipment Management Program** | | | | | | | |  |
|  | Calibration and validation of equipment | | | | | | |  |
| vii | Does the lab have a system for regular calibration/validation of  equipment available? | | | | Y ☐ | N | ☐ |  |
| viii | Is the system for calibration/validation of equipment placed close  to respective equipment? | | | | Y ☐ | N | ☐ |  |
|  | Equipment maintenance documentation | | | | | | |  |
| ix | Does the laboratory have a systematic, well-documented  equipment maintenance schedule? | | | | Y ☐ | N | ☐ |  |
| x | Register of maintenance and calibration of equipment available. | | | | Y ☐ | N | ☐ |  |
| xi | Are service contracts available for all lab equipment? | | | | Y ☐ | N | ☐ |  |
| xii | Does lab have a system for equipment procurement that is known  by staff (one other staff to explain)? | | | | Y ☐ | N | ☐ |  |
| xiii | Does the laboratory have a list of all equipment in use? | | | | Y ☐ | N | ☐ |  |
| xiv | Does the  system? | laboratory | have a functional inventory | management | Y ☐ | N | ☐ |  |

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| **C. Quality Control of Tests** | | **Assessment** | | **Comments** |
|  | Quality control practices | | |  |
| xv | Are equipment registered, validated and calibrated? | Y ☐ | N ☐ |  |
| xvi | Is there documentation of quality control of tests? | Y ☐ | N ☐ |  |
| xvii | Is there a documented system for regular review and improvement  of laboratory tests? | Y ☐ | N ☐ |  |
| xviii | Is there documentation of sample archiving, retrieval and disposal? | Y ☐ | N ☐ |  |
| xix | Is Internal Quality Control (IQC) done regularly? | Y ☐ | N ☐ |  |
| xx | Is the laboratory enrolled in any External Quality Assurance System? | Y ☐ | N ☐ |  |
|  | Procurement and storage of reagents | | |  |
| xxi | Does the laboratory have a functional temperature recording  system in place? | Y ☐ | N ☐ |  |
| xxii | Are standards for procurement and safe storage of reagents in  place, including an inventory of all reagents? | Y ☐ | N ☐ |  |
|  | **TOTAL 66 (In this Section Yes has a value equivalent of 4)** |  |  |  |

Attach license from the Kenya Medical Laboratory Technicians & Technologist Board

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| **A. Radiation Protection** | | **Assessment** | | | **Comments** |
|  | Personal radiation dose monitoring |  |  | |  |
| i | Are personal radiation dose monitoring badges worn daily and  evaluated monthly by the Radiation Protection Board. | Y ☐ | N | ☐ |  |
|  | Radiation safety service provider | | | |  |
| ii | Facility is licensed by Radiology Protection Board. | Y ☐ | N | ☐ |  |
| iii | The facility has records confirming that there is a radiation safety  service provider for monitoring exposure to radiation and safety of workers and patients. | Y ☐ | N | ☐ |  |
|  | Adequate number of lead aprons | | | |  |
| iv | Are there an adequate number of lead aprons, i.e. a minimum of  three: one each for the patient, patient-guardian and radiographer? | Y ☐ | N | ☐ |  |
|  | Radiological examination in pregnancy | | | |  |
| v | Is a code of practice for pregnant women available and producible? | Y ☐ | N | ☐ |  |
|  | Quality assurance of image processing | | | |  |
| vi | Is there evidence of quality assurance of the image processing  system (it may be digital, automatic or manual)? | Y ☐ | N | ☐ |  |
| **B. Policies, SOPs and Registers** | | **Assessment** | | | **Comments** |
|  | Policies, SOPs and Code of Practice | | | |  |
| vii | Standard operating procedures are available for different  radiological and imaging services. | Y ☐ | N | ☐ |  |
| viii | There is evidence that they are reviewed regularly based on  evidence-based current radiological practice. | Y ☐ | N | ☐ |  |
| ix | There is a code of practice displayed next to the respective  radiological devices. | Y ☐ | N | ☐ |  |
| x | There are records for all radiological examinations carried out,  indicating the requesting clinician, the radiologist/radiographer who performed the exam and the findings of the exam. | Y ☐ | N | ☐ |  |
| xi | Infection prevention and control policies documented and in place. | Y ☐ | N | ☐ |  |

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| **C. Radioactive Waste Management** | | **Assessment** | | **Comments** |
|  | Personal safety measures | | |  |
| xii | Does the facility produce radioactive waste? | Y ☐ | N ☐ |  |
| xii | Are patient and staff safety measures implemented alongside  routine waste management tasks? | Y ☐ | N ☐ |  |
|  | Radioactive waste management programs in place | | |  |
| xiv | Is there designated staff in charge of radioactive waste  management? | Y ☐ | N ☐ |  |
| xv | Are there records showing that radioactive waste management  systems are in place? | Y ☐ | N ☐ |  |
|  | Designated staff for radioactive waste management programs | | |  |
| xvi | Does the facility have designated personnel to oversee radioactive  waste management programs? | Y ☐ | N ☐ |  |
|  | **TOTAL 64 (In this Section Yes has a value equivalent of 4)** |  | |  |

Attach license from the Radiation Protection Board

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| **SECTION 12: OTHER SUPPORT SERVICES** | |  | | |
| **A. Food & House Keeping** | | **Assessment** | | | **Comments** |
|  | **Food** | | | |  |
| i | Nutritionist available in the facility. | Y ☐ | N | ☐ |  |
| ii | There is a guideline on food appropriate for the patient and  consistent with his/her clinical care that is available which include;  Orders for nil by mouth, regular diet, special diet and parenteral/nasogastric tube nutrition | Y ☐ | N | ☐ |  |
| iii | Does the person handling food have appropriate uniform and are  medically examined every 6 months | Y ☐ | N | ☐ |  |
| iv | There is a policy in place that ensures the food preparation,  handling and storage are safe | Y ☐ | N | ☐ |  |
|  | **House Keeping** |  |  | |  |
| v | The housekeeping service is managed to ensure the provision of a  safe and effective service | Y ☐ | N | ☐ |  |
|  | **Linen service management** |  |  | |  |
| vi | There is a policy in place to ensure there is adequate and  appropriate linen to meet patients need. | Y ☐ | N | ☐ |  |
| vii | The linen service is managed to ensure the provision of a safe and  effective service. | Y ☐ | N | ☐ |  |
| **B. Mortuary** | | **Assessment** | | | **Comments** |
| viii | There is a policy to identify, preserve, store and safely discharge  bodies. | Y ☐ | N | ☐ |  |
| ix | Equipment for storage and transportation of bodies meet  environmental hygiene standards | Y ☐ | N | ☐ |  |
| x | Practices within the morgue should subscribe within the laid down  procedures. | Y ☐ | N | ☐ |  |
| xi | Mortuary staff wear protective gear to prevent accident, injury or  infection | Y ☐ | N | ☐ |  |
|  | **TOTAL 33 (In this Section Yes has a value equivalent of 3)** |  |  | |  |

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| **A. Policies** | | **Assessment** | | **Comments** |
| i | Written policies and procedures on all aspects of health and  safety guide the personnel in maintaining a safe work environment. | Y ☐ | N ☐ |  |
| ii | Post exposure prophylaxis (PEP) is available to the personnel in  accordance to the organizational policy. | Y ☐ | N ☐ |  |
| iii | There is a policy on reporting reactions to drugs or severe side  effects and how to care for a patient in such events | Y ☐ | N ☐ |  |
| iv | There is a programme in identifying preparing mitigation and  managing disaster incidents including but not specific to fire, mass accidents flood, and other emergencies. | Y ☐ | N ☐ |  |
| v | There is a policy to identify and manage patients correctly to  eliminate errors. | Y ☐ | N ☐ |  |
|  | **TOTAL 15 (In this Section Yes has a value equivalent of 5)** |  |  |  |

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| **A. Patient Clients’ Outcomes** | | **Assessment** | | | **Comments** |
| i | Facility has mechanism to trigger stakeholders feedback and  involvement on health services planning, provision, outcomes, impact and satisfaction | Y ☐ | N | ☐ |  |
| ii | Patients’/clients' views and level of satisfaction are assessed at  planned intervals e.g. through exit interviews. | Y ☐ | N | ☐ |  |
| iii | Results shall be documented and acted upon, e.g. analyzed and  considered in improvement plans. | Y ☐ | N | ☐ |  |
| iv | Mechanisms for patient/client feedback is in place | Y ☐ | N | ☐ |  |
| **B. Facility Outcomes** | | **Assessment** | | | **Comments** |
| v | The performance of health facilities is assessed on a regular basis. | Y ☐ | N | ☐ |  |
| vi | The indicators listed below are calculated on a monthly basis and  monitored over time. Expenditure/revenue ratio  Total financial resources in relation to number of beds. Overall death rate (deaths / admissions)  Number of maternal deaths in facility Number of deliveries  Neonatal deaths | Y ☐ | N | ☐ |  |
|  | **TOTAL 12 (In this Section Yes has a value equivalent of 2)** |  |  | |  |

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| **A. Policies** | | **Assessment** | | | **Comments** |
| i | The facility has in place a policy to identify, diagnose, interpreted  and manage eye related problems | Y ☐ | N | ☐ |  |
| ii | Procurement, storage, requisition, dispensing before expiry,  labeling, installation, maintenance, administration & disposal of Ophthalmology medication, materials, equipment & instruments in line with International standards and manufacturers Guidelines. | Y ☐ | N | ☐ |  |
| **B. Equipment** | |  | | |  |
|  | **Basic Diagnostic equipment** | | | |  |
| iii | Eye Chart | Y ☐ | N | ☐ |  |
| iv | Slit Lamp | Y ☐ | N | ☐ |  |
| v | Direct Ophthalmoscope | Y ☐ | N | ☐ |  |
| vi | Tonometer | Y ☐ | N | ☐ |  |
| vii | Refraction Set | Y ☐ | N | ☐ |  |
| viii | Pen Torch | Y ☐ | N | ☐ |  |
| ix | Retinoscope | Y ☐ | N | ☐ |  |
| x | Indirect Ophthalmoscope | Y ☐ | N | ☐ |  |
| xi | Applanation | Y ☐ | N | ☐ |  |
| xii | Tonopen | Y ☐ | N | ☐ |  |
| xiii | Lenses(20D,78D,90D) | Y ☐ | N | ☐ |  |
| xiv | 3 Mirror Lens | Y ☐ | N | ☐ |  |
| xv | Visual Perimetery apparatus | Y ☐ | N | ☐ |  |
| xvi | Ophthalmic Operating Microscope | Y ☐ | N | ☐ |  |

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| **C. Basic Surgical Equipment** | | **Assessment** | | **Comments** |
| xvii | Keratometer | Y ☐ | N ☐ |  |
| xviii | A-Scan | Y ☐ | N ☐ |  |
| xix | Operating Instrument Sets, | Y ☐ | N ☐ |  |
| xx | Basic Anterior Segment Set (Cataract And Glaucoma), Lid surgery,  Squint, Orbital surgery , Vitreoretinal surgery | Y ☐ | N ☐ |  |
| xxi | Operating room space, | Y ☐ | N ☐ |  |
| xxii | Ophthalmic Operating table and chair, trolley, drip stand, | Y ☐ | N ☐ |  |
| xxiii | sterilization equipment | Y ☐ | N ☐ |  |
| xxiv | Anterior Vitrector | Y ☐ | N ☐ |  |
| xxv | Paediatric(Vitrector Machines , Keratomiter,) | Y ☐ | N ☐ |  |
| xxvi | Corneal Grafting Instruments | Y ☐ | N ☐ |  |
| xxvii | Glaucoma( Glaucoma Laser Lenses, Puchymeter ) | Y ☐ | N ☐ |  |
| xxviii | Vitrio Retinal ( Endo Laser, Posterior Vitrectomy Machine, | Y ☐ | N ☐ |  |
| xxix | Orbital and Oculloplastic surgery equipment ) | Y ☐ | N ☐ |  |
| xxx | Refractive Surgery equipment | Y ☐ | N ☐ |  |
| xxxi | Corneal Topography | Y ☐ | N ☐ |  |
| **D. Consumables** | | **Assessment** | | **Comments** |
| xxxii | Local anesthetic solution and needles. | Y ☐ | N ☐ |  |
| xxxiii | Sterile gauze. | Y ☐ | N ☐ |  |
| xxxiv | Disposable gloves. | Y ☐ | N ☐ |  |
| xxxv | Disposable face masks. | Y ☐ | N ☐ |  |
| xxxvi | Cotton rolls. | Y ☐ | N ☐ |  |
| xxxvii | Medical gasses and compressors are Provided for in a safe manner. | Y ☐ | N ☐ |  |
| xxxviii | Policies, procedures and guidelines in place and in use as regards | Y ☐ | N ☐ |  |
|  | **TOTAL 76 (In this Section Yes has a value equivalent of 2)** |  |  |  |

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| **A. Infrastructure** | | **Assessment** | | **Comments** |
| i | There is a room available set aside to offer critical care. | Y ☐ | N ☐ |  |
| ii | There is availability of standard ICU bed | Y ☐ | N ☐ |  |
| iii | There is quick access to theatre and laboratory | Y ☐ | N ☐ |  |
| **B. Human Resource** | | **Assessment** | | **Comments** |
| iv | Availability of staff trained in critical care including an  Anesthetist. | Y ☐ | N ☐ |  |
| **C. Equipment** | | **Assessment** | | **Comments** |
| v | There is a policy in place for acquisition, usage, calibration,  Maintenance, storage and disposal of equipment in the facility. | Y ☐ | N ☐ |  |
| vi | Defibrillator | Y ☐ | N ☐ |  |
| vii | Ventilator | Y ☐ | N ☐ |  |
| vii  i | Blood Gas Analyzer. | Y ☐ | N ☐ |  |
| ix | Oxygen supply | Y ☐ | N ☐ |  |
| **D. Policies & Programs** | | **Assessment** | | **Comments** |
| x | Standard operating procedure is in place for managing different  Emergencies. | Y ☐ | N ☐ |  |
| xi | Infection prevention policies in place | Y ☐ | N ☐ |  |
|  | **TOTAL 110 (In this Section Yes has a value equivalent of 10)** |  |  |  |

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| **A. Infrastructure** | | **Assessment** | | **Comments** |
| i | An area or a room has been set aside for dental services. | Y ☐ | N ☐ |  |
| ii | There are guidelines available on diagnosis, interpretation of  Various dental conditions. | Y ☐ | N ☐ |  |
| **B. Equipment and Tools for Dental Healthcare Services** | | **Assessment** | | **Comments** |
| iii | There is a policy in place for acquisition, usage, calibration,  Maintenance, storage and disposal of equipment in the facility. | Y ☐ | N ☐ |  |
|  |
| iv | Available or access to an OPG machine | Y ☐ | N ☐ |  |
| v | Dental Chair and unit in functional state. | Y ☐ | N ☐ |  |
| vi | Operators chair and assistants’ chair. | Y ☐ | N ☐ |  |
| vii | Compressor. | Y ☐ | N ☐ |  |
| viii | Suction machine. | Y ☐ | N ☐ |  |
| ix | Autoclave. | Y ☐ | N ☐ |  |
| x | Amalgamator. | Y ☐ | N ☐ |  |
| xi | Light cure machine. | Y ☐ | N ☐ |  |
| xii | Intra-oral x-ray machine. | Y ☐ | N ☐ |  |
| xiii | Ultrasonic scaler. | Y ☐ | N ☐ |  |
| xiv | High speed and slow speed hand pieces. | Y ☐ | N ☐ |  |
| xv | Examination light. | Y ☐ | N ☐ |  |
| xvi | Mouthwash. | Y ☐ | N ☐ |  |
| xvii | Lockable Instrument cabinets. | Y ☐ | N ☐ |  |
| xviii | Disposable bins with foot control (Plastic or Metallic). | Y ☐ | N ☐ |  |
| xix | Amalgam filter. | Y ☐ | N ☐ |  |
| xx | Working Refrigerator. | Y ☐ | N ☐ |  |
| xxi | Emergency tray i.e. (Disposable syringes, adrenaline,  Hydrocortisone, IV canulas etc). | Y ☐ | N ☐ |  |
| xxii | Full set of extraction forceps and elevators. | Y ☐ | N ☐ |  |
| xxiii | Dental syringes. | Y ☐ | N ☐ |  |

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| **Equipment And Tools For Dental Healthcare Services** | | **Self**  **Assessment** | | | **Comments** |
| xxiv | Amalgam restoration tray i.e.  (Amalgam carrier, Amalgam Condenser, Curver, Burnisher, Matrix holder and bands, Wedges, Calcium Hydroxide applicator, Carie excavator & Rotary burs).  *\*Tick Yes if all tools are available in the tray and No if any is*  *missing* | Y ☐ | N | ☐ |  |
| xxv | Composite restoration tray i.e.  (Caries, excavator, Cement applicator, Enamel/Dentine Bonding agent, Acid etch set, Composite resin, Mylar strips, Composite polishing strips, Plastic applicators & Rotary burs).  *\*Tick Yes if all tools are available in the tray and No if any is*  *missing* | Y ☐ | N | ☐ |  |
| xxvi | Endodontic tray- either rotary or hand instruments i.e.  (Reamers and Files, Barbed Broaches, Gutter percha condenser, Gutta percha, Paper points ,Root canal Disinfectant, Root canal Obturation Cement).  *\*Tick Yes if all tools are available in the tray and No if any is*  *missing* | Y ☐ | N | ☐ |  |
| xxvii | Diagnostic tray i.e.  (Mirror, Probe, Tweezers, Periodontal probe, Cotton rolls & Vitality test kit).  *\*Tick Yes if all tools are available in the tray and No if any is*  *missing* | Y ☐ | N | ☐ |  |
| xxvii  i | Assorted impression trays i.e.  (Upper edentulous, Lower edentulous, Lower dentate (No. 1-3), Upper dentate (No. 1-3), Paedo trays (upper and lower) & Impression material).  *\*Tick Yes if all tools are available in the tray and No if any is*  *missing* | Y ☐ | N | ☐ |  |
| xxix | Surgical tray includes all the following:  Periosteal elevator, Blade holder and blades, Tissue forceps Needle holder, Sutures, Surgical scissors, High speed evacuation tips, Lower molar forceps, Upper molar forceps (left and right),Lower premolar forceps, Lower anterior forceps, Lower root forceps, Upper anterior forceps, Upper root forceps, Criers elevator (left and right), Straight elevators (No. 1,2 and 3),Root tip elevator (left and right).  *\*Tick Yes if all tools are available in the tray and No if any is*  *missing* | Y ☐ | N | ☐ |  |

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| **C. Policies and Guidelines:** | | | | | | | | | **Assessment** | | | **Comments** |
| xxx | Policies, procedures and guidelines in place and in use as regards  procurement, storage, requisition, dispensing before expiry, labeling, installation, maintenance, administration & disposal of dental medication, materials, equipment & instruments in line  with International standards and manufacturers guidelines. | | | | | | | | Y ☐ | N | ☐ |  |
| xxxi | There are policies and procedures in place to govern the  Management of dental materials. | | | | | | | | Y ☐ | N | ☐ |  |
| xxxii | Infection prevention and control policies in place and used. | | | | | | | | Y ☐ | N | ☐ |  |
| xxxiii | Appropriate staff in place in the unit. | | | | | | | | Y ☐ | N | ☐ |  |
| **D. Records Keeping** | | | | | | | | | **Assessment** | | | **Comments** |
| xxxiv | There is a register available to show services and dental  procedures carried out. | | | | | | | | Y ☐ | N | ☐ |  |
| xxxv | A well-kept  available. | register | which | is | maintained | for | all | services | Y ☐ | N | ☐ |  |
| **E. Dental X-Ray and Imaging** | | | | | | | | | **Assessment** | | | **Comments** |
| xxxvi | There is a policy in place for acquisition, usage, calibration,  maintenance, storage and disposal of equipment in the facility. | | | | | | | | Y ☐ | N | ☐ |  |
| xxxvii | Policies, procedures and guidelines in place and in use as regards procurement, storage, requisition, dispensing before expiry, labeling, installation, maintenance, administration & disposal of dental radiographic materials equipment& instruments in line with International standards and Radiation Protection Board  guidelines. | | | | | | | | Y ☐ | N | ☐ |  |
| xxxviii | There are policies and procedures into govern the management  of dental materials. | | | | | | | | Y ☐ | N | ☐ |  |
|  | **TOTAL 76 (In this Section Yes has a value equivalent of 2)** | | | | | | | |  |  | |  |

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| **A. Infrastructure** | | | **Assessment** | | **Comments** |
| i | There is a room set aside for dialysis services. | | Y ☐ | N ☐ |  |
| ii | There is a quick access to critical care. | | Y ☐ | N ☐ |  |
| iii | Availability or access to laboratory that can perform kidney  related tests | | Y ☐ | N ☐ |  |
| iv | There is a designated water treatment area with proper plumbing and water purification process that is proximal to the dialysis  machines. | | Y ☐ | N ☐ |  |
| v | There is a dedicated dialysis station for infectious patients. | | Y ☐ | N ☐ |  |
| **B. Equipment** | | | **Assessment** | | **Comments** |
| vi | | There is a policy in place for acquisition, usage, calibration,  maintenance, storage and disposal of equipment in the facility. | Y ☐ | N ☐ |  |
| vii | | There is a list of equipment but not specific to dialysis machine,  catheters. | Y ☐ | N ☐ |  |
| viii | | There is availability and usage of a renal chart. | Y ☐ | N ☐ |  |
| **C. Human Resource** | | | **Assessment** | | **Comments** |
| ix | | There is a qualified renal nurse who is backed up either a  nephrologists and/or a physician. | Y ☐ | N ☐ |  |
| x | | Infection prevention known to staff and applied. | Y ☐ | N ☐ |  |
|  | | **TOTAL 81 (In this Section Yes has a value equivalent of 9)** |  |  |  |

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| **A .** | **Policy and Guidelines** | **Assessment** | | | **Comments** |
| i | Existence of documented procedures and guidelines for identification screening , treatment and referral of clients | Y ☐ | N | ☐ |  |
| ii | Do you have documented, up-to-date policies and procedures to support, monitor and regulate the assessment and review process? | Y ☐ | N | ☐ |  |
| iii | Does the treatment and rehabilitation programme describe structured daily and weekly activities, individual and group sessions, stages or phases of treatment and related goals in a  Time-defined programme? | Y ☐ | N | ☐ |  |
| iv | Infection prevention and control program and policies in place | Y ☐ | N | ☐ |  |
| **B. Staffing** | |  | | |
| v | Existence of a multidisciplinary team is in place , Medical practitioner(consultant ), Nursing staff and other allied health professionals trained to deliver rehabilitation programs as  appropriate | Y ☐ | N | ☐ |  |
| vi | Does the multidisciplinary team formally review each client's  treatment progress (including psychiatric status) on a weekly basis? | Y ☐ | N | ☐ |  |
| **C. Patient Assessment** | |  | | |
| vii | Do you have professional staff with the relevant knowledge, skills and competencies to carry out intake assessments or screening within 24 hours, or, in the case of clients admitted with alcohol, benzodiazepine or opiate dependency, within 8 hours of  Admission? | Y ☐ | N | ☐ |  |
| viii | Do your clients receive a comprehensive, accurate, timely assessment of their physical, psychiatric and psychosocial spiritual functioning within 72 hours of admission by a qualified and experienced professional? | Y ☐ | N | ☐ |  |
| ix | Do you have designated medical clinicians to deliver medical or psychiatric diagnoses? | Y ☐ | N | ☐ |  |
| x | Are the results of each client’s comprehensive assessment reviewed by a primary counselor and the centre’s multidisciplinary team within 1 week of the client’s admission? | Y ☐ | N | ☐ |  |
| xi | Are the clients assessments recorded in the clients’ case records within 24 hours? | Y ☐ | N | ☐ |  |
| xii | Are the results of the comprehensive assessment and the treatment plan presented and discussed at case conferences or  studies? | Y ☐ | N | ☐ |  |

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| **D**. | **Individualized Treatment Planning** | | **Assessment** | | | **Comments** |
| xiii | | Do all clients have a documented, individualized treatment plan  that encourages their recovery? | Y ☐ | N | ☐ |  |
| xiv | | Do you seek informed consent from all clients prior to the onset  of any treatment? | Y ☐ | N | ☐ |  |
| **E. Counseling** | | |  | | |  |
| xv | | Do your addiction counseling staff have the knowledge, skills and  competencies to undertake the following:  Screening to establish whether the client is appropriate for the programme.  Intake – Administrative and initial assessment procedures. Orientation of the client.  Intake and comprehensive assessment.  Treatment planning, including special needs planning (children and adolescents, the elderly, disabled).  Counseling (individual, group and family). Case management.   * Crisis intervention. * Client education. * Referral   Reports and record keeping. | Y ☐ | N | ☐ |  |
| **F. Detoxification** | | |  | | |  |
| xvi | | Does your center have written policies, procedures and evidence on Detoxification (including voluntary withdrawal)? | Y ☐ | N | ☐ |  |
| **G. Discharge , Re-admission and continuing care** | | |  | | |  |
| xvii | | Are clients provided with appropriate programmes and support to enable their effective transition from a treatment Centre to their families and re-integration into their communities? | Y ☐ | N | ☐ |  |
| xviii | | Are all clients assessed and reviewed by the multi-disciplinary  team towards the end of treatment to determine their readiness for discharge and to facilitate discharge planning? | Y ☐ | N | ☐ |  |
| xix | | Are relevant referral agencies supplied on time with a  Confidential, signed and dated discharge summary to facilitate continuity of care for all clients leaving the center? | Y ☐ | N | ☐ |  |
|  | | **TOTAL 57 (In this Section Yes has a value equivalent of 3)** |  |  | |  |





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| **A. Staffing** | | | **Self**  **Assessment** | | **Comments** |
| i | There is a trained and qualified oncologist who is licensed to  offer care in chemotherapy services.  There is a trained and qualified radiotherapist who is licensed to offer radiotherapy services. | | Y ☐ | N ☐ |  |
| ii | There is multi-disciplinary team under the lead oncologist that  Supports service delivery in the facility. | | Y ☐ | N ☐ |  |
| iii | The team formally reviews each client’s treatment progress on a  Scheduled basis. | | Y ☐ | N ☐ |  |
| **B. Policies and Guidelines & licensure** | | |  | |  |
| iv | | There exist documented, procedures and guidelines for identification, screening, treatment, referral of patients and the  Policies on cancer registry. | Y ☐ | N ☐ |  |
| v | | There is evidence that they are reviewed regularly based on  Evidence-based clinical guidelines approved by MOH. | Y ☐ | N ☐ |  |
| vi | | Policies and procedures are in place to guide the safe administration of systematic therapy i.e. administration of  Chemotherapeutic, biologic and immunotherapeutic agents. | Y ☐ | N ☐ |  |
| vii | | Guidelines on radiation safety rules and standards exist and are adhered to. | Y ☐ | N ☐ |  |
| **C. Safety and Risk Management** | | |  | |  |
| viii | | Guidelines on management of spills and cytotoxic waste are  Available. | Y ☐ | N ☐ |  |
| ix | | Chemo preparations are transported by trained personnel in leak  Proof plastic bag and sturdy containers. | Y ☐ | N ☐ |  |

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|  | **Safety and Risk Management** | **Assessment** | | | **Comments** |
| x | Preparation and administration area has a spill kit that include  the following:  Alkaline soap. Isopropyl alcohol. Absorbent masks. Niosh mask.  2 pairs of powder free gloves.  Gown with closed front and snug cuffs. 2 cytotoxic disposal bags.  Sharps container. Dust pan and brush.  A pair of goggles. | Y ☐ | N | ☐ |  |
| xi | There is documented evidence that personnel are trained on  safe handling of cytotoxic. | Y ☐ | N | ☐ |  |
| xii | There are guidelines on handling and storage of cytotoxic drugs. | Y ☐ | N | ☐ |  |
| xiii | There are protocols that deal with pre-and post-chemotherapy  Management of patients to improve tolerability and reduce side effects. | Y ☐ | N | ☐ |  |
| xiv | There are guidelines on safe handling, storage and disposal of  Brachytherapy sources. | Y ☐ | N | ☐ |  |
| **D. Information system** | |  |  | |  |
| xv | There is a cancer information system integrated with the  National data registry to provide and consolidate information on cancer. | Y ☐ | N | ☐ |  |
| **E. Case Management** | |  |  | |  |
| xvi | There are guidelines known to all staff on assessment and pain  Management. | Y ☐ | N | ☐ |  |
| xvii | There are guidelines to ensure patients access psychosocial  Services, Nutrition services and rehabilitation services on site or on a referral basis. | Y ☐ | N | ☐ |  |
| **F. Cancer Prevention & Screening** | |  |  | |  |
| xviii | There is a known policy guideline on prevention and screening of  Cancer. | Y ☐ | N | ☐ |  |
| xix | There is an established mechanism for engaging consumers and  or health care providers in cancer service delivery planning and utilization. | Y ☐ | N | ☐ |  |

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| **G. Feedback Mechanism** | | **Assessment** | | | **Comments** |
| xx | Consumers and health care providers participate in the planning  and implementation of quality improvement and evaluation of patient feedback data in oncology. | Y ☐ | N | ☐ |  |
| xxi | Mechanisms for patient/client feedback is in place. | Y ☐ | N | ☐ |  |
| **H. Community Linkages and outreach activities** | | **Assessment** | | | **Comments** |
| xxii | There is documented evidence of active coordination between  the health system, community service agencies and patients in cancer care. | Y ☐ | N | ☐ |  |
| xxiii | There is a designated staff person or resource responsible for  Ensuring providers and patients make maximum use of community resources. | Y ☐ | N | ☐ |  |
| xxiv | There are guidelines on outreach activities for awareness and  Prevention. | Y ☐ | N | ☐ |  |
| **I. Self-Management Support** | | **Assessment** | | | **Comments** |
| xxv | There is an effective self-management support which are  Regularly assessed and recorded in standardized form linked to a treatment plan available to practice and patient. | Y ☐ | N | ☐ |  |
| xxvi | Self-management is provided by clinical educators, trained in  Patient empowerment and problem-solving methodologies. | Y ☐ | N | ☐ |  |
| xxvii | Addressing concerns of patients and families are an integral part of care and includes systematic assessment and routine involvement in peer support, counselling, groups or mentoring  Programs. | Y ☐ | N | ☐ |  |
|  | **TOTAL 81 (In this Section Yes has a value equivalent of 3)** |  |  | |  |

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**COVID-19 PANDEMIC HANDLING MECHANISM ESTABLISHMENT**

1. **---------------YES------------------------------------------------------------------------------------------------**
2. **………………….NO-------------------------------------------------------------------------------------------------**

|  |  |
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| **TOTAL SCORE** | **ASSESSMENT OUTCOME** |
|  | **SCORE PERCENTAGE** |

**Scores for the Various Types of Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Assessment Type** | **Maximum Score (Marks)** | **%** |
| **1.** | **OUTPATIENT** | **674** | 100 |
| **2.** | **INPATIENT & OUTPATIENT** | **1,091** | 100 |
| **3.** | **LABORATORY STANDALONE** | **260** | 100 |
| **4.** | **RADIOLOGY STANDALONE** | **294** | 100 |
| **5.** | **EYE UNIT STANDALONE** | **306** | 100 |
| **6.** | **DENTAL UNIT STANDALONE** | **370** | 100 |
| **7.** | **RENAL UNIT STANDALONE** | **275** | 100 |
| **8.** | **REHAB (DRUG & SUBSTANCE ABUSE) STANDALONE** | **267** | 100 |

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| **SECTION 21: FOR OFFICIAL USE ONLY: FINDINGS AND RECOMMENDATIONS** | | | |
| **KIBU ASSESSMENT TEAM** | | | |
| Name | | Designation | Signature |
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|  |  |  |  |
| **FACILITY REPRESENTATIVE(S)** | |  |  |
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| **FACILITY DECLARATION** | | | |
| **We.........................................................and of** | | | |
| **............................................................................................................................ (Facility)** | | | |
| Certify that the information provided reflects the true status of the facility and that we shall take full | | | |
| Responsibility of any variations herein provided. | | | |
| **Signature (1)............................................Signature (2)..............................................** | | | |
| **OFFICIAL STAMP** | | | |

**NOTE: OBSERVE THAT YOU:**

* 1. Attach license from the Radiation Protection Board (facility with radiotherapy services)
  2. Attach license from the Pharmacy and Poisons Board, where applicable.
  3. Attach license from the Kenya Medical Laboratory & Technicians Board where applicable.
  4. Attach license from the Kenya Medical Practitioners and Dentist Board (for the facility and practitioners based in the facility.ie – Directors, in-charge of Departments and sections.