Form XV

CHECK LIST FOR SINGULAR/JOINT INSPECTIONS FOR PRIVATE INPATIENT MEDICAL INSTITUTIONS BY HEALTH REGULATORY BODIES IN THE MINISTRIES RESPONSIBLE FOR HEALTH					
Basic information					
1.	**Name facility**				N/A
2.	**Category of Facility**	Level			N/A(to be graded at the time of registration
3.	**Proprietor/owner**				**N/A**
	(a)Organization	Private( ), Faith based( ), GOK( ), Community based ( ).			N/A
	(b) Proprietor's name				N/A
	Current Licence No.	(III)Expiry date of the current licence			5
				Not matching	1
				matching	5
4.	**Name of Officer in charge.**	Current practicing licence No.			N/A
					N/A
					N/A
5.	**Address**				
	Physical	County			N/A
		Building, Plot No.			
		Town, Street			
	Tel No.				
	Email				N/A
	Postal	Box No.		Code:	N/A
6.	**Medical Personnel**				N/A (to be graded at the time of registration.
	Name of Medical Personnel	**Cadre**	**Licence Number**	**Date of issue**	**Expiry date**
	Total number of staff				
7.	**Services offered**				
	Outpatient Services Y/N	MCH( ) & HCT( )		N/A	

	Inpatient Services	YES / NO *(tick/ circle)*	Number of beds	Number of cots	N/A						
8.	**Health Facility Infrastructure**										**Score**
	A. Building				**Yes**		**No**		**N/A**		
1.	Building suitable for scope of work										
2.	Signage for directions is in place and clear										
	B. Environmental - Infection Prevention				**Yes**		**No**		**N/A**		**Comments**
1.	Adequate waste management & disposal (according to guidelines)										
2.	Personal protective equipment available (Gloves, gowns or dust coats, and safety boots for infection prevention)										
	C. Utilities				**Yes**		**No**		**N/A**		**Comments**
1.	Safe, clean running water available – Tap or container). Sufficient water storage available										
2.	Stable electrical power supply										
	Key: Ranking of scores **Level 0:** the desired activity is absent, or there is mostly ad hoc activity related to risk reduction **Level 1:** the structure of more uniform risk-reduction activity begins to emerge **Level 2:** the processes are in place for consistent and effective risk-reduction activities **Level 3:** there are data to confirm successful risk-reduction strategies and continue improvement										
	9. Management& Recording										
					Scoring key						
	A. General management				**1**	**2**	**3**	**4**	**5**		**Comments**
1.	Strategic plan with Vision/Mission/values/ Objectives identified										*1 Not available 2.Available but not in use 3.In use, not known to all 4.In use, not displayed 5.Displayed, known and fully used*
2.	Organization chart available										*1. Approved by management 2. Approved by board 3. Approved by an accredited body*
3.	Service charter displayed										*1.Not Displayed 2. Displayed 3. Regular performance review*
4.	List of all staff working, including position and qualifications										*1. No list 2. List available 3. List with qualifications available 4. List with qualifications and Job*

							description *5. Staff development plan available*
	B. Quality Management						**Comments**
1.	Certifications/ accreditations						No scoring (Yes or No)
2.	Performance indicators monitored						*1. Performance indicators(PI) not collected* *2. PIs collected routinely* *3. PIs analyzed* *4. There's feedback* *5. External publications*
3.	Patients charter						*1. Not available* *2. Available* *3. Displayed*
4.	Feedback mechanism in place						*1. No policy* *2. Policy available* *3. Collection Mechanism available* *4. Regular analysis of complaints & compliments* *5. Evidence of action*
	C. Medical Records & Information Systems						**Comments**
1.							
2.	Medical records for each patient (files – manual/ electronic)						*1. No medical records* *2. Separate medical record for each patient* *3. All patients are triaged* *4. Comprehensive medical notes* *5. Notes are legible and signed*
3.	Approved register is kept of all patients (An outpatient and inpatient register)						*1. No registers* *2. Old registers* *3. Current registers available* *4.Registers correctly used*
4.	Records are kept in a secure place						*1. No restricted access to files* *2. There's restricted access to files* *3. Files kept in lockable cabinets and only authorised*

