QUALITY IMPROVEMENT CHECKLIST FOR CONTRACTING OF HEALTH FACILITIES (NHIF ACT 1998)

5th Edition – November 2019

(Health Care Providers certified by The MOH are encouraged to use this Quality Improvement Checklist)

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 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) Evaluation 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 Evaluation 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.

THE NATIONAL HOSPITAL INSURANCE FUND, FACILITY QUALITY IMPROVEMENT CHECLIST FOR CONTRACTING 2019 (NHIF ACT 0F 1998)

ACKNOWLEDGEMENTS

This manual would not have come to be without the guidance and input of several persons. Though it is not possible to name each one of them individually, we wish to appreciate the following persons for their active participation in the conceptualization, development and authoring of this manual: -

1. The Board of Management NHIF, for providing leadership and direction.
2. Nicodemus Odongo Ag Chief Executive Officer NHIF
3. Ali A. Issack Ag. Head of Benefits & Quality Assurance
4. Mary K. Nyachae, Manager Accreditation & Quality Assurance
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11. Antony Murithi Matata, Quality Assurance Officer Head Office
12. Faith Tonkei,Quality Assurance Officer Kenyatta Branch
13. Irene Silantoi, Accreditation Officer Head office

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USER'S GUIDE

1. The Branch Manager is the overall in-charge of this exercise and should notify the Health Facility In-Charge on the intent of NHIF staff to visit the facility for Evaluation, using the NHIF Evaluation checklist notification form and alongside, avail a clean Evaluation manual to the health facility.
2. The Evaluation shall be carried out by **at least TWO (2)** NHIF staff members
3. The Quality Assurance Officer is the technical in-charge and the team leader of the exercise.
4. On the day of the Evaluation, the team shall present itself to the facility's In-Charge. Introduce themselves and explain the objectives of their visit and request for a hospital staff to be assigned to them during the exercise.
5. The Evaluation team should wear their clinical white coat and a well-displayed NHIF identification badge. They should observe professionalism throughout the Evaluation exercise
6. Ensure you capture your remarks about your observations in the "remarks" column and share these with the hospital representative/management. These remarks are also useful for your reference.
7. Ensure you use a separate Evaluation manual for each health facility.
8. The hospital representative accompanying you **MUST** sign the declaration manual alongside you, upon completion of the exercise.
9. The Quality Assurance Officer shall key in the findings of the Evaluations report in the online portal and generate the overall score.
10. Facilities that fail to meet the required threshold shall be communicated to in writing, by the Branch Manager
11. Evaluation manuals filled that have met the required threshold, must be signed, stamped, sealed in envelop marked "confidential" and forwarded to the Manager, Declaration & Quality Assurance Division through the respective Branch Manager.

12. The NHIF management Board reserves the right to order for a quality check of the facility, and the right to declare or deny declaration to a health facility.

13. Note that all pages must be officially stamped using the hospital stamp.

14. Stand alone facilities that have additional services will be reassessed under the criteria of all facilities

INSTRUCTIONS FOR FILLING THE CHECKLIST

The checklist is designed to be used by the quality assurance officers in monitoring outcome of care and supporting continuous quality improvement in facilities that have been certified by the Ministry of Health and contracted facilities.

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

Section	MANDATORY SECTIONS TO BE FILLED
1	Administrative Information
2	Health Facility Infrastructure
3	Leadership, Patient Rights, Clinical Governance, Human Resource Management
4	Infection Prevention and Control
13	Safety and Risk Management
SECTIONS TO BE FILLED DEPENDING ON SCOPE	
5	Consultation
9	Pharmacy
10	Laboratory
11	Radiology
6	Maternity Unit
7	General Wards
8	Theatre
12	Other Support Services
15	Eye Unit
17	Dental Unit
16	ICU
18	Renal Unit
19	Drug and Substance Abuse Treatment and Rehabilitation Service
20	Oncology Unit

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SCORING SYSTEM

To complete the checklist, most standards rely on some form of documentation and/or interview with key staff at the facility. Scores are allocated for performance of the system against each identified standard on a scale from 0 – 2, where:

N/A *= standard is not applicable, or not available for review purposes*

0 *= standard is not met*

1*= partially met*

2 *= standard is fully met*

For standalone outpatient facilities, 7 sections will be scored. The optimum score is 234 against 810 for the overall document. The 234 will be assumed to be equal to 100% and scores shall be interupted as thus.

NOTE

- Where documents, policies, guidelines, manuals, statements, minutes etc. are required, the team of assessors must see and verify before conclusions.
- Where observation is required, the assessors shall be required to exercise patience and note what they have seen.
- All nonconformities must be clearly indicated in the spaces provided.

NHIF Quality Officer Names _____ Signature _____ Date _____

Section	SECTIONS TO BE FILLED	MARKS	SCOPE	SERVICES	WEIGHT
1	ADMINISTRATIVE INFORMATION	N/A	MANDATORY	N/A	N/A
2	HEALTH FACILITY INFRASTRUCTURE	22	MANDATORY	SUPPORT	6
3	LEADERSHIP, PATIENT RIGHTS, CLINICAL GOVERNANCE, HUMAN RESOURCE MANAGEMENT	66	MANDATORY	SUPPORT	10
4	INFECTION PREVENTION AND CONTROL	36	MANDATORY	AUXILLIARY	5
13	SAFETY AND RISK MANAGEMENT	10	MANDATORY	AUXILLARY	2.5
5	CONSULTATION	38	MANDATORY	LINE	5
9	PHARMACY	18	ALL EXCEPT STANDALONE LABS	SUPPORT	5
10	LABORATORY	44	OPC, IPC, STAND ALONE LABS,	SUPPORT	6
11	RADIOLOGY	32	OPC, IPC, DENTAL CLINICS, STAND ALONE	SUPPORT	3
6	MATERNITY UNIT	54	IPC	LINE	10
7	GENERAL WARDS	52	IPC	LINE	10
8	THEATRE	90	IPC	LINE	10
12	OTHER SUPPORT SERVICES	22	IPC	AUXILLARY	2.5
14	EYE UNIT	76	OPC, IPC, STAND ALONE CLINICS	LINE	5
16	DENTAL UNIT	70	OPC, IPC, STAND ALONE CLINICS	LINE	2.5
15	ICU	26	IPC ONLY	LINE	10
17	RENAL UNIT	42	OPC, IPC, STