



# ASSESSMENT CHECKLIST FOR DECLARATION OF HEALTH FACILITIES

**4<sup>th</sup> Edition - August 2016**

(Prospective Health Care Providers to Fill This Self-Assessment Tool and Submit alongside the  
Application Form)

NOTE: There are no fees to be paid

## FORWARD

NHIF Act of 1998 established the National Hospital Insurance Fund; to provide for contributions to and the payment of benefits out of the Fund and also to establish the National Hospital Insurance Fund Board of Management and for connected purposes.

The Vision of NHIF is to be a world-class Social Health Insurer of choice with a Mission to provide accessible, affordable, sustainable and quality Social Health insurance through effective and efficient utilization of resources to the satisfaction of stakeholders.

Under section 30 of the Act, the Board may, in consultation with the Minister and the Chairman of the Medical Practitioners and Dentists Board, by notice in the Gazette, declare any hospital, nursing home or maternity home to be a hospital for the purposes of this Act.

NHIF in line with National Health Sector reforms is committed to improving the access, affordability, equitability and quality of care given by providers through financing of both outpatient and inpatient medical care for members and their declared dependents.

The main purpose of this NHIF (Self) Assessment checklist is to operationalize the NHIF of 1998 in matters pertaining to declaration of facilities and awarding rebates and provide members with access to healthcare providers who provide quality services.

All the facilities to be declared will have to be already approved by the Government either through a gazette notice for public facilities and licensed under the Medical Practitioners and Dentist Board (Cap 253) for private and faith-based facilities.

This assessment checklist will therefore keep changing depending on the health delivery dynamics to ensure members are served at the optimal care possible. It shall also establish a benchmark against which health facilities can appraise their gaps and strengths in accordance with the minimum standards herein as well as mandatory standards as established by the Ministry of Health through the various regulatory bodies from time to time.

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS FOR FILLING THE CHECKLIST**

The checklist is designed to be used by the Quality Assurance Officers in assessing facilities that have not been otherwise declared as providers under the NHIF Act and existing facilities to verify compliance to the standards. It is also used for self assessment by Healthcare providers in view of establishing elements of performance in service delivery and conformance to the set standards.

The check list has different sections covering both the standards for basic and specialist services that are likely to be covered under the NHIF benefit package. Each facility shall be assessed referenced to the scope of services being offered.

**Scoring shall be done as guided below;**

THE NATIONAL HOSPITAL INSURANCE FUND FACILITY ASSESSMENT FOR DECLARATION CHECKLIST 2016 (NHIF ACT OF 1998)

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 1: ADMINISTRATIVE INFORMATION**

**Facility Registration and Location**

Registration/Gazetted name:

|                         |                                |  |  |
|-------------------------|--------------------------------|--|--|
| Master facility number: |                                | Registration number<br>(for private facilities): |  |
| Physical location:      | Contact details:               |  |  |
| County:                 | Contact Person:                |  |  |
| Address:                | Designation of contact person: |  |  |
| Nearest Town/Market:    |                                |  |  |
| Building plot no:       | Phone number:                  |  |  |
| Nearest NHIF Office:    | Email:                         |  |  |

**Facility Details**

|                    |   |
|--------------------|---|
| Facility ownership | <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Faith Based <input type="checkbox"/> Community  |
| Facility type      | <input type="checkbox"/> Both In and Out Patient<br><input type="checkbox"/> Outpatient Only<br><input type="checkbox"/> Radiology Centre (Stand - alone)<br><input type="checkbox"/> Dental clinic (Stand-alone)<br><input type="checkbox"/> Ophthalmic services (Stand - alone)<br><input type="checkbox"/> Dialysis Centre<br><input type="checkbox"/> Oncology Centre<br><input type="checkbox"/> Rehabilitation Centre for drug & Substance Abuse<br><input type="checkbox"/> Other facility, Specify<br>[ _____ ] |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 2: HEALTH FACILITY INFRASTRUCTURE</b> |  |                            |                            |                            |                            |                 |
|--|--|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. Building</b>                               |  |                            |                            |                            |                            | <b>Comments</b> |
|  |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            |                 |
|  | <b>Signage</b>   |                            |                            |                            |                            |                 |
| i  | There is adequate, legible and accurate signage to the facility from major access points outside the premises of the health establishment. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii   | There is clear signage and direction to the services or areas within the health establishment.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iii  | Does the facility have an accessibility ramp for disabled/wheelchair patients?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>B. Utilities</b>                              |  |                            |                            |                            |                            | <b>Comments</b> |
|  |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            |                 |
|  | <b>Water</b>   |                            |                            |                            |                            |                 |
| iv   | Is safe, clean water available from a tap or container?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| v  | Is there sufficient storage/reservoir for the water?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
|  | <b>Electricity</b>   |                            |                            |                            |                            |                 |
| vi   | Is there a stable source of power?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
|  | <b>Toilet facilities</b>   |                            |                            |                            |                            |                 |
| vii  | Are clean toilets available for both male and female clients?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| viii   | Is there a cleaning roster displayed?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>C. Security</b>                               |  |                            |                            |                            |                            | <b>Comments</b> |
|  |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            |                 |
|  | <b>Fire control mechanism</b>  |                            |                            |                            |                            |                 |
| ix   | Does the facility have a fire control mechanism such as a fire extinguisher, sand buckets?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| x  | Is the equipment available in the reception area as well as specific departments?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xi   | Is there a security mechanism in place (security guard, alarm system, fence)?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
|  | <b>TOTAL 11 (In this Section Yes has a value equivalent of 1)</b>  |                            |                            |                            |                            |                 |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 3: LEADERSHIP, PATIENT RIGHTS, CLINICAL GOVERNANCE, HUMAN RESOURCE MANAGEMENT</b> |  |                            |                            |                            |                            |  |                 |
|--|--|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------|
| <b>A. Leadership</b>   |  |                            |                            |                            |                            |  | <b>Comments</b> |
| <b>I. Strategic Plan</b>   |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            |  |                 |
| i  | The facility has a strategic plan with a clear vision, mission, values and objectives and has been shared with staff.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| ii   | Roles and responsibilities of every member in the top decision making organ are clearly stipulated and monitored to ensure compliance with ethical business practice.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| iii  | There is evidence of supportive attitude towards systematic and continuous quality improvement by the top management.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| iv   | Is an organizational chart available and approved by management?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| <b>B. Patient Rights</b>   |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            |  |                 |
| v  | There is an openly displayed patient charter in line with the Ministry of Health guidelines which includes but not limited to right to information, privacy, dignity, choice and the price list.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| vi   | Staffs treat patients with care and respect, with consideration for patient privacy and choice.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| vii  | Patient satisfaction surveys and patient complaints are used to improve service quality.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| viii   | Patients who need to be referred or transferred receive the care and support they need to ensure continuum of care.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| ix   | Patients who wish to complain about poor services are helped to do so and their concerns are properly addressed.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| <b>C. Clinical Governance</b>  |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            |  |                 |
| x  | There is a governance system that sets out the policy, procedures or protocols for:<br>Establishing and maintaining a clinical governance framework;<br>Sharing the framework with all staff;<br>Collecting and reviewing performance data;<br>Taking corrective action. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| xi   | Services provided adhere to Ministry of Health guidelines and/or licensing specifications and the clinical workforce is guided by current best practice.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| xii  | Clinical guidelines are in place and are known and utilized by all users.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |
| xiii   | Referral guidelines are in place and are known and utilized by all users.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |                 |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

\*HMIS-Health Management Information System

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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| SECTION 5: CONSULTATION SERVICES                                  |   |                            |                            |                            |                            |          |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|----------|
| A. General  |   | Self Assessment            |                            | NHIF Verification          |                            | Comments |
|   | Triage  |                            |                            |                            |                            |          |
| i   | Does the facility have a triage area with a qualified nurse(s)?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| ii  | Is it located at the first point of contact with patients?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Examination room  |                            |                            |                            |                            |          |
| iii   | There is a room(s) set aside where patients/clients can consult with a clinician and be examined in confidence. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| iv  | Does the examination room have a coach and a mackintosh?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| v   | Does the room have a consultation table with at least two chairs?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Examination equipment   |                            |                            |                            |                            |          |
| vi  | Is a thermometer available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| vii   | Is a stethoscope available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| viii  | Is a tongue depressor available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| ix  | Is a weighing scale available/accessible?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| x   | Is a blood pressure (BP) machine available/accessible?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xi  | Is a torch available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xii   | Is a privacy screen available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xiii  | Is a diagnostic set available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xiv   | Is a lamp available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Emergency tray and equipment  |                            |                            |                            |                            |          |
| xv  | Does the facility have an emergency tray available at designated sites?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xvi   | Is there a checklist for regular review and updates to the emergency tray?                                      | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xvii  | Confirm that the emergency tray has the following essential drugs:  |                            |                            |                            |                            |          |
|   | Glucose   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Adrenaline  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Sodium bicarbonate  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Diazepam  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Phenobarbitone  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xviii   | Confirm that the emergency equipment is available:  |                            |                            |                            |                            |          |
|   | Ambu bag and mask available in pediatric and adult sizes.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Adjustable bed.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Functional suction machine.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Oxygen cylinder and flowmeter, or piped oxygen.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|   | Endotracheal tubes.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <b>TOTAL 26 (In this Section Yes has a value equivalent of 1)</b> |   |                            |                            |                            |                            |          |

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| SECTION 6: MATERNITY UNIT                                  |   |                            |                            |                            |                            |          |
|--|---|----------------------------|----------------------------|----------------------------|----------------------------|----------|
| A. General   |   | Self Assessment            |                            | NHIF Verification          |                            | Comments |
| Labour ward Policies                                       |   |                            |                            |                            |                            |          |
| i  | A policy that governs ante natal, intrapartal, post-natal and neonatal care exists.                               | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| ii   | Policy in place for pain management during and after delivery that is known to the staff and implemented.         | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| iii  | There is a maternity infection prevention programme in place.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| iv   | A system is in place to monitor labour progress.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| v  | A policy on infection prevention and control.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| Oxygen source  |   |                            |                            |                            |                            |          |
| vi   | Does the labour ward have oxygen cylinder or piped oxygen connection?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| Procedures for obstetrics emergency                        |   |                            |                            |                            |                            |          |
| vii  | Are there procedures available for handling obstructed labour, foetal distress, HELLP, Eclampsia and APH/PPH/IPH? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| viii   | Is a functional resuscitative available with oxygen, suction machine and ambu bags?                               | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| Procedure for monitoring labour                            |   |                            |                            |                            |                            |          |
| ix   | Are partographs available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <i>Confirm partographs have the following information:</i> |   |                            |                            |                            |                            |          |
| x  | Is contraction properly charted?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|  | Is cervical dilation recorded?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|  | Is color coding done?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|  | Is TPR/BP recorded?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|  | Is urine output/input charted?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|  | Are drugs coded?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| New born unit  |   |                            |                            |                            |                            |          |
| xvi  | Access to a functional incubator available.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xvii   | Is there a sitting area for nursing mothers?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| Sluice Room  |   |                            |                            |                            |                            |          |
| xviii  | Is a sluice room/area available and properly located?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xix  | Is there a sluicing sink with running water?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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| B. Equipment  |  | Self Assessment            |                            | NHIF Verification          |                            | Comments |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|----------|
| xx  | Standard delivery bed.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxi   | Fetosopes.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxii  | Weighing scale.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxiii   | BP machine.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxiv  | Cord ligatures.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxv   | Suction machine.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxvi  | Adequate source of lighting.                                   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxvii   | Source of oxygen.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxviii  | Baby Resuscitaire.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxix  | Adequate sterile delivery sets.                                | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| C. Delivery through Caesarean Section                             |  | Self Assessment            |                            | NHIF Verification          |                            | Comments |
| xxx   | Does the facility have access to a maternity /general theatre? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxxi  | Does the facility have access to ambulance?                    | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xxxii   | Does the facility have access to the blood bank?               | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <b>TOTAL 96 (In this Section Yes has a value equivalent of 3)</b> |  |                            |                            |                            |                            |          |

\*APH-Antepartum Haemorrhage

\*IPH-Intrapartum Haemorrhage

\*PPH-Postpartum Haemorrhage

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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| <b>SECTION 7: GENERAL WARDS</b>                                   |   |                            |                            |                            |                            |                 |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. General</b>   |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| <b>1. Patient Oversight</b>                                       |   |                            |                            |                            |                            |                 |
| i   | Ward beds are segregated by gender and age.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii  | Are admissions procedures standardized with patient categorizations?                          | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iii   | Are patients in hospital uniform?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iv  | Are there regular ward rounds?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| v   | Are there handover and discharge reports on a standard form?                                  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>2. Patient Records</b>   |   |                            |                            |                            |                            |                 |
| vi  | Are patient records kept with unique reference numbers?                                       | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>3. Monitoring Equipment</b>                                    |   |                            |                            |                            |                            |                 |
| vii   | Does each ward have a BP machine?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| viii  | Does each ward have a thermometer?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ix  | Does each ward have a pulse oxymeter?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| x   | Does each ward have a suction machine?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xi  | Bed spacing is at least 3 feet apart.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xii   | Beds are metallic and easy to disinfect.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xiii  | Does each ward have an emergency room?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>4. Ablution Block</b>  |   |                            |                            |                            |                            |                 |
| xiv   | Is there an ablution block available, segregated by gender?                                   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                            |                            |                 |
| <b>B. Infection prevention and control</b>                        |   |                            |                            |                            |                            |                 |
| <b>Hygiene Protocol</b>   |   |                            |                            |                            |                            |                 |
| xv  | Is there a hygiene protocol with a dedicated staff roster available?                          | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>Hand Washing</b>   |   |                            |                            |                            |                            |                 |
| xvi   | Is a sink present with running water from a tap or modified storage container?                | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xvii  | Is soap or hand sterilizer available at the hand washing area?                                | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>Solid Waste Management</b>                                     |   |                            |                            |                            |                            |                 |
| xviii   | Are there (at least two) color-coded bins (black and yellow) with matching color lining bags? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xix   | Or are there color coded lining bags in the bins?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xx  | Are there standard operating procedures for waste management?                                 | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>Use of Disinfectants</b>                                       |   |                            |                            |                            |                            |                 |
| xxi   | Is there evidence of disinfectant use?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xxii  | Are you able to observe disinfectant containers used for cleaning?                            | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>Protective Equipment</b>                                       |   |                            |                            |                            |                            |                 |
| xxiii   | Are gloves available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xxiv  | Are gowns or dust coats available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xxv   | Are face masks available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xxvii   | Are safety boots available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>TOTAL 78 (In this section Yes has a value equivalent of 3)</b> |   |                            |                            |                            |                            |                 |

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| <b>SECTION 8: THEATRE</b>  |  |                            |                            |                            |                            |                 |
|--|--|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. General</b>  |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| <b>1. Policies</b>   |  |                            |                            |                            |                            |                 |
| i  | There is a policy on obtaining an informed consent from patients and/or their relatives who are undergoing invasive procedures.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii   | Theatre services are available 24/7.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iii  | Infection prevention policies and protocols in place.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>2. Receiving and Recovery Areas</b>                             |  |                            |                            |                            |                            |                 |
| iv   | There is a designated area for receiving patients and post-anesthesia recovery.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| v  | Availability of gender-specific changing rooms and adequate linen.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vi   | There is a specific area set aside where staffs scrub for operations.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vii  | Does the receiving area have adequate lighting?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>3. Operating Area</b>   |  |                            |                            |                            |                            |                 |
| viii   | There is adequate space in the operating area allowing for free movement of theatre staff.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ix   | There is adequate lighting from both overhead and flexible light sources in operating area.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| x  | There are adequate sterile gloves in different sizes in the operating room.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xi   | There is a standard adjustable operating table.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xii  | There are at least two functional anaesthetic machines in the operating room.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xiii   | There are adequate ambu-bags, both adult and paediatric in the Operating Room.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xiv  | Patient monitor(s) is available and in good working condition in the Operating Room.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xv   | Theatre utilities, including functional laryngoscopes, endotracheal tubes, suction machines and suction tubes are available in different sizes to cater for both adult and paediatric clients. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xvi  | There is a reliable source of back-up oxygen, separate from anaesthetic machines.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xvii   | There is a designated area for sterilizing equipment.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>4. Sluice Room</b>  |  |                            |                            |                            |                            |                 |
| xviii  | Is a sluice room/area available and properly located?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xix  | Is there a sluicing sink with running water?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>5. Staff Requirements</b>                                       |  |                            |                            |                            |                            |                 |
| xx   | Are there at least three theatre staff (scrub, runner and anaesthetic nurse)?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>TOTAL 100 (In this Section Yes has a value equivalent of 5)</b> |  |                            |                            |                            |                            |                 |

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| <b>SECTION 9: PHARMACY</b>  |  |                            |                            |                            |                            |                 |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. General Policies and guidelines</b>                         |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| i   | Pharmaceutical unit is licensed by Pharmacy & Poisons Board.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii  | Pharmacy is supervised by a trained and registered Pharmacist or other qualified personnel appropriate for the level of care.                    | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iii   | The facility has procedures for ordering, acquiring, storing, dispensing and disposing pharmaceutical products.                                  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iv  | Safety procedures, protocols in relation to medication available.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>B. Storage and display of commodities</b>                      |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| v   | Does the pharmacy have secure, lockable cupboards for restricted drugs only accessible by authorized persons (e.g. narcotics and psychotropics). | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>C. Record keeping and documentation</b>                        |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| vi  | Does the pharmacy have a well-explained system for recording prescriptions?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vii   | Does the pharmacy have standard operating procedures for disposal of expired drugs?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| viii  | Is there a daily updated inventory system showing which commodities are available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ix  | Is there documentation showing where medicines are procured?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>TOTAL 36 (In this Section Yes has a value equivalent of 4)</b> |  |                            |                            |                            |                            |                 |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 10: LABORATORY (Applicable for general outpatient and inpatient services)**

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Attach license from the Kenya Medical Laboratory Technicians & Technologist Board

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 11: RADIOLOGY</b>           |   |                            |                            |                            |                            |                 |
|--|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. Radiation Protection</b>         |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
|  | Personal radiation dose monitoring  |                            |                            |                            |                            |                 |
| i                                      | Are personal radiation dose monitoring badges worn daily and evaluated monthly by the Radiation Protection Board.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
|  | Radiation safety service provider   |                            |                            |                            |                            |                 |
| ii                                     | Facility is licensed by Radiology Protection Board.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iii                                    | The facility has records confirming that there is a radiation safety service provider for monitoring exposure to radiation and safety of workers and patients.                          | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
|  | Adequate number of lead aprons  |                            |                            |                            |                            |                 |
| iv                                     | Are there an adequate number of lead aprons, i.e. a minimum of three: one each for the patient, patient-guardian and radiographer?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
|  | Radiological examination in pregnancy   |                            |                            |                            |                            |                 |
| v                                      | Is a code of practice for pregnant women available and producible?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
|  | Quality assurance of image processing   |                            |                            |                            |                            |                 |
| vi                                     | Is there evidence of quality assurance of the image processing system (it may be digital, automatic or manual)?   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>B. Policies, SOPs and Registers</b> |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
|  | Policies, SOPs and Code of Practice   |                            |                            |                            |                            |                 |
| vii                                    | Standard operating procedures are available for different radiological and imaging services.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| viii                                   | There is evidence that they are reviewed regularly based on evidence-based current radiological practice.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ix                                     | There is a code of practice displayed next to the respective radiological devices.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| x                                      | There are records for all radiological examinations carried out, indicating the requesting clinician, the radiologist/radiographer who performed the exam and the findings of the exam. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xi                                     | Infection prevention and control policies documented and in place.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Attach license from the Radiation Protection Board

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 13: SAFETY AND RISK MANAGEMENT</b>                     |   |                            |                            |                            |                            |                 |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. Policies</b>  |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| i   | Written policies and procedures on all aspects of health and safety guide the personnel in maintaining a safe work environment.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii  | Post exposure prophylaxis (PEP) is available to the personnel in accordance to the organizational policy.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iii   | There is a policy on reporting reactions to drugs or severe side effects and how to care for a patient in such events   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>B. Security</b>  |   |                            |                            |                            |                            |                 |
| iv  | There is a programme in identifying preparing mitigation and managing disaster incidents including but not specific to fire, mass accidents flood, and other emergencies. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>C. Patient Safety</b>  |   |                            |                            |                            |                            |                 |
| v   | There is a policy to identify and manage patients correctly to eliminate errors.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>TOTAL 15 (In this Section Yes has a value equivalent of 5)</b> |   |                            |                            |                            |                            |                 |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 14: POPULATION ENGAGEMENT AND FACILITY OUTCOMES</b>    |   |                            |                            |                          |  |                 |
|---|---|----------------------------|----------------------------|--------------------------|--|-----------------|
| <b>A. Patient Clients' Outcomes</b>                               |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b> |  | <b>Comments</b> |
| i   | Facility has mechanism to trigger stakeholders feedback and involvement on health services planning, provision, outcomes, impact and satisfaction   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                          |  |                 |
| ii  | Patients'/clients' views and level of satisfaction are assessed at planned intervals e.g. through exit interviews.  | Y <input type="checkbox"/> | N <input type="checkbox"/> |                          |  |                 |
| iii   | Results shall be documented and acted upon, e.g. analyzed and considered in improvement plans.  | Y <input type="checkbox"/> | N <input type="checkbox"/> |                          |  |                 |
| iv  | Mechanisms for patient/client feedback is in place  | Y <input type="checkbox"/> | N <input type="checkbox"/> |                          |  |                 |
| <b>B. Facility Outcomes</b>                                       |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b> |  | <b>Comments</b> |
| v   | The performance of health facilities is assessed on a regular basis.  | Y <input type="checkbox"/> | N <input type="checkbox"/> |                          |  |                 |
| vi  | The indicators listed below are calculated on a monthly basis and monitored over time.<br>Expenditure/revenue ratio<br>Total financial resources in relation to number of beds.<br>Overall death rate (deaths / admissions)<br>Number of maternal deaths in facility<br>Number of deliveries<br>Neonatal deaths | Y <input type="checkbox"/> | N <input type="checkbox"/> |                          |  |                 |
| <b>TOTAL 12 (In this Section Yes has a value equivalent of 2)</b> |   |                            |                            |                          |  |                 |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



| <b>SECTION: 15 EYE UNIT</b>       |  |                            |                            |                            |                            |                 |
|-----------------------------------|--|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. Policies</b>                |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| i                                 | The facility has in place a policy to identify, diagnose, interpreted and manage eye related problems  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii                                | Procurement, storage, requisition, dispensing before expiry, labeling, installation, maintenance, administration & disposal of Ophthalmology medication, materials, equipment & instruments in line with International standards and manufacturers Guidelines. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>B. Equipment</b>               |  |                            |                            |                            |                            |                 |
| <b>Basic Diagnostic equipment</b> |  |                            |                            |                            |                            |                 |
| iii                               | Eye Chart  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iv                                | Slit Lamp  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| v                                 | Direct Ophthalmoscope  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vi                                | Tonometer  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vii                               | Refraction Set   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| viii                              | Pen Torch  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ix                                | Retinoscope  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| x                                 | Indirect Ophthalmoscope  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xi                                | Applanation  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xii                               | Tonopen  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xiii                              | Lenses(20D,78D,90D)  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xiv                               | 3 Mirror Lens  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xv                                | Visual Perimetry apparatus   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xvi                               | Ophthalmic Operating Microscope  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 16: HDU/ICU</b>  |   |                            |                            |                            |                            |                 |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. Infrastructure</b>  |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| i   | There is a room available set aside to offer critical care.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii  | There is availability of standard ICU bed   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iii   | There is quick access to theatre and laboratory   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>B. Human Resource</b>  |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| iv  | Availability of staff trained in critical care including an anesthetist.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>C. Equipment</b>   |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| v   | There is a policy in place for acquisition, usage, calibration, maintenance, storage and disposal of equipment in the facility. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vi  | Defibrillator   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vii   | Ventilator  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vii<br>i  | Blood Gas Analyzer.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ix  | Oxygen supply   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>D. Policies &amp; Programs</b>                                   |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| x   | Standard operating procedure is in place for managing different emergencies.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xi  | Infection prevention policies in place  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>TOTAL 110 (In this Section Yes has a value equivalent of 10)</b> |   |                            |                            |                            |                            |                 |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 17: DENTAL UNIT</b>                               |   |                            |                            |                            |                            |                 |
|--|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. Infrastructure</b>                                     |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| i  | An area or a room has been set aside for dental services.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii   | There are guidelines available on diagnosis, interpretation of various dental conditions.                                       | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>B. Equipment and Tools for Dental Healthcare Services</b> |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| iii  | There is a policy in place for acquisition, usage, calibration, maintenance, storage and disposal of equipment in the facility. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>Basic equipment</b>                                       |   |                            |                            |                            |                            |                 |
| iv   | Available or access to an OPG machine   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| v  | Dental Chair and unit in functional state.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vi   | Operators chair and assistants' chair.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vii  | Compressor.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| viii   | Suction machine.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ix   | Autoclave.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| x  | Amalgamator.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xi   | Light cure machine.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xii  | Intra-oral x-ray machine.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xiii   | Ultrasonic scaler.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xiv  | High speed and slow speed hand pieces.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xv   | Examination light.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xvi  | Mouthwash.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xvii   | Lockable Instrument cabinets.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xviii  | Disposable bins with foot control (Plastic or Metallic).  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xix  | Amalgam filter.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xx   | Working Refrigerator.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xxi  | Emergency tray i.e. (Disposable syringes, adrenaline, Hydrocortisone, IV canulas etc).  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xxii   | Full set of extraction forceps and elevators.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| xxiii  | Dental syringes.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 18: RENAL UNIT</b>                                     |   |                            |                            |                            |                            |                 |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. Infrastructure</b>  |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| i   | There is a room set aside for dialysis services.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii  | There is a quick access to critical care.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iii   | Availability or access to laboratory that can perform kidney related tests  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iv  | There is a designated water treatment area with proper plumbing and water purification process that is proximal to the dialysis machines. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| v   | There is a dedicated dialysis station for infectious patients.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>B. Equipment</b>   |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| vi  | There is a policy in place for acquisition, usage, calibration, maintenance, storage and disposal of equipment in the facility.           | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vii   | There is a list of equipment but not specific to dialysis machine, catheters.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| viii  | There is availability and usage of a renal chart.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>C. Human Resource</b>  |   | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| ix  | There is a qualified renal nurse who is backed up either a nephrologists and/or a physician.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| x   | Infection prevention known to staff and applied.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>TOTAL 81 (In this Section Yes has a value equivalent of 9)</b> |   |                            |                            |                            |                            |                 |

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NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| SECTION 19: DRUG AND SUBSTANCE ABUSE TREATMENT AND REHABILITATION SERVICES |   |                            |                            |                            |                            |          |
|--|---|----------------------------|----------------------------|----------------------------|----------------------------|----------|
| A. Policy and Guidelines   |   | Self Assessment            |                            | NHIF Verification          |                            | Comments |
| i  | Existence of documented procedures and guidelines for identification screening , treatment and referral of clients  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| ii   | Do you have documented, up-to-date policies and procedures to support, monitor and regulate the assessment and review process?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| iii  | Does the treatment and rehabilitation programme describe structured daily and weekly activities, individual and group sessions, stages or phases of treatment and related goals in a time-defined programme?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| iv   | Infection prevention and control program and policies in place  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <b>B. Staffing</b>   |   |                            |                            |                            |                            |          |
| v  | Existence of a multidisciplinary team is in place , Medical practitioner(consultant ), Nursing staff and other allied health professionals trained to deliver rehabilitation programs as appropriate  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| vi   | Does the multidisciplinary team formally review each client's treatment progress (including psychiatric status) on a weekly basis?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <b>C. Patient Assessment</b>   |   |                            |                            |                            |                            |          |
| vii  | Do you have professional staff with the relevant knowledge, skills and competencies to carry out intake assessments or screening within 24 hours, or, in the case of clients admitted with alcohol, benzodiazepine or opiate dependency, within 8 hours of admission? | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| viii   | Do your clients receive a comprehensive, accurate, timely assessment of their physical, psychiatric and psychosocial spiritual functioning within 72 hours of admission by a qualified and experienced professional?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| ix   | Do you have designated medical clinicians to deliver medical or psychiatric diagnoses?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| x  | Are the results of each client's comprehensive assessment reviewed by a primary counselor and the centre's multidisciplinary team within 1 week of the client's admission?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xi   | Are the clients assessments recorded in the clients' case records within 24 hours?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| xii  | Are the results of the comprehensive assessment and the treatment plan presented and discussed at case conferences or studies?  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 20: ONCOLOGY UNIT</b>                  |  |                            |                            |                            |                            |                 |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| <b>A. Staffing</b>                                |  | <b>Self Assessment</b>     |                            | <b>NHIF Verification</b>   |                            | <b>Comments</b> |
| i   | There is a trained and qualified oncologist who is licensed to offer care in chemotherapy services.<br>There is a trained and qualified radiotherapist who is licensed to offer radiotherapy services. | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ii  | There is multi-disciplinary team under the lead oncologist that supports service delivery in the facility.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| iii   | The team formally reviews each client’s treatment progress on a scheduled basis.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>B. Policies and Guidelines &amp; licensure</b> |  |                            |                            |                            |                            |                 |
| iv  | There exist documented, procedures and guidelines for identification, screening, treatment, referral of patients and the policies on cancer registry.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| v   | There is evidence that they are reviewed regularly based on evidence-based clinical guidelines approved by MOH.  | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vi  | Policies and procedures are in place to guide the safe administration of systematic therapy i.e. administration of chemotherapeutic, biologic and immunotherapeutic agents.                            | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| vii   | Guidelines on radiation safety rules and standards exist and are adhered to.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| <b>C. Safety and Risk Management</b>              |  |                            |                            |                            |                            |                 |
| viii  | Guidelines on management of spills and cytotoxics waste are available.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |
| ix  | Chemo preparations are transported by trained personnel in leak proof plastic bag and sturdy containers.   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Y <input type="checkbox"/> | N <input type="checkbox"/> |                 |

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NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

|                    |                                |                          |                  |
|--------------------|--------------------------------|--------------------------|------------------|
| <b>TOTAL SCORE</b> | <b>SELF ASSESSMENT OUTCOME</b> | <b>NHIF VERIFICATION</b> | <b>OUTCOME</b>   |
| _____              | SCORE _____ PERCENTAGE _____   | SCORE _____              | PERCENTAGE _____ |

**Scores for the Various Types of Declaration**

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

Hospital Representative Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NHIF Quality Officer Names \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

| <b>SECTION 21: FOR OFFICIAL USE ONLY: FINDINGS AND RECOMMENDATIONS</b> |             |           |
|--|-------------|-----------|
| <b>NHIF ASSESSMENT TEAM</b>  |             |           |
| Name   | Designation | Signature |
|  |             |           |
|  |             |           |
|  |             |           |
| <b>FACILITY REPRESENTATIVE(S)</b>                                      |             |           |
|  |             |           |
|  |             |           |
|  |             |           |

**FACILITY DECLARATION**

We.....and.....of  
 ..... (Facility)

Certify that the information provided reflects the true status of the facility and that we shall take full responsibility of any variations herein provided.

Signature (1).....Signature (2).....

**OFFICIAL STAMP**

*\* A need for re-assessment may arise if the NHIF Management/Board is not satisfied with the initial assessment.*

**NOTE: OBSERVE THAT YOU:**

- i. Attach license from the Radiation Protection Board (facility with radiotherapy services)
- ii. Attach license from the Pharmacy and Poisons Board, where applicable.
- iii. Attach license from the Kenya Medical Laboratory & Technicians Board where applicable.
- iv. Attach license from the Kenya Medical Practitioners and Dentist Board (for the facility and practitioners based in the facility).