							persons can access
5.	Contributes to external databases and reports periodically (Linkage to national HMIS)						*1. No routine reports* *2. Routine reports available but not reported* *3. Routine reports submitted irregularly* *4. Routine reports submitted regularly*
	D. Equipment Management						**Comments**
1.	Preventive maintenance plan for equipment						*1. No preventive plan* *2. Service contract available* *3. Equipment checked on schedule and results documented* *4. Due date for next maintenance documented*
2.	Calibration						*1. Machines not calibrated* *2. No contract for calibration* *3. Calibration not regular but contract available* *4. Calibration regular with results available*
10.	**Patient Services**						
		Scoring system					**Comments**
	A. Consultation						
1.	Consultation – Examination rooms	1. Examination coach 2. The above with screen 3. The above with steps 4. The above with mackintosh 5. All the above with bed sheet					
2.	Sink /wash basin	1. Sink available 2. The above with Sink without running water 3. The above with Sink with running					

		water from the tap 4. The above with Sink with all of the above with soap 5. All the above with Sink with running water and drier	
3.	Examination Equipment	• thermometer • stethoscope • BP machine • weighing machine • Diagnostic kit	
	B. Emergency/Resuscitation room		
1.	Triage	1. triage area 2. Nurse not trained in triage 3. Nurse trained in triage 4. SoPs of triage available 5. Proper coding of client	
2.	Emergency tray	• Incomplete emergency tray • Presence of emergency tray with all requirements • The racks clearly labelled • All the above at designated sites • All the above and up to date list of all requirements	
3.	Equipment	• Ambu bag/ masks • Suction machine • Oxygen cylinder and flowmeter • Endotracheal tubes	

		• All the above with an ideal adjustable bed	
	C. Sterilization Process		
1.	Central Supply Unit	1. Separation areas for cleaning 2. Decontaminatio n 3. Sterilization Process – SoPs available 4. Storage of sterile supplies 5. All the above labelled and stored in designated area	
2.	Autoclave Machine	•Autoclave manual available • Autoclave electric available • SoPs available • Maintenance plan •Digitalized autoclave	
	D. Labour Ward		
1.	Procedures for obstetric emergencies	1. Procedure for obstructed labour and foetal distress 2. Procedure for Eclampsia 3. Procedure for APH/PPH/HEL LP 4. Availability of resuscitaire 5. Resuscitaire with oxygen, the suction machine, ambu bags	
2.	Equipments	• Delivery bed available • Sterile delivery set • Vacuum extractor	

		• Suction machine • Maintenance plan	
3.	Monitoring of Labour	•Partograph chart available •Contraction properly charted •Cervical dilatation •Colour coding •TPR/BP	
4.	Access to theatre	1. Ambulance available 2. General theatre available (not close to L/W) 3. General theatre available (close to L/W) 4. More than one theatre 5. L/W fully equipped theatre	
5.	Incubator	1. Presence of incubator 2. Functional incubator 3. Proper temperature regulation 4. Oxygen connection 5. Maintenance plan	
6.	Hand washing facility	1. Sink 2. Sink without running water 3. Sink with running water from the tap 4. Sink with all of the above with soap 5. Sink with running water and drier	
7.	Sluice room	1. Presence of sluice room 2. Sluicing sink	

		3. Availability of running water 4. Decontaminatio n backets available 5. SoPs	
8.	Waste management	1. Available Waste bins 2. coded bins with improper lining 3. bins with proper coded lining 4. Good segregation practice 5. All of the above with SoPs	
9.	State of floor	1. Cement floor 2. Cement floor with drainage 3. Ceramic tile floor with drainage 4. Tarazo with good drainage 5. A cleaning chart	
10.	Nursing Personnel	1. nurses available 2. midwives available 3. midwives available but not the right ratio 1:3 4. midwives available ratio of 1:2 5. midwives available ratio 1:1	
11.	Oxygen source	1. Oxygen cylinders available 2. External oxygen piped to L/W 3. Oxygen plant	

								SOPS 4. Maintenance plan
	E. Clinical Wards							
1.	Oversight of patients							1. Admission procedures 2. Categorization 3. Patients uniform 4. Clinical ward round 5. Handing over / discharge reports
2.	Patient records							1. Availability 2. Non -Coded filing system 3. Coded filing system 4. Designated and secure storage area E-filing
3.	Monitoring equipment							1. Thermometer 2. Stethoscope 3. BP machine 4. Weighing machine 5. Diagnostic kit
4.	Resuscitation tray							1. Presence of an emergency tray 2. Presence of emergency tray with the necessary contents 3. The racks clearly labelled 4. All the above at designated sites 5. All the above plus list of updating the contents
	F. Pharmacy							
		SCORE						**COMMENTS**
		0	1	2	3	4	5	
1.	**General conditions of premises**							
	Adequate general condition of premises (Hygiene, sanitation, ventilation , state of repair, running water, light, adequate space, display of drugs)							
2.	**Medications**							

	Conditions of medications adequate (e.g. security, display, labelling, expiry dates)							
3.	**Record Keeping/ Documentation**							
	Prescriptions received and recorded							
	G. Medical /Dental Laboratory							
4.	**Licensing**							
1.	Licensed for services per class (C,D, E)							
2.	**SOPs**							
	Standard Operating Procedures & guidelines available (according to Class: Including reporting procedures, handling / labelling / storage / disposal of specimens and safety program)							
5.	**Quality assurance**							
	Quality control practiced (Equipment / reagent registered, validated, calibrated and quality control of tests, well maintained equipment, storage)							
6.	**Infection prevention and control**							
	Infection prevention and control practices observed (waste management and sharps disposal, Personal protective equipment)							
	H. Radiology and Imaging Services	**Scoring**						**Comments**
		0	1	2	3	4	5	
1.	**Licenses**							
	Premises & devices							
2.	**Safety and storage**							
	Safety of personnel, environment and patient adequate, quality assurance and equipment management (personal safety and control area safety, waste management)							
3	**Documentation**							
	Facility Code of Practice present (including reporting, testing, calibrating, monitoring and control, standard operating procedures)							
	I. Food Nutrition and Dietetics	**Scoring**						**Comments**
		0	1	2	3	4	5	
1	Nutrition assessment and care plan in place for the patients							
2	Availability of supplementary, therapeutic, & parental feeds							
3	Procurement, delivery, inspection & menu and service of food according to laid protocols/procedures							
4	Food & personnel hygiene and waste							

	disposal Registered Nutritionist & Medically examined kitchen staff.							
	J. Mortuary/ funeral parlour	**Scoring**						**Comments**
		0	1	2	3	4	5	
1.	SOP for receiving, identification, storage and release of bodies including solid disposal							
2.	Protective gear & equipment							
3.	Overall environment							
	K. Occupational Therapy	**Scoring**						**Comments**
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Basic equipment							
3.	room							
	L. Physiotherapy	**Scoring**						**Comments**
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Basic equipment							
3.	Workshop							
4.	SOP							
5.	Records							
	M. Orthopaedic technology	**Scoring**						**Comments**
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Room							
3.	Specialized equipment/materials							
4.	SOPs							
5.	Records							
	N. Orthopaedic plaster and trauma	**Scoring**						**Comments**
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Room							
3.	Specialized equipment/materials							
4.	SOPs							
5.	records							
	O. Medical and Dental Services	**Scoring**						**Comments**
		0	1	2	3	4	5	
1.	Trained personnel							
2.	Basic Equipments							
3.	SOPs							
4.	Rooms							
11.	**Findings and Recommendations**							

12.	**REGISTERED OWNER/ OFFICER IN - CHARGE**
	Name:..... Designation:……..... Email..... Tel No.:.....Date.....Sign:.....

INSPECTION TEAM

	NAME	BOARD/COUNCIL/MOH	DESIGNATION	SIGNATURE	DATE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					