

Name of Hospital/RHC  
Date of Assessment

Facility Identifier  
Assessment Team Number

Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<b>PART A: MANAGEMENT</b>				
<b>1.5</b>	<b>Human Resources Management</b>  <b>Staff are appointed, trained and evaluated in accordance with documented procedures, job descriptions and service needs.</b>				
1.5.1	The hospital develops and implements policies and procedures for the management of staff, which includes appointment, selection, training, appraisal, promotion, and retention of appropriately qualified staff to meet the service objectives of the organisation.	<ol style="list-style-type: none"> <li><b>Written HR policies</b> and procedures available on: <ul style="list-style-type: none"> <li>Appointment</li> <li>Selection</li> <li>Training</li> <li>Appraisal</li> <li>Promotion</li> <li>How to retain staff</li> </ul> </li> <li><b>Staff interviews</b> indicate they are followed</li> </ol>			
1.5.2	Staff availability and skill mix are consistent with the on-going role and functions of each unit	<ol style="list-style-type: none"> <li><b>Interview</b> with Manager about how positions are budgeted and filled, any shortages</li> <li><b>Interview</b> some staff and identify any dissatisfaction with staffing numbers</li> </ol>			
1.5.4	Staff appointments are made in line with the required qualification and experience for the job.	<ol style="list-style-type: none"> <li>Ask to see <b>job descriptions</b>, these identify qualifications and experience required for the position</li> <li><b>Staff files</b> reviewed show appropriate qualifications of staff (see Staff file checklist)</li> </ol>			
1.5.6	Current job descriptions and responsibilities for all staff are available and all staff have a copy of their job	<ol style="list-style-type: none"> <li>Current <b>job descriptions</b> for each position type are available</li> <li><b>Job descriptions</b> contain responsibilities</li> </ol>			

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	description.	3. <b>Staff interviewed</b> confirm they have a copy of job description			
1.5.7	All new staff have their professional registration papers checked on appointment and regularly thereafter to ensure employees have a current valid registration with the relevant professional accreditation body.	1. <b>Written procedure</b> for checking registration of all health professionals required to be registered, e.g. doctors, nurses, allied health professionals 2. <b>Procedure</b> includes checking the original copy of the registration when the person is appointed			
1.5.8	All staff are oriented to the hospital and their specific positions through a documented induction program.	1. <b>Documented</b> induction/orientation programme 2. <b>Staff files</b> reviewed confirm participation in induction programme (see Staff file checklist) 3. <b>Staff interview</b> confirms staff had a formal induction/orientation			
1.5.9	The induction programme includes: - The hospital's mission, values, goals and relevant planned actions for the year - Services provided - Roles and responsibilities - Relevant policies and procedures, including confidentiality - Use of equipment - Safety - Emergency preparedness - Quality improvement.	1. <b>Documented</b> induction programme includes: • The hospital's mission, values, goals and relevant planned actions for the year • Services provided • Roles and responsibilities • Relevant policies and procedures, including confidentiality • Use of equipment • Safety • Emergency preparedness • Quality improvement. 2. <b>Staff interview</b> confirms most of these topics covered (best evidence is each topic ticked and signed off in a document)			
1.5.10	Every staff member in the hospital can	1. <b>Written contract</b> or conditions of employment			

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	be identified by appropriate mechanisms, e.g. uniforms, name tags, hats.	require that staff wear necessary form of identification such as uniform, name tag or hat. 2. <b>Observation</b> that staff are wearing required identification.			
1.5.11	Staff performance is evaluated annually with the staff member against their job description and agreed targets and is used to identify strengths, areas for improvement and training needs.	1. <b>Written policies</b> and procedures for performance appraisal 2. <b>Staff files reviewed</b> show appraisal held in last twelve months, includes training to be done in next year (Staff file checklist) 3. <b>Staff interview</b> confirms appraisal held			
1.5.15	Staff facilities include: - Rest room - Changing facilities - Personal lockable storage area - Washing/shower facilities - Toilets - Refreshment facilities - Refreshments for on-call/on-duty staff at night - Accommodation for on-call staff in the Hospital premises - Staff housing.	1. <b>Observation</b> of staff facilities during tour of hospital (Utility and facility checklist) 2. <b>Staff spoken to</b> confirm facilities are available to them			
1.5.18	A continuing education programme is accessible to all staff. Participation is encouraged and monitored by the hospital.	1. <b>Documented</b> Training/Education programme for past and future twelve months 2. <b>Attendance records</b> show how many staff have attended training- the majority of staff should have attended some training			
1.5.19	There is a training budget, which is	1. A <b>training budget</b> exists – ask to see <b>document</b>			

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	calculated to allow appropriate training to take place.	2. <b>Ask manager</b> how it was calculated – should be based on all staff undertaking a specified number of days' training, could be a percentage of overall spending.			
1.5.20	Accurate and complete personnel records, including records of training, are kept in a secure location and treated as confidential.	1. <b>Staff files</b> reviewed contain the following: <ul style="list-style-type: none"> <li>• Personal data (name, address, contact number, etc)</li> <li>• Application form with work history</li> <li>• Job description and conditions of employment</li> <li>• Current and previous performance appraisal</li> <li>• Record of induction/orientation</li> <li>• Record of education and other training</li> <li>• Leave, pay and other information</li> </ul> (Staff file checklist) 2. <b>Staff files</b> are in a locked cabinet or room with restricted access.			

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<b>2.0</b>	<b>CLIENT/PATIENT RIGHTS</b>				
<b>2.1</b>	<b>Information for Clients/Patients</b>  <b>Clients/Patients have the right to receive all information relevant to their care management to enable them to make informed decisions.</b>				
2.1.1	A client/patient rights and responsibilities charter is developed and displayed in all client/patient areas.	1. <b>Written document</b> of client rights and responsibilities 2. <b>Observe</b> poster of client rights and responsibilities in all main waiting or reception areas of hospital, patient lounges and dining rooms.			
2.1.2	The hospital uses a documented process for clients/patients not able to understand written information to inform them of their rights.	1. <b>Written process</b> for informing patients who cannot read of their rights 2. <b>Evidence</b> of client rights charter on audio tape, or patient advocates or interpreters available to advise patients of their rights.			
2.1.3	Guidance and advice is provided to the clients/patients at the registration counter.	1. <b>Written process</b> that includes guidance and advice to be provided to patients by staff at registration counter 2. <b>Ask registration staff</b> about process for receiving patient at registration and what information they provide to patient.			
2.1.4	The reception area and wards display information about the organisation, including:	1. <b>Observe</b> pamphlets and posters at reception and in wards about: • patient rights			

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	<ul style="list-style-type: none"> <li>- The rights of the clients/patients</li> <li>- Services and facilities available in the hospital</li> <li>- Costs of services</li> <li>- Feedback and complaints pathways.</li> </ul>	<ul style="list-style-type: none"> <li>• services and facilities</li> <li>• fees</li> <li>• suggestions or compliments</li> <li>• complaints processes.</li> </ul>			
2.1.7	Appropriate information is provided to clients/patients and their families, in a way that they can understand, on the proposed treatment, the costs, the risks and benefits of the proposed treatment or investigation, and the alternatives available.	<ol style="list-style-type: none"> <li>1. <b>Written</b> consent policy covers providing information to patients and their families on: <ul style="list-style-type: none"> <li>• the proposed treatment</li> <li>• the costs</li> <li>• the risks and benefits of the proposed treatment or investigation</li> <li>• the alternatives available.</li> </ul> </li> <li>2. <b>Staff interview</b> with doctors confirms they give this information to patients</li> <li>3. <b>Patient questionnaire</b> confirms the patient was given information about these things</li> </ol>			
2.1.8	Client/Patient consent is obtained for the proposed care or treatment. Written consent is obtained for any invasive procedures or operations.	<ol style="list-style-type: none"> <li>1. <b>Written admission agreement</b> includes general consent provision for care and treatment given in the hospital</li> <li>2. <b>Patient files</b> reviewed show that general consent if obtained for treatment in the hospital and written consent is obtained for invasive procedures or operations (Patient file checklist)</li> <li>3. <b>Ask staff</b> to describe how they obtain patients' consent</li> <li>4. <b>Patient questionnaire</b> confirms consent given</li> </ol>			
2.1.9	Information related to referral to a	<ol style="list-style-type: none"> <li>1. <b>Written policy</b> on referral includes requirement to</li> </ol>			

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	different hospital such as cost, travel, time, duration of treatment and expected outcome is provided to the client/patient and their family.	provide patient and family with full information on <ul style="list-style-type: none"> <li>• Cost</li> <li>• Travel time</li> <li>• duration of treatment and</li> <li>• expected outcome.</li> </ul> 2. <b>Patient questionnaire</b> confirms information is given to patient and family about referral.			
2.1.11	Relevant health messages are prominently displayed within the hospital and written information is available for clients/patients to take home.	1. <b>Observation</b> of posters and charts with health education messages visibly displayed in waiting and other patient areas 2. <b>Observation</b> of health information pamphlets being available 3. <b>Observation</b> of notice inviting patients to take them home.			
<b>2.2</b>	<b>Client/Patient Feedback on Services</b>  <b>Clients/Patients have the right to complain about the services and treatment and their complaints are investigated in a fair and timely manner.</b>				
2.2.1	Clients/Patients are informed of their right to express their concerns or complain either verbally or in writing.	1. <b>Staff interview</b> – staff explain how they inform patients of complaint process 2. <b>Staff know</b> that complaints can be verbal or written 3. <b>Patient questionnaire</b> confirms they knew about how to make a complaint.			
2.2.2	There is a documented process for	1. <b>Written complaint process</b> covers			

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	collecting, prioritizing, reporting and investigating complaints which is fair and timely.	<ul style="list-style-type: none"> <li>prioritizing and reporting complaints</li> <li>the following items with timelines - acknowledging complaint, completing investigation, informing patient of progress, informing patient of outcome</li> <li>giving all parties the opportunity to be heard.</li> </ul> <p>2. <b>Patient questionnaire</b> confirms complaints are addressed in a timely manner. (Q28)</p>			
2.2.3	Clients/Patients are informed of the progress of the investigation at regular intervals and are informed of the outcome.	<p>1. <b>Complaints file</b> kept of all complaints</p> <p>2. <b>Look at one complaint</b> in complaints file and see if there is evidence that the patient was informed of the progress with investigating the complaint and the outcome</p>			
<b>2.3</b>	<p><b>Privacy and Dignity of Clients/Patients</b></p> <p><b>Clients'/Patients' privacy and dignity are respected throughout the entire care process.</b></p>				
2.3.1	Clients/Patients have (a right to) individual beds.	<p>1. <b>Observe</b> on hospital tour if all patients have their own bed.</p> <p>2. <b>Ask staff</b> what they do when beds are full.</p>			
2.3.2	Consultation, treatment rooms and washing facilities allow privacy and separate toilets for male and female clients/patients are provided.	<p>1. <b>Observation</b> of privacy arrangements in consultation and treatment rooms and washing facilities</p> <p>2. <b>Observe</b> separate male and female toilets available in all main areas of the hospital (Utilities and facility</p>			

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		checklist)			
2.3.3	Appropriate in-patient and changing facilities for clients/patients allow privacy and dignity to be maintained.	1. <b>Observation</b> of privacy arrangements such as screens or curtains for changing and around beds. 2. <b>Patient questionnaire</b> confirms patients feel they are given privacy			
2.3.4	A given intervention may be carried out only in the presence of those persons who are necessary for the intervention unless the client/patient consents or requests otherwise.	1. <b>Staff interview</b> identifies process for consent for students or others to attend interventions 2. <b>Observe</b> people around a patient when a procedure is being carried out 3. <b>Ask patients</b> if they agreed to be all those present being there, apart from health worker/s doing procedure.			
2.3.5	There is a process to identify and respect the client's/patient's values and beliefs.	1. <b>Assessment form</b> provides space for assessing patient values and beliefs 2. <b>Patient files reviewed</b> show assessment form completed for patient values and beliefs 3. <b>Ask staff</b> if they have had training on how to respect patient beliefs			
2.3.8	Staff are made aware of the needs of dying clients/patients and provide respectful and compassionate care and services to dying clients/patients and their families.	1. <b>Ask for file</b> of one dying or deceased patient to see if special needs were assessed, pain relief was given and care given was documented 2. <b>Staff interview</b> – staff are able to describe process of caring for dying patient, including management of pain			

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	<b>PART B: SERVICE DELIVERY</b>				
<b>3.0</b>	<b>CARE CONTINUUM</b>				
<b>3.2</b>	<b>Continuity of Care</b>  <b>Clients/Patients have the right to continuity of care, including cooperation between all health care providers and/or establishments which may be involved in their diagnosis, treatment and care.</b>				
3.2.1	Every client/patient seeking treatment or care at the hospital is registered and issued the appropriate form for recording various details of symptoms, diagnosis, treatment and services being provided.	1. <b>Registers</b> exist in each area, all patients are registered before being treated 2. <b>Registration forms</b> have space for recording symptoms, diagnosis and treatment			
3.2.5	A stock of essential drugs is available at all times in each treatment area.	1. <b>Documented</b> essential drug list is available 2. <b>Observation</b> of drugs in each treatment area match those on essential drugs list 3. <b>Observation</b> - drugs are not expired			
3.2.6	A staff/patient ratio based on international good practice is used for determining the number and mix of clinical staff on each shift, e.g. one qualified nurse to 10 patients and one doctor for 25 patients.	1. <b>Manager interview</b> – check process for determining how many clinical staff are on the roster for each shift 2. <b>Process</b> should include consider patient numbers and acuity 3. <b>Desired ratio</b> is 10 patients to one qualified nurse, 25 patients to one doctor - see how close to this the			

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		hospital's ratio is			
3.2.7	Doctors, qualified nurses and appropriate support staff are available on-site 24 hours per day.	1. <b>Roster</b> confirms qualified staff on duty 24 hours a day in all areas 2. <b>Staff interview</b> confirms availability of on-site duty staff at all times			
3.2.8	Nursing staff can summon urgent medical help if required.	<b>Staff interview</b> – staff confirm that medical help is available when they request it			
3.2.9	Regular meetings of different care providers are held to share information on clients'/patients' progress and client/patient care is formally handed over with the transfer of all relevant information when staff change duties.	1. <b>Written</b> process for handover between shifts 2. <b>Observation</b> of a handover 3. <b>Staff interview</b> confirms multidisciplinary meetings are held to review patients and handover meetings are held between shifts			
3.2.10	The client's/patient's record is available to all care providers.	<b>Observe</b> where patient records are stored – available to all care providers but also secure and protecting patient confidentiality			
3.2.11	Planning for discharge or end of service begins at admission and involves the client/patient and their family and potential providers of follow-up services.	<b>Patient file review</b> shows: • discharge or end of service planning, either started or completed • involvement of patient and family in discharge planning • involvement of potential providers of follow-up services (GP, another facility, specialist, palliative care provider). (Patient file checklist)			

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<b>3.3</b>	<b>Assessment</b>  <b>All clients/patients have their health care needs identified through an established assessment process.</b>				
3.3.3	Clients'/Patients' choice regarding examination by a male or female is respected as far as possible.	<ol style="list-style-type: none"> <li><b>Staff interview</b> – staff confirm that patients are given a choice of sex of health provider examining them</li> <li><b>Patient questionnaire</b> confirms they were given choice</li> </ol>			
3.3.4	An attendant is available when patients are being examined by members of the opposite sex.	<ol style="list-style-type: none"> <li><b>Staff interview</b> – staff confirm that patients being examined by a health provider of the opposite sex have an attendant with them</li> <li><b>Observation</b> of same sex attendants when examiner is of the opposite sex</li> </ol>			
3.3.5	An assessment of the patient's/client's needs is systematically completed on an agreed form including, for example, medical, psychological, social, physical, environmental, educational, spiritual and cultural needs.	<ol style="list-style-type: none"> <li><b>Assessment form</b> provides for assessment of the following needs: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Psychological</li> <li>• Social</li> <li>• Physical</li> <li>• Environmental</li> <li>• Educational</li> <li>• Spiritual</li> <li>• Cultural.</li> </ul> </li> <li><b>Patient file review</b> in different areas shows a completed assessment form (Patient file checklist)</li> <li><b>Staff interview</b> about what the assessment process</li> </ol>			

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		covers 4. <b>Patient questionnaire</b> confirms patients were asked about all their needs, not just symptoms			
3.3.6	The initial assessment includes the recording of vital signs, weight, height and significant findings.	<b>Patient file review</b> shows initial assessment records: <ul style="list-style-type: none"> <li>vital signs</li> <li>weight</li> <li>height</li> <li>significant findings.</li> </ul> (Patient file checklist)			
3.3.8	A history and full medical examination is entered in the patient records by a member of the medical staff as soon as possible but at the latest 6 hours after admission.	1. <b>Patient file review</b> in different areas indicates a full medical examination was conducted and history taken (Patient file checklist) 2. <b>History and exam</b> entered in record within six hours of admission (time recorded for both) 3. <b>Staff interview</b> to confirm when patient history and exam information are entered in the record			
3.3.9	After examining the client/patient, the doctor legibly endorses the assessment findings, records the provisional diagnosis and the course of action on the OPD card or the client/patient record and dates and signs it.	<b>Patient file review</b> in each area including OPD shows <ul style="list-style-type: none"> <li>doctor endorsement of assessment findings</li> <li>diagnosis</li> <li>planned care or treatment</li> <li>date and doctor signature.</li> </ul> (Patient file checklist)			
3.3.11	Following examination, written as well as verbal information is provided for clients/patients regarding future visits, treatment and medication.	1. <b>Staff interview</b> – doctors/nurses confirm that they give written and verbal information to patients on <ul style="list-style-type: none"> <li>Future visits</li> <li>Treatment</li> <li>Medication</li> </ul>			

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		2. <b>Patient questionnaire</b> confirms that patients were given information			
3.3.12	Clients/Patients are re-assessed at certain intervals to determine their response to treatment and to plan for continued treatment or discharge and re-assessment results are documented in the client's/patient's record.	1. <b>Written policy</b> on how patient progress should be monitored and when patients should be re-assessed 2. <b>Patient file review</b> shows progress of patient's condition, patient response to treatment and re-assessment results are recorded. (Patient file checklist)			
3.5	<b>Treatment</b>  <b>The organisation delivers services to the clients/patients that meet their individual assessed needs, reflect current good practice and are co-ordinated to minimise potential risks and interruptions in provision.</b>				
3.5.1	Clinical guidelines/treatment protocols are used to guide client/patient care processes.	1. <b>Documented</b> clinical guidelines/pathways/treatment protocols are available 2. <b>Staff interview</b> – staff show knowledge of what guidelines exist and what is in them 3. <b>Discussion with staff</b> on whether they follow guidelines			
3.5.3	Written procedures to ensure that the right dose of medication is administered to the right client/patient at the right time are followed by staff and include:	1. <b>Written</b> medication procedures include: • Identification of the patient before medications are administered • Verification of the medication and the dosage			

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3.5.4	Medication effects (including adverse effects) and medication errors are monitored, reported and analysed.	<p>1. <b>Written procedure</b> for medication error reporting</p> <p>2. <b>Form</b> for reporting medication errors</p> <p>3. <b>Register</b> of medication incidents - evidence of completed forms, analysis of data to find causes</p> <p>4. <b>Discussion with staff</b> confirms they know to report any medication error, that errors are investigated and analysed, and that the person making the error is not punished.</p>			
3.5.5	<p>Appropriate and sufficient support services are available to allow nursing staff to meet the care needs of clients/patients. These include:</p> <ul style="list-style-type: none"> <li>- At least one Class IV employee around the clock</li> <li>- Equipment of at least B.P. Apparatus, Stethoscope, Thermometer, Oxygen cylinder with trolley, Suction machine, torch and nebuliser.</li> </ul>	<p>1. <b>Roster</b> includes one Class IV employee on all nursing shifts</p> <p>2. Equipment in wards includes the following functioning equipment</p> <ul style="list-style-type: none"> <li>• B.P. Apparatus</li> <li>• Stethoscope</li> <li>• Thermometer</li> <li>• Oxygen cylinder with trolley</li> <li>• Suction machine</li> <li>• torch</li> <li>• nebuliser.</li> </ul>			

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		3. <b>Staff interviews</b> – staff in the wards can describe the cleaning process for items where cleaning between patients is essential.			
3.6	<b>Documentation of Care</b>  The client/patient record contains sufficient information to identify the client/patient, support the diagnosis, justify the treatment and care, document the course and results of the treatment and care, and promote continuity of care among health care providers.				
3.6.1	A clinical record is initiated for every client/patient admitted to the hospital and wherever possible there is only one set of case notes for each client/patient.	1. <b>Individual patient records</b> are kept 2. <b>Staff interview</b> to find out if there are multiple sets of case notes, where they are and how the information in each is communicated to other providers.			
3.6.2	Client/Patient records are maintained through the use of a unique number or other form of identification unique to the patient.	<b>Patient file review</b> shows presence of patient number/marker in all patient registers/files, OPD cards and theatre records reviewed. (Patient file checklist)			
3.6.3	Entries in the client/patient records are legible, dated, signed and identifiable.	<b>Patient file review</b> shows all entries for patients reviewed are • Legible • Dated • Signed			

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		<ul style="list-style-type: none"> <li>Identifiable as to who made the entry. (Patient file checklist)</li> </ul>			
3.6.5	There is a locally agreed format for filing of information within the client/patient record.	<b>Documented list</b> of contents of patient record/file			
3.6.6	The hospital respects information about a client's/patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind as confidential, even after death. Confidential information is only disclosed if the client/patient gives explicit consent or if the law expressly provides for this.	<ol style="list-style-type: none"> <li>Written policy on confidentiality of patient information</li> <li>Policy includes provision that patient consent is needed for sharing information about the patient and circumstances when such consent is not required.</li> <li>Staff interview shows they understand the need for confidentiality and confirm they respect it.</li> </ol>			
3.6.9	<p>The client/patient record is sufficiently detailed to enable the client/patient to receive effective coordinated treatment and care and includes:</p> <ul style="list-style-type: none"> <li>Details of admission, date and time of arrival</li> <li>Client/Patient assessment and medical examination</li> <li>Sheet containing history pertinent to the condition being treated including details of present and past history and family history</li> <li>Diagnosis by a registered health professional for each entry to the hospital</li> </ul>	<b>Patient file review</b> for each area shows a detailed patient record in patient files. (Patient file checklist)			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence ✓ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<ul style="list-style-type: none"> <li>- Details of the client/patient care or treatment plan and follow-up plans</li> <li>- Diagnostic test orders and results of these tests</li> <li>- Progress notes written by medical, nursing and allied health staff to record all significant events such as alterations in the client's/patient's condition and responses to treatment and care</li> <li>- Record of any near misses, incidents or adverse events</li> <li>- Medication sheet recording each dose given</li> <li>- Treatment record</li> <li>- Observation charts, e.g. temperature chart, input and output chart, head injury chart, diabetic chart</li> <li>- Specialist consultation reports</li> <li>- Mode of discharge, e.g. left against medical advice or discharge on will</li> <li>- In case of death, details of circumstances leading to the death of patients.</li> </ul>				
3.6.10	For surgical clients/patients, the clinical record additionally includes: <ul style="list-style-type: none"> <li>- Anaesthetic notes</li> <li>- Operation record</li> <li>- Consent form.</li> </ul>	<b>Patient file review</b> of surgical patient shows these items are present <ul style="list-style-type: none"> <li>• Anaesthetic notes</li> <li>• Operation record</li> <li>• Consent form.</li> </ul>			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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		(Patient file checklist)			
3.6.12	An 'alert' notation for conditions such as allergic responses to medications or food, adverse drug reactions, radioactive hazards and infection risks is prominently displayed in the record. For allergies, the case sheet and folder are stamped in bold red with the word ALLERGY.	<ol style="list-style-type: none"> <li>1. <b>Patient file review</b> show for presence of Alert notations, Allergy stamps in files/registers reviewed (Patient file checklist)</li> <li>2. <b>Staff confirm</b> use of alert and allergy markers</li> </ol>			
3.6.13	A completed discharge summary signed by the doctor (full name) who authorized the discharge is submitted to the records department within 72 hours of the client's/patient's discharge.	<ol style="list-style-type: none"> <li>1. <b>Discharge summary form</b> available</li> <li>2. <b>Patient file review</b> of discharged patients show presence of discharge summary - date of summary is within 72 hours of discharge.</li> </ol> (Patient file checklist)			
3.6.17	There is a clear policy which allows patients access to their records.	<b>Written policy</b> for patient access to their record - needs to allow patient easy and timely access and presence of a staff member for support.			
3.6.18	All patient records are filed in a central medical records filing system. There is a provision of a separate storage area for keeping medico-legal case records.	<b>Observation</b> of patient record storage area shows there is separate storage space for medico-legal records			
3.6.20	The storage area for client/patient records is protected against fire, flooding and damage by insects consistent with the Govt. of Pakistan norms.	<b>Observation</b> of patient record storage area shows: <ul style="list-style-type: none"> <li>• Fire protection – sprinklers, fire extinguishers, etc</li> <li>• Records are stored high enough to be protected from flooding</li> <li>• Records are protected from insect damage.</li> </ul>			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
3.6.21	A tracking system monitors the removal, movement and replacement of client/patient records between internal users and the Medical Records Department.	<b>Ask staff</b> to show the system for tracking patient records, including <ul style="list-style-type: none"> <li>marking absent records and their location</li> <li>how records are retrieved when the are needed.</li> </ul>			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4





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Criterion No.	Item	Evidence Required	Evidence ✓ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
<b>4.0</b> <b>4.2</b>	<b>OPERATION THEATRE DEPARTMENT</b>  <b>Policies, Procedures and Records</b>  <b>Operational policies and procedures clearly describe the key processes of the operating theatre and/or department, the responsibility of the staff and expected results. Records provide accurate information for analysis and evaluation.</b>				
4.2.1	Written up-to-date procedures are available, followed by staff and include but are not limited to the following: <ul style="list-style-type: none"> <li>- Signage of OT as a restricted area and identification of persons allowed in the OT</li> <li>- Sterilisation and identification of sterilised OT equipment</li> <li>- Separation and transport of dirty linen</li> <li>- Pre-operative assessment and instructions</li> <li>- Routine equipment check and preparation</li> <li>- Annual review of functioning equipment in line with the services offered by the OT</li> </ul>	1. <b>Written procedures</b> exist for: <ul style="list-style-type: none"> <li>• Signage of OT as a restricted area and identification of persons allowed in the OT</li> <li>• Sterilisation and identification of sterilised OT equipment</li> <li>• Separation and transport of dirty linen</li> <li>• Pre-operative assessment and instructions</li> <li>• Routine equipment check and preparation</li> <li>• Annual review of functioning equipment in line with the services offered by the OT</li> <li>• Sending for and the transportation of patients from ward to OT</li> <li>• Admission to the operating department</li> <li>• Identification of patients</li> <li>• Identification of operation site</li> <li>• Recovery</li> <li>• Inoculation injury</li> </ul>			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<ul style="list-style-type: none"> <li>- Sending for and the transportation of clients/patients from ward to OT</li> <li>- Admission to the operating department</li> <li>- Identification of clients/patients</li> <li>- Identification of operation site</li> <li>- Recovery</li> <li>- Inoculation injury</li> <li>- Staff protection against exhaust from anaesthetic gases</li> <li>- Post-operative care</li> <li>- Handover procedures for pre-operative and post-operative clients/patients</li> <li>- Diathermy use</li> <li>- Tourniquet use</li> <li>- X-ray use</li> <li>- Laser use</li> <li>- Swab, needle and instrument count</li> <li>- Infected clients/patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff protection against exhaust from anaesthetic gases</li> <li>• Post-operative care</li> <li>• Handover procedures for pre-operative and post-operative patients</li> <li>• Diathermy use</li> <li>• Tourniquet use</li> <li>• X-ray use</li> <li>• Laser use</li> <li>• Swab, needle and instrument count</li> <li>• Infected patients.</li> </ul> <p>2. <b>Staff interview</b> confirms staff knowledge of processes</p>			
4.2.2	<p>The following formal documentation/records are available in the department:</p> <ul style="list-style-type: none"> <li>- Theatre register (anaesthesia register and surgeons' register)</li> <li>- Prosthesis register</li> <li>- Electro medical equipment register</li> <li>- Record of correct swab/instrument count</li> <li>- Controlled drugs</li> <li>- Specimens register</li> </ul>	<p><b>The following records</b> are available in the operating theatre department:</p> <ul style="list-style-type: none"> <li>• Theatre register (anaesthesia register and surgeons' register)</li> <li>• Prosthesis register</li> <li>• Electro medical equipment register</li> <li>• Record of correct swab/instrument count</li> <li>• Controlled drugs</li> <li>• Specimens register</li> <li>• Record of weekly/monthly analyses of surgeries (including the ICD 10 code)</li> </ul>			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<ul style="list-style-type: none"> <li>- Record of weekly/monthly analyses of surgeries (including the ICD 10 code)</li> <li>- Next-day schedule for operations</li> <li>- Maintenance of stock levels of drugs and consumables</li> <li>- Duty roster.</li> </ul>	<ul style="list-style-type: none"> <li>• Next-day schedule for operations</li> <li>• Maintenance of stock levels of drugs and consumables</li> <li>• Duty roster.</li> </ul>			
4.2.3	<p>Specific safety rules and instructions are displayed and followed by staff for the following:</p> <ul style="list-style-type: none"> <li>- Storage and use of hazardous chemicals, e.g. glutaraldehyde, formalin</li> <li>- Storage and use of compressed gases</li> <li>- Appropriate shielding and protective clothing, e.g. for image intensification</li> <li>- Emergency electrical power supply (UPS, inverters, generators and emergency electric lights).</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Observe</b> safety rules posted on walls of department</li> <li>2. <b>Check</b> safe storage of chemicals and gases</li> <li>3. <b>Observe</b> wearing of protective clothing and masks</li> <li>4. <b>Staff interview</b> to identify process of emergency power supply, any failures</li> </ol>			
4.2.6	All patients/clients undergoing surgery are identified by a bracelet or other unique identification method secured to the patient/client.	<b>Ask staff</b> if identity bracelets or other unique identifier are used for all patients having surgery			
4.2.7	Full, non-abbreviated preoperative notes are kept for all patients/clients and include but are not limited to:	<b>Ask staff</b> if you can <b>review</b> 3 to 5 sets of preoperative notes and confirm presence of these elements: <ul style="list-style-type: none"> <li>• Signed evidence that informed consent to surgery has</li> </ul>			

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<ul style="list-style-type: none"> <li>- Signed evidence that informed consent to surgery has been obtained by a doctor for critical surgery and by the nurse for routine surgery</li> <li>- Signed evidence that the correct procedure was followed when obtaining consent for children under the age of 18 years</li> <li>- Details of the site and side of an operative procedure.</li> </ul>	<ul style="list-style-type: none"> <li>been obtained by a doctor for critical surgery and by the nurse for routine surgery</li> <li>• Signed evidence that the correct procedure was followed when obtaining consent for children under the age of 18 years</li> <li>• Details of the site and side of an operative procedure.</li> </ul>			
4.2.10	Sufficient, qualified and experienced staff monitor clients/ patients in the recovery room to ensure individual client/patient supervision at all times.	<b>Ask staff</b> how many recovery staff are on duty at a time and whether this is enough to ensure all patients are supervised.			
4.2.11	Documented discharge criteria are used to assess clients'/patients' readiness to leave the recovery room.	<ol style="list-style-type: none"> <li>1. <b>Written</b> criteria for discharge from the recovery room.</li> <li>2. <b>Staff interview</b> about how the discharge process works.</li> </ol>			
4.2.14	There are clear, formal instructions on how to contact a doctor in an emergency.	<b>Written instructions</b> on how to contact a doctor in an emergency are available to staff in the recovery room.			
4.2.16	<p>A record of the operation for the client/patient record is made immediately following surgery and a copy is retained in the OT. The record includes the following:</p> <ul style="list-style-type: none"> <li>- Date and duration of operation</li> </ul>	<b>Patient file review</b> shows record of operation is complete. (Patient file checklist)			

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<ul style="list-style-type: none"> <li>- Anatomical site/place where surgery is undertaken</li> <li>- The name of the operating surgeon(s), operating assistants including scrub nurse and the name of the consultant responsible</li> <li>- The ICD 10 coded diagnosis made and the procedure performed</li> <li>- Description of the findings</li> <li>- Details and serial numbers of prosthetics used</li> <li>- Details of the sutures used</li> <li>- Swab and equipment count</li> <li>- Immediate post-operative instructions</li> <li>- The surgeon's and scrub nurse's signatures.</li> </ul>				
4.2.17	<p>Anaesthetic records contain:</p> <ul style="list-style-type: none"> <li>- Date and duration of anaesthesia</li> <li>- Name of surgical operation performed</li> <li>- The name of the anaesthetist, anaesthesia assistant and, where relevant, the name of the consultant anaesthetist responsible</li> <li>- Pre-operative assessment by the anaesthetist</li> <li>- Drugs and doses given during anaesthesia and route of administration</li> <li>- Monitoring data</li> <li>- Intravenous fluid therapy</li> </ul>	Patient file review shows anaesthetic records are complete. (Patient file checklist)			

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<ul style="list-style-type: none"> <li>- Post-anaesthetic instructions</li> <li>- Any complications or incidents during anaesthesia</li> <li>- Signatures of anaesthetist and anaesthesia assistant.</li> </ul>				
<b>5.0</b>	<b>CASUALTY DEPARTMENT</b>				
<b>5.2</b>	<b>Policies, Procedures and Records</b>  <b>Operational policies and procedures clearly describe the key processes of the casualty department, the responsibility of the staff and expected results. Records provide accurate information for analysis and evaluation.</b>				
5.2.1	Written procedures and guidelines are used consistent with the policy for: <ul style="list-style-type: none"> <li>- Identifying which clients/patients should be seen immediately by a doctor in the department</li> <li>- How medical help is summoned in emergency</li> <li>- Dealing with life threatening emergencies before medical help arrives</li> <li>- The transfer of clients/patients</li> <li>- The transfer of records</li> </ul>	1. Written procedures are available and cover these elements: <ul style="list-style-type: none"> <li>• Identifying which patients should be seen immediately by a doctor in the department</li> <li>• How medical help is summoned in emergency</li> <li>• Dealing with life threatening emergencies before medical help arrives</li> <li>• The transfer of patients</li> <li>• The transfer of records</li> <li>• The use of tele-medical techniques</li> </ul> 2. <b>Staff interview</b> – staff are knowledgeable about these procedures and are able to describe the			

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	- The use of tele-medical techniques.	process.			
5.2.2	The hospital disaster plan clearly identifies the role, procedures and individual staff responsibilities within the casualty department in the event of a nearby major incident or disaster.	<b>Hospital disaster plan</b> covers Casualty Department's role and responsibilities			
5.2.3	All clients/patients are seen within fifteen minutes of arrival for initial assessment and treatment prioritisation.	1. <b>Log or register</b> exists for recording time of arrival of patients 2. Check log to see if patients receive initial assessment within 15 minutes			
5.2.4	Each client/patient is informed of the approximate waiting time after the need for treatment has been assessed.	1. <b>Written or observe system</b> for monitoring waiting time between when a patient is treated after being assessed 2. <b>Observation</b> of whether patients are being informed of the waiting time, e.g. by a clock or notice, or individually 3. <b>Ask patients</b> if they know how long they will have to wait.			
5.2.6	Clients/Patients are examined in privacy by a doctor of the same sex as the client/patient (if available), or have the service of a chaperone if desired.	1. <b>Observe</b> that screens or curtains are used for privacy for examinations 2. <b>Staff interview</b> confirms that patients are given the choice of male or female health provider to examine them if possible 3. <b>Patient questionnaire</b> confirms patients were given a choice			
5.2.9	An individual record of attendance is completed which contains:	1. <b>Individual attendance record</b> for each patient 2. <b>Patient file review</b> shows the attendance records			

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<ul style="list-style-type: none"> <li>- Name</li> <li>- Address</li> <li>- Age/Date of birth</li> <li>- Next of kin</li> <li>- Occupation/School</li> <li>- Case number</li> <li>- Telephone number</li> <li>- Date and time of arrival</li> <li>- Time of examination</li> <li>- Diagnoses</li> <li>- Treatment</li> <li>- Minor surgery carried out</li> <li>- Specimens taken</li> <li>- Instructions for follow up</li> <li>- Doctor's or nurse's names and signatures</li> <li>- Medication given to/or taken away</li> <li>- Advice given on discharge.</li> </ul>	are complete (Patient file checklist)			
5.2.10	A departmental register identifies all attendances, reason for attendance, diagnostic tests, treatment given and any referrals.	<b>Attendance register</b> includes <ul style="list-style-type: none"> <li>• all attendances</li> <li>• reason for attendance</li> <li>• diagnostic tests</li> <li>• treatment given</li> <li>• any referrals.</li> </ul>			
5.2.11	A formal mechanism (roster) known to all staff is used for identifying medical staff on duty and on call and is prominently displayed in the emergency care area.	<b>Observe</b> duty and on call staff names on roster are displayed where staff can see them.			

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Criterion No.	Item	Evidence Required	Evidence ✓ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
<b>7.0</b>	<b>RESUSCITATION</b>				
<b>7.1</b>	<b>Service Management</b>  <b>All professional staff are trained in resuscitation at least to basic life support levels. Those working in higher risk areas, e.g. casualty department, operating theatres and ICU are trained in advanced life support.</b>				
7.1.1	There is a written, agreed description of the scope and operation of resuscitation services provided within the Hospital.	<b>Written description</b> of scope of resuscitation services			
7.1.2	A resuscitation training team exists within the Hospital and is responsible for the co-ordination of procedures, equipment and training of health staff both in the hospital and in the community.	<ol style="list-style-type: none"> <li><b>Written document</b> outlining responsibilities of resuscitation training team which include: <ul style="list-style-type: none"> <li>co-ordination of procedures</li> <li>resuscitation equipment</li> <li>training of health staff both in the hospital and in the community.</li> </ul> </li> <li><b>Staff interview</b> with members of resuscitation training team confirms they know their responsibilities.</li> </ol>			
7.1.5	There is a programme for regular in-service training of clinical staff in handling equipment and procedures for resuscitation throughout the hospital.	<ol style="list-style-type: none"> <li><b>Documented</b> training programme for resuscitation – shows coverage of all departments</li> <li><b>Attendance lists</b> at resuscitation training programmes show representatives from all areas attend.</li> </ol>			

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
<b>8.0</b>	<b>MATERNITY SERVICES</b>				
<b>8.1</b>	<b>Service Management</b>  <b>Maternity services provide safe, timely and efficient maternity care for patients.</b>				
8.1.1	The maternity department is managed by a suitably qualified, registered and experienced nurse, doctor or senior midwife.	1. Qualifications for the manager of the Maternity Department are specified in their <b>job description</b> 2. <b>Ask manager</b> about their qualifications and experience for the job.			
8.1.2	Deputising arrangements for suitably qualified and experienced deputies are documented and used.	<b>Ask manager</b> what the arrangements are for running the department when they are not there and what qualifications and experience those deputizing have			
8.1.4	The maternity department has 24 hour on-site cover from qualified medical doctors and an anesthesiologist.	<b>Roster</b> shows 24 hour cover of doctor and anaesthetist			
8.1.5	Consultant obstetricians provide assistance and advice through a signed agreement.	<b>Signed agreement</b> with consultant obstetricians available			
<b>8.2</b>	<b>Policies, Procedures and Records</b>  <b>Operational policies and procedures clearly describe the key processes of the maternity unit, the responsibility of the staff and</b>				

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	<b>expected results. Records provide accurate information for analysis and evaluation.</b>				
8.2.1	Written procedures and guidelines are used consistent with the hospital policies and functions for: <ul style="list-style-type: none"> <li>- ante natal care and booking/ registration</li> <li>- post-natal care</li> <li>- peri-natal care</li> <li>- counseling for parenthood (e.g. family planning, genetic referral,) including, for example, IEC material</li> <li>- identifying high risk pregnancy</li> <li>- admission to labour room/ward</li> <li>- planning, treatment and mode of delivery</li> <li>- plan for managed pain during labour and delivery</li> <li>- delivery monitoring process</li> <li>- referral</li> <li>- discharge including discharge summary</li> <li>- birth record and certificate</li> <li>- labour register</li> <li>- immunization for mother and baby</li> <li>- infection control</li> <li>- disposal of placentas.</li> </ul>	1. <b>Written policies</b> are available for the following: <ul style="list-style-type: none"> <li>• ante natal care and booking/ registration</li> <li>• post-natal care</li> <li>• peri-natal care</li> <li>• counseling for parenthood (e.g. family planning, genetic referral,) including, for example, IEC material</li> <li>• identifying high risk pregnancy</li> <li>• admission to labour room/ward</li> <li>• planning, treatment and mode of delivery</li> <li>• plan for managed pain during labour and delivery</li> <li>• delivery monitoring process</li> <li>• referral</li> <li>• discharge including discharge summary</li> <li>• birth record and certificate</li> <li>• labour register</li> <li>• immunization for mother and baby</li> <li>• infection control</li> <li>• disposal of placentas.</li> </ul> 2. <b>Staff interview</b> – staff knowledgeable about procedures listed and are able to describe different processes when asked.			
8.2.3	Each woman accessing the maternity	<ul style="list-style-type: none"> <li>• <b>Ask manager</b> about whether all doctors, nurses</li> </ul>			

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	department is cared for by a suitably qualified, registered and experienced nurse, doctor or senior midwife who she can contact for advice and help throughout her pregnancy.	<p>and midwives are qualified</p> <ul style="list-style-type: none"> <li>• <b>Staff interview</b> – how do patients know how to contact them during their pregnancy</li> <li>• <b>Ask patients</b> about whether they could contact their nurse, midwife or doctor any time and whether they received the help they needed.</li> </ul>			
8.2.5	A trained mid-wife/nurse is present at every birth.	<b>Manager and staff interview</b> – how do they ensure there is a trained midwife or nurse present at every birth			
8.2.6	A record of regular training in maternal and neonatal resuscitation is kept in the department for medical and nursing staff attending deliveries.	<ol style="list-style-type: none"> <li>1. <b>Record available</b> of regular training in maternal and neonatal resuscitation</li> <li>2. <b>Staff interview</b> to confirm that all have attended update training in last twelve months</li> </ol>			
8.2.9	Separate records are initiated and used for each baby.	<b>Check</b> there is a separate record for each baby			
8.2.11	Written procedures are followed by staff to arrange for consulting physicians, surgeons and pediatric physicians and surgeons for women or babies with medical or surgical needs such as multiple, high risk deliveries, instrument deliveries or C-sections.	<ol style="list-style-type: none"> <li>1. <b>Written procedures</b> available for arranging for specialist consultations for women who may have: <ul style="list-style-type: none"> <li>• multiple, high risk deliveries</li> <li>• instrument deliveries</li> <li>• C-sections</li> </ul> </li> <li>2. <b>Staff interview</b> of how process for arranging specialist consultations works.</li> </ol>			
<b>8.3</b>	<b>Facilities and Equipment</b>  <b>Facilities and equipment are safe and adequate in design and number</b>				

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<b>for the purpose and quantity of clients/patients attending/in the maternity department.</b>				
8.3.1	<p>The delivery room is equipped with functioning, safe and well maintained equipment specific for deliveries including but not restricted to the following:</p> <ul style="list-style-type: none"> <li>- Fetoscope</li> <li>- Ultrasound machine</li> <li>- Delivery table which can be turned to the Trendelenburg position</li> <li>- An anesthetics machine with emergency oxygen supplies</li> <li>- Endotracheal tubes, laryngoscope</li> <li>- An incubator, with temperature adjustable for infants in need</li> <li>- Separate oxygen supply to the incubator</li> <li>- Resuscitation equipment and drugs for infants and for adults</li> <li>- Intravenous crystalloid and plasma expanders</li> <li>- Weighing machine for the baby.</li> </ul>	<ol style="list-style-type: none"> <li><b>Equipment</b> includes: <ul style="list-style-type: none"> <li>• Fetoscope</li> <li>• Ultrasound machine</li> <li>• Delivery table which can be turned to the Trendelenburg position</li> <li>• An anesthetics machine with emergency oxygen supplies</li> <li>• Endotracheal tubes, laryngoscope</li> <li>• An incubator, with temperature adjustable for infants in need</li> <li>• Separate oxygen supply to the incubator</li> <li>• Resuscitation equipment and drugs for infants and for adults</li> <li>• Intravenous crystalloid and plasma expanders</li> <li>• Weighing machine for the baby.</li> </ul> </li> <li><b>Observe or ask staff</b> if all equipment is functioning</li> <li><b>Equipment maintenance and replacement schedule</b> is used: check how many items have been maintained in accordance with schedule (rate) if possible</li> <li>Check rate of <b>recorded repair requests</b> not yet actioned if dpossible</li> </ol>			
8.3.2	Privacy for mothers is possible, e.g. when breast-feeding.	<b>Observe</b> privacy arrangements for mothers breastfeeding – curtains, screens			

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8.3.3	A separate room for seriously ill or intensive patients e.g. eclampsia, is available.	<b>Observe</b> separate room for seriously ill and intensive patients			
8.3.4	The area for labour provides for: <ul style="list-style-type: none"> <li>- Space for the woman and a female companion</li> <li>- Alternative birthing methods</li> <li>- Ambulation throughout labour</li> <li>- Washing and toilet facilities for the comfort of the mother and companion.</li> </ul>	<b>Check facilities</b> include: <ul style="list-style-type: none"> <li>• Space for the woman and a female companion</li> <li>• Alternative birthing methods</li> <li>• Ambulation throughout labour</li> <li>• Washing and toilet facilities for the comfort of the mother and companion.</li> </ul>			
8.3.6	The post-natal ward provides sufficient room for babies to room-in with mothers.	<b>Observe</b> post-natal ward for space and rooming-in of babies with their mothers			
8.3.7	Nursery facilities with an even temperature and humidity are available, and are adequate in size with appropriate supplies and equipment for teaching mothers about caring for their babies.	<ol style="list-style-type: none"> <li>1. <b>Check</b> temperature and humidity control mechanisms in nursery</li> <li>2. <b>Staff interview</b> to confirm regulation of temperature and humidity, adequacy of size, supplies and equipment for teaching mothers</li> </ol>			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4





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<b>9.0</b>	<b>PART C: AUXILIARY SERVICES</b>				
<b>9.1</b>	<b>LABORATORY SERVICES</b>				
	<b>Service Management</b>				
	<b>The medical testing laboratory is managed and organised to provide efficient and effective laboratory care to patients and support services to clinicians.</b>				
9.1.1	The medical testing laboratory is managed by a suitably qualified and registered pathologist, experienced medical technologist or other suitably qualified and registered laboratory scientist. <i>(standards under development with HRA)</i>	<ol style="list-style-type: none"> <li>1. Qualifications for the manager of the laboratory are specified in their <b>job description</b></li> <li>2. <b>Ask manager</b> about their qualifications and experience for the job.</li> </ol>			
9.1.3	Sufficient and appropriately qualified staff are available to fulfil the job descriptions of the defined service.	<ol style="list-style-type: none"> <li>1. <b>Ask manager</b> if there are enough qualified staff for the service</li> <li>2. <b>Staff interview</b> – what do they think the staffing gaps are, if any.</li> </ol>			
9.1.6	A pamphlet outlines the list and prices of services offered, the types of specimens required and approximate reporting time for tests.	Pamphlet is available for patients containing: <ul style="list-style-type: none"> <li>• list and prices of services offered</li> <li>• the types of specimens required</li> <li>• approximate reporting time for tests.</li> </ul>			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
9.1.7	Laboratory staff inform in writing the designated hospital infection control committee of any infection identified in in-patient samples that could provide a risk to the hospital staff or clients/patients.	<b>Staff interview</b> – outline process of who they inform if an in-patient infection is identified that could be a risk to the hospital, if this includes the infection control committee and if they do it in writing			
9.1.9	Staff follow written policies and procedures for collection, transport and controlling, storing, reporting and disposing of all samples and tests in compliance with legal requirements.	<ol style="list-style-type: none"> <li><b>Written policies</b> and procedures are available for all samples and tests, including: <ul style="list-style-type: none"> <li>• collection</li> <li>• transport</li> <li>• controlling</li> <li>• storing</li> <li>• reporting</li> <li>• disposing.</li> </ul> </li> <li><b>Staff interview</b> – staff knowledgeable about procedures and can describe them when asked.</li> </ol>			
9.1.12	The department has planned and systematic activities for the monitoring and evaluation of its services.	<b>Documentation of</b> <ul style="list-style-type: none"> <li>• quality control of all tests</li> <li>• other quality improvement activities</li> <li>• use of data to make improvements.</li> </ul>			
<b>9.2</b>	<b>Samples and Tests</b>  <b>Laboratory samples and tests are managed to maximize accuracy of testing and minimise risks to patients/clients and staff.</b>				

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
9.2.1	A requisition form is used and includes the following: - Client/Patient information - Client/Patient location - Investigations required - Type of sample - Clinical history including clinical examination - Probable diagnosis - Requesting physician - Sample collection time - Name of phlebotomist.	1. The <b>requisition form</b> for tests covers: • Client/Patient information • Client/Patient location • Investigations required • Type of sample • Clinical history including clinical examination • Probable diagnosis • Requesting physician • Sample collection time • Name of phlebotomist 2. <b>Completed forms</b> in lab include all information.			
9.2.2	Staff follow and communicate to clients/patients, verbally and in writing, procedures for the clients'/patients' preparation for tests.	1. <b>Written procedures</b> for preparation of tests 2. <b>Written information</b> for patients on preparation for tests 3. <b>Patients spoken to</b> confirm they were informed how to prepare for tests.			
9.2.3	Samples collected are labelled with the client's/patient's name, registration number, date and time of collection.	<b>Observe</b> labels for sample bottles include patient's: • name • registration number • date and time of collection			
9.2.4	Separate labels are used for high risk samples.	<b>Observe</b> separate labels are used for high risk samples			
9.2.5	Specimen trays are designed to enable safe transport.	<b>Observe</b> how specimen trays are designed for safe transport			
9.2.6	The sample reception area receives,	1. <b>Staff interview</b> of process in sample reception area			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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	records, and verifies the samples or specimens.	for receiving, recording and verifying samples 2. Records show receiving and verification of samples are recorded.			
9.2.7	A laboratory register records: - Client/Patient name, location - Identification of sample source(s) - Full name of the investigation(s) - Number of investigations - Investigation results.	<b>Lab register</b> records these items: • Patient name • Patient location • Identification of sample source(s) • Full name of the investigation(s) • Number of investigations • Investigation results.			
9.2.9	Results are recorded in the laboratory register and on the reporting/result form.	<b>Register and forms</b> record lab results			
9.2.10	Client/Patient Results Registers are readily accessible to staff.	<b>Staff interview</b> confirms results registers are easy to access			
9.2.11	Results are made available to the main reception of the laboratory to enable picking up by OPD, wards or clients/patients.	<b>Staff interview</b> – staff outline process for OPD, wards and patients picking up results from lab reception. <b>Ask staff in OPD and wards</b> whether the process works and what problems there have been in getting timely results			
9.2.12	Signed and dated SOPs for each test and client/patient preparation for each test are readily available to staff in the laboratory.	<b>Written procedures</b> for each test available			
9.2.13	Staff follow written, dated and signed procedures for:	1. <b>Written procedures</b> are available for: • Patient preparation for tests			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<ul style="list-style-type: none"> <li>- Client/Patient preparation for tests</li> <li>- Completion of test request forms</li> <li>- Reporting of test results</li> <li>- Reporting results verbally</li> <li>- Dealing with out-of-hours test requests</li> <li>- Investigating transfusion reactions</li> <li>- Emergency and urgent requests</li> <li>- Storage of specimens and blood on the wards and in other departments</li> <li>- Dispatch of samples to other laboratories</li> <li>- Posting of samples</li> <li>- Acceptable parameters for response to test requests and reporting times.</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of test request forms</li> <li>• Reporting of test results</li> <li>• Reporting results verbally</li> <li>• Dealing with out-of-hours test requests</li> <li>• Investigating transfusion reactions</li> <li>• Emergency and urgent requests</li> <li>• Storage of specimens and blood on the wards and in other departments</li> <li>• Dispatch of samples to other laboratories</li> <li>• Posting of samples</li> <li>• Acceptable parameters for response to test requests and reporting times.</li> </ul> <p>2. <b>Staff interview</b> – staff knowledgeable about procedures and can describe them.</p>			
9.2.14	<p>Staff follow written procedures for samples:</p> <ul style="list-style-type: none"> <li>- Sample collection</li> <li>- Handling</li> <li>- Labelling</li> <li>- Transportation</li> <li>- Retention</li> <li>- Storage</li> <li>- Disposal of samples, including blood and body fluids.</li> </ul>	<p>1. <b>Written procedures</b> available for:</p> <ul style="list-style-type: none"> <li>• Sample collection</li> <li>• Handling</li> <li>• Labelling</li> <li>• Transportation</li> <li>• Retention</li> <li>• Storage</li> <li>• Disposal of samples, including blood and body fluids</li> </ul> <p>2. <b>Staff interview</b> – staff knowledgeable about procedures and can describe them if asked.</p>			
9.2.16	Instructions are clearly displayed describing the safe disposal of clinical,	<b>Written instructions</b> visible for disposal of different wastes			

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	toxic and radioactive waste.				
9.2.17	Clearly labelled, separate containers are used for disposal of hazardous and infectious waste.	<ol style="list-style-type: none"> <li><b>Observe</b> there are separate labeled containers for hazardous and infectious waste</li> <li><b>Staff interview</b> on process for disposing of waste from lab.</li> </ol>			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4

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Criterion No.	Item	Evidence Required	Evidence ✓ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
<b>11.0</b>	<b>11. PHARMACY SERVICES</b>				
<b>11.1</b>	<b>Management</b>  <b>The pharmaceutical service is managed and organised to provide efficient and effective pharmaceutical services through rational use of drugs within the hospital.</b>				
11.1.1	The pharmaceutical service is managed by a qualified, graduate and registered pharmacist.	1. Qualifications for the manager of the pharmacy are specified in their <b>job description</b> 2. <b>Ask manager</b> about their qualifications and experience for the job.			
11.1.5	A qualified pharmacist or designated deputy is on duty or on call outside normal working hours to provide a pharmaceutical service.	1. <b>Duty roster</b> shows qualified person always on duty or on call 2. <b>Staff interview</b> confirms they can also contact on call pharmacist			
11.1.6	Staff follow written policies and procedures for ordering and purchasing, controlling, storing, dispensing and disposing of all medicines within the hospital in compliance with legal requirements.	1. <b>Written policies</b> and procedures for all medicines include: • ordering and purchasing • controlling • storing • dispensing • disposing 2. <b>Staff interview</b> demonstrates knowledge of procedures			
11.1.9	The pharmacy service provides a	1. <b>Written procedures</b> for:			

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	regular prescription monitoring service, locally, to ensure the safe, effective and economic use of medicines. This includes: <ul style="list-style-type: none"> <li>- Identifying inappropriate medication</li> <li>- Monitoring adverse reactions</li> <li>- Monitoring dispensing errors</li> <li>- Checking adequacy of labelling of drugs and information on package inserts</li> <li>- Physical examination of drugs to assess their quality and expiry dates</li> <li>- A mechanism to encourage prescription of cost-effective and economical drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• Identifying inappropriate medication</li> <li>• Monitoring adverse reactions</li> <li>• Monitoring dispensing errors</li> <li>• Checking adequacy of labelling of drugs and information on package inserts</li> <li>• Physical examination of drugs to assess their quality and expiry dates</li> <li>• A mechanism to encourage prescription of cost-effective and economical drugs.</li> </ul> <p>2. <b>Staff interview</b> shows they carry out these monitoring processes.</p>			
<b>11.3</b>	<b>Storage and Stock Management</b>  <b>Stock is stored and managed to ensure that medications are current, kept safe and are continuously available to meet the needs of clinical staff and patients.</b>				
11.3.1	Medicines are stored on shelves enabling: <ul style="list-style-type: none"> <li>- Protection from the adverse effects of light, e.g. glass windows painted white, dampness and temperature extremes</li> </ul>	<b>Observation</b> of controlled, ventilated, vermin free storage area for medicines			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4





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	<ul style="list-style-type: none"> <li>- Freedom from vermin and insects</li> <li>- Adequate ventilation.</li> </ul>				
11.3.2	Medicines for emergency use are stored in sealed tamper evident containers in all patient areas.	<b>Observation</b> that emergency medicines are stored in sealed containers in patient areas			
11.3.3	Adequate and secure storage facilities provided include: <ul style="list-style-type: none"> <li>- A suitable metal cupboard or container for the storage of flammable and/or hazardous material</li> <li>- A functioning pharmacy refrigerator.</li> </ul>	1. <b>Equipment</b> includes a fire proof metal cupboard and refrigerator 2. <b>Temperatures</b> of refrigerator are monitored 3. <b>Observe</b> that refrigerator only used to store drugs and vaccines, not food			
11.3.4	Controlled drugs are stored separately in a metal cupboard, securely fixed to the wall or floor, to comply with drugs regulations.	<b>Observation</b> that controlled drugs are kept in the metal cupboard			
11.3.8	Stocks of controlled medicines are ordered by an authorized doctor using a controlled medicines order book for internal use.	<b>Controlled medicines register</b> records receipt of controlled drugs as per order book			
11.3.9	A formal stock control system is used by the department and for the hospital.	1. <b>Records</b> of stock ordered and received are evident 2. <b>Records</b> of stock dispensed evident 3. <b>Stock take records</b> balance orders and distribution 4. <b>No expired stock</b> evident.			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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11.3.10	There is a stock list with agreed par levels for all wards and departments.	<b>Written stock list</b> with levels of stock each ward and department should have			
11.3.12	All expired or recalled medicines, including unwanted medicines returned by clients/patients and unused controlled medicines, are safely disposed of in accordance with a written procedure.	1. <b>Written procedure</b> for disposal of medicines 2. <b>Records</b> of disposal of expired stocks and unwanted medicines balance with medicine book			
11.3.13	A formal, written procedure is followed to action hazard warnings and medicine recalls.	1. <b>Written procedure</b> for what to do if there is <ul style="list-style-type: none"> <li>A hazard warning about a medicine</li> <li>A medicine is recalled.</li> </ul> 2. <b>Staff interview</b> – staff describe process			
11.4	<b>Prescribing, Administration and Dispensing of Medicines</b>  <b>Prescribing, dispensing and administration of medications are safe, efficient and effective and promote best possible treatment outcome.</b>				
11.4.1	A system is in place to ensure that: <ul style="list-style-type: none"> <li>Prescriptions are only issued by authorized prescribers</li> <li>Administration of medicine is done by, or under the supervision of, competent health personnel.</li> </ul>	1. <b>Written procedures</b> for <ul style="list-style-type: none"> <li>Prescribing by designated qualified personnel (doctors, dentists)</li> <li>Administering, to be done by qualified personnel or under their supervision</li> </ul> 2. <b>Observe</b> medication round.			

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
11.4.2	All prescriptions are legible and duly signed by a doctor, including the following: - Name - Diagnosis - Dose - Dosage form - Strength of medications.	<b>Review</b> of prescriptions shows they: • are legible • are signed by a doctor • include - Name - Diagnosis - Dose - Dosage form - Strength of medication.			
11.4.5	The client/patient is provided with written and verbal information on the prescribed medicine including: - The costs - The potential benefits and adverse effects - Risks of ignoring instructions - How to use the medicine safely and properly.	1. <b>Ask manager</b> about process for giving patients information about their medicines: • Is written information provided as well as verbal • Who gives the information • Does it include costs, potential benefits and adverse effects, how to use medicine properly 2. <b>Patient questionnaire</b> confirms patients given information.			
11.4.6	There is an approved hospital prescription/medication chart on which all medicines for an individual client/patient are prescribed and their administration recorded.	<b>Review medication chart</b> in each area shows for each patient • Medicine prescribed • Medicine administered.			
11.4.7	A pharmacy register records: - Client/Patient name and registration number - Date - Diagnosis	<b>Review pharmacy register</b> for individual patient record of: • Patient name and registration number • Date • Diagnosis			

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	- Medicine dispensed.	• Medicine dispensed.			
11.4.8	Staff follow written, dated and signed procedures on the following: - What medicines may be administered without a prescription and under what circumstances - Self medication - Use of antibiotics - Administration of IV drugs, narcotics, psychotropic substances and cytotoxics - Obtaining medicines after hours from hospital pharmacy - How to obtain medicines not available within the hospital pharmacy - Dealing with clients'/patients' own medicines.	1. <b>Written procedures</b> on • What medicines may be administered without a prescription and under what circumstances • Self medication • Use of antibiotics • Administration of IV drugs, narcotics, psychotropic substances and cytotoxics • Obtaining medicines after hours from hospital pharmacy • How to obtain medicines not available within the hospital pharmacy • Dealing with patients' own medicines. 2. <b>Staff interview</b> – staff are knowledgeable about procedures and can describe them			
11.4.9	Medical practitioners follow policies for antibiotic prescribing which include: - Restricting the use of broad-spectrum agents to minimise the development of resistant viruses and bacteria - Using prophylactic antibiotics only where their efficacy has been established.	1. <b>Written policies</b> /guidelines available of appropriate drugs to use for different infections 2. <b>Register</b> of antibiotics used 3. <b>Ask manager</b> if there is a peer review process for monitoring antibiotic prescribing practice			
11.4.11	Current editions of reference books,	<b>Observation</b> of reference material available in library			

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	including pharmacopoeia, the copy of the National Essential Drugs List (NEDL)/hospital own formulary, standard treatment guidelines and other information booklets are available.				

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Criterion No.	Item	Evidence Required	Evidence ✓ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	<b>PART D: INFECTION CONTROL, HYGIENE AND WASTE MANAGEMENT</b>				
<b>13.0</b>	<b>STERILE SUPPLIES</b>				
<b>13.1</b>	<b>Equipment and supplies are sterilised to minimise risk of infection in clients/patients and staff.</b>				
13.2	There is a defined department or area for sterilisation which physically separates the functions of cleaning, processing and sterile storage and distribution.	<b>Observation</b> of sterile supply department/area – separation of processes of cleaning, processing and sterile storage and distribution.			
13.3	In all areas where instruments are cleaned there is airflow to prevent cross-contamination and to keep material within the area.	<b>Observation</b> of functioning airflow system in instrument cleaning area to prevent cross-contamination of instruments			
13.4	There is at least one functioning steriliser with a drying cycle.	1. <b>Observation</b> of sterilizer with drying cycle 2. <b>Log</b> of maintenance and breakdowns of sterilizer – evidence it is functioning properly			
13.7	Current written policies and procedures covering the functions of sterilisation, including the following, are available with documented evidence of routine compliance: - Receiving, cleaning and disinfection	1. <b>Written policies</b> and procedures available covering: • Receiving, cleaning and disinfection of used items • Preparation and processing of sterile packs • Storage of sterile supplies and expiry dates • Decontamination of instruments prior to sending			

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	<p>of used items</p> <ul style="list-style-type: none"> <li>- Preparation and processing of sterile packs</li> <li>- Storage of sterile supplies and expiry dates</li> <li>- Decontamination of instruments prior to sending for repair, maintenance or servicing</li> <li>- Handling of instruments following an infected case</li> <li>- Handling of equipment identified as "bio-hazard"</li> <li>- Product labelling, batch numbering and identification</li> <li>- Restricted personnel access to the clean production area</li> <li>- Cleaning procedures, manual methods</li> <li>- Housekeeping procedures</li> <li>- Infestation control</li> <li>- Personal hygiene</li> <li>- Microbiological and environmental monitoring</li> <li>- Criteria for testing and replacing air filters</li> <li>- Recall procedures.</li> </ul>	<ul style="list-style-type: none"> <li>• for repair, maintenance or servicing</li> <li>• Handling of instruments following an infected case</li> <li>• Handling of equipment identified as "bio-hazard"</li> <li>• Product labelling, batch numbering and identification</li> <li>• Restricted personnel access to the clean production area</li> <li>• Cleaning procedures, manual methods</li> <li>• Housekeeping procedures</li> <li>• Infestation control</li> <li>• Personal hygiene</li> <li>• Microbiological and environmental monitoring</li> <li>• Criteria for testing and replacing air filters</li> <li>• Recall procedures.</li> </ul> <p>2. <b>Staff interview</b> – staff are knowledgeable about procedures, ask if they follow them.</p>			
13.9	The sterilisation status of sterilised goods is assessed by the use of temperature sensitive tapes, using indicators as recommended by the manufacturer.	<p>1. <b>Observation</b> of use of temperature sensitive tapes on sterilised packs</p> <p>2. <b>Staff describe</b> process of sterilization and what happens if tape shows pack not sterilized.</p>			

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13.10	Reports of quality control tests on sterilisers are reported to the infection control committee at least quarterly.	1. <b>Reports</b> of quality control test results on sterilizers available 2. <b>Evidence</b> of action if tests show problems 3. <b>Minutes</b> of IC Committee show reports received			
13.12	Stock levels of sterilised goods are checked by an ongoing inventory management process.	<b>Staff show</b> system for checking stock levels of sterilized goods			
13.14	All trays/packs/containers are stored in conditions that preserve the integrity of their packaging to prevent damage and/or contamination.	<b>Check</b> storage of trays, packs or containers – dry, away from light			
13.15	All packs are marked with: - Name of the article - Contents of the pack - Initials of the person who packed it - Date and initials of the person who sterilised it.	1. <b>Observe</b> packs are marked with • Name of the article • Contents of the pack • Initials of the person who packed it • Date and initials of the person who sterilised it 2. <b>Staff describe</b> checking process			
13.16	Each tray, container or pack of instruments has a completed checklist which is used at the time of packing, at the time of use in the OT, and at the time of return of the instruments for re-sterilisation.	<b>Ask staff</b> to show process for using a checklist at each stage: • time of packing • time of use in the OT • time of return of the instruments for re-sterilisation.			

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Criterion No.	Item	Evidence Required	Evidence ✓ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
14.0	<b>CLEANLINESS AND SANITATION</b>  <b>All hospital facilities, equipment and supplies are kept clean and safe for clients/patients, visitors/attendants and staff.</b>				
14.1	Staff follow written policies and procedures and schedules for: - Disinfection and cleaning of all equipment, furniture, floors, walls, storage areas and other surfaces and areas - Cleaning of specialised areas, e.g. OT, Labour Room, Emergency Ward, Dressing Room, Laboratory and ICU.	<b>Cleaning policies</b> and schedules for • Disinfection and cleaning • Cleaning of specialised areas			
14.2	Hospital premises are free from litter and other refuse.	<b>Observation</b> – no litter or other rubbish			
14.3	Sufficient covered, clean dustbins are provided for clients/patients, visitors/attendants and staff and the dustbins are emptied on a regular basis.	<b>Observation</b> – dustbins covered, not overflowing, in all areas of hospital			
14.4	Equipment, floors and walls are free from bodily fluids, dust and grit and the masonry is intact.	1. <b>Observation</b> of clean equipment, floors and walls 2. <b>Check</b> cleaning schedule and process			
14.5	Cleaners are trained and provided with	1. <b>Staff interview</b> with cleaning staff on training			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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	sufficient appropriate equipment and cleaning material and work according to cleanliness and sanitation policies and procedures.	provided 2. <b>Observation</b> of cleaning equipment and material to make sure it is sufficient			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4

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Criterion No.	Item	Evidence Required	Evidence ✓ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
<b>15.0</b>	<b>WASTE MANAGEMENT</b>  <b>Clinical and other infectious or injurious waste is handled, stored and disposed of to minimise harm and risk of infection /injury to patients/clients, visitors, contractors, staff and the community.</b>				
15.1	The hospital has a written waste disposal plan specifying procedures, responsibilities, timetable for waste collection and necessary equipment such as bins and bags.	<b>Written</b> waste disposal plan			
15.7	All staff are trained in and use procedures for different types of waste: - Collection - Segregation at source - Storage - Transportation - Disposal.	1. <b>Training programme</b> on procedures for waste is held regularly and includes: • Collection • Segregation at source • Storage • Transportation • Disposal 2. <b>Staff attendance lists</b> at training indicate most staff trained in waste disposal 3. <b>Staff can describe</b> processes			
15.8	All staff who work in areas where infectious waste is handled are trained on hazards of waste, management of waste and infection control.	1. <b>Training programme</b> includes infection control and waste management is held regularly 2. <b>Staff attendance lists</b> at training show most staff who handle infection waste attended waste			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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		handling training 3. <b>Staff can describe</b> processes			
15.9	Incineration facilities, where provided, are certified as conforming to health and safety and environmental health requirements by the Local Authority.	<b>Certification certificate</b> for incineration facilities where provided			
15.11	All waste is protected from theft, vandalism or scavenging by persons or animals.	1. <b>Observation</b> of waste kept safe and secure 2. <b>Staff describe</b> processes for protecting waste			
15.12	A clear guide for waste segregation and storage is visibly posted in area(s) where this waste is generated and includes waste segregation in clearly labelled coded bins in accordance with the Pakistan Environmental Protection Act (PEPA), XXXIV of 1997.	1. <b>Observation</b> of notices on waste segregation and storage visible at waste collection sites 2. <b>Observation</b> of labelled coded bins for separating waste			
15.13	Prior to collection and disposal, waste is kept in a suitable location which does not cause a hazard.	<b>Observation</b> of waste bins collection area for safety and security			

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	<b>PART E: SAFE AND APPROPRIATE ENVIRONMENT</b>				
<b>16.0</b>	<b>HEALTH AND SAFETY</b>  <b>Promotion of health and safety and the avoidance of risk to human life as well as to the property of the Hospital are integrated within the organisation and among all levels of staff.</b>				
16.5	All new employees are trained in Health and Safety procedures relevant to their duties within one month of taking up their post.	1. <b>Review</b> of induction programme – includes H&S 2. <b>Staff file review</b> shows H&S training during induction (See staff file checklist)			
16.6	All staff attend continuing training for health and safety and records are kept of the trainings	1. <b>Training programme</b> shows regular H&S training 2. <b>Staff attendance list</b> shows majority of staff have attended H&S training			
16.7	Each department uses a systematic process to: - Regularly identify and record actual and potential hazards in a hazard register (at least annually) - Assess identified hazards to determine which are significant - Eliminate, isolate or minimise the impact of the significant hazards.	1. <b>Written process</b> for hazard management includes identifying and assessing hazards and eliminating, isolating or minimizing them. 2. <b>Observation</b> of up to date hazard registers in each area 3. <b>Evidence</b> in register of management of hazards			
16.9	All emergency telephone numbers concerned with Health and Safety are	<b>Observation</b> of poster of emergency telephone numbers for H&S displayed in all areas			

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	displayed prominently.				
16.10	Health and Safety policies and procedures are followed by staff and include: <ul style="list-style-type: none"> <li>- Contamination incidents</li> <li>- Sharps and needle-stick injuries</li> <li>- Drug dependence</li> <li>- HIV/Aids</li> <li>- Hepatitis B and C</li> <li>- Lifting and manual handling of client/patients and equipment</li> <li>- Basic life support.</li> </ul>	1. <b>Written H&amp;S policies</b> and procedures cover: <ul style="list-style-type: none"> <li>• Contamination incidents</li> <li>• Sharps and needle-stick injuries</li> <li>• Drug dependence</li> <li>• HIV/Aids</li> <li>• Hepatitis B and C</li> <li>• Lifting and manual handling of client/patients and equipment</li> <li>• Basic life support.</li> </ul> 2. <b>Staff interview</b> – staff are knowledgeable about procedures			
16.12	Current health and safety notices, including hazard notices, and key extracts from the Health and Safety manual are prominently displayed in relevant areas and brought to the attention of staff.	<b>Observe</b> current H&S notices in all areas			
16.15	A written policy and procedure on pest control including measures to prevent, detect and remove pests is available and implemented.	1. <b>Written policy</b> and procedure for pest control 2. <b>Pest control schedule</b> shows regular pest removal			
16.16	Security measures are taken in accordance with written policies and procedures to protect: <ul style="list-style-type: none"> <li>- staff working alone or in isolation</li> <li>- clients/patients, visitors and staff</li> </ul>	1. <b>Written procedures</b> for security include protection of: <ul style="list-style-type: none"> <li>• staff working alone or in isolation</li> <li>• clients/patients, visitors and staff from assault and loss of property during the day and at night</li> </ul>			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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	from assault and loss of property during the day and at night - drugs from being taken illegally - the hospital's facilities and assets from damage and loss.	<ul style="list-style-type: none"> <li>drugs from being taken illegally</li> <li>the hospital's facilities and assets from</li> </ul> 2. <b>Staff interview</b> about security problems, actions taken			
16.17	A procedure ensures that all hospital keys are available at all times to the staff on duty.	<b>Staff describe</b> process for keys being available to staff on duty			
16.18	An internal communication system connecting all units of the hospital enables a continuous flow of communication and immediate reporting of any incident.	<b>Staff demonstrate</b> communication system, outline problems, actions taken			

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19.0	<b>SAFE AND APPROPRIATE FACILITIES</b>  <b>The Hospital's physical environment contributes to the safety and well-being of clients/patients, staff and visitors.</b>				
19.2	Corridors, storage areas, passageways and stairways are well lit.	Utilities and facility checklist			
19.3	Access ways and exits are unobstructed at all times.	Utilities and facility checklist			
19.4	Signage allows safe passage through the hospital and exit from the facility in case of an emergency, disaster or fire.	Utilities and facility checklist			
19.5	The environment in all client/patient areas is clean, well lit, ventilated with adjustable controls for lighting and heating, and decor is in good repair.	Utilities and facility checklist			
19.6	Floor surfaces are non-slip and even.	Utilities and facility checklist			
19.7	Facilities and equipment for the safety and comfort of clients/patients and visitors are available and functioning and include: - Refreshment facilities and canteen - Quiet rooms for consultations	Utilities and facility checklist			

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	<ul style="list-style-type: none"> <li>- A public telephone</li> <li>- Baby changing/feeding facilities</li> <li>- Wheel chair / stretcher</li> <li>- Defined and understandable signage system</li> <li>- Adequate Chairs</li> <li>- Cooling device, fans</li> <li>- Separate queues for male and females wherever required</li> <li>- Safe drinking water facilities</li> <li>- Sheltered outside areas with planting and greenery.</li> </ul>				
19.8	A functional call bell system is available for use in private and isolated wards (single occupancy rooms), within easy reach of the client/patient.	1. <b>Observe</b> call bell system in private and isolated wards (single occupancy rooms) and that it is working 2. <b>Maintenance records</b> for past three months show no breakdowns			
19.9	Each nursing area has a clean storage and preparation space and is separate from soiled materials, domestic equipment and sluice areas.	Bed tables present for all patients			
19.10	Separate male and female toilets and bathrooms are available and adequate for the number of clients/patients in the ward or department (at least one toilet for every twelve clients/patients). The toilets and bathrooms: <ul style="list-style-type: none"> <li>- Are kept clean</li> <li>- Are lockable by the client/patient</li> </ul>	Utilities and facility checklist			

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	from the inside but unlockable from the outside - Have doors that open outwards - Ensure privacy at all times - Have a non-slip base - Have grab rails positioned on either side of the toilet - Have an alarm-call within easy reach of the bath and toilet.				
19.11	Shower facilities are available, with warm water for winter months.	Utilities and facility checklist			
19.12	Separate male and female functioning, clean toilets are available for use by visitors/attendants.	Utilities and facility checklist			
19.13	Some toilets available to seriously ill or disabled clients/patients: - Allow a nurse to stand at each side to manoeuvre a client/patient - Admit a wheelchair - Have washbasins and a mirror at a suitable height for both able and disabled clients/patients.	Utilities and facility checklist			
19.14	Each client/patient has access to an area in which to keep personal possessions.	Utilities and facility checklist			
19.15	Bed tables are available.	Utilities and facility checklist			

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19.16	Potable water and electrical power are available 24 hours a day, seven days a week.	Utilities and facility checklist			
19.17	Alternate sources of water and power for heat and lighting in case of breakdown of the systems are identified, functioning and regularly tested. Priority areas such as ICU and Operating Theatres are identified.	Utilities and facility checklist			
19.18	Electrical, water, ventilation, medical gas, and other key systems are regularly inspected, maintained and improved, if necessary.	Utilities and facility checklist			

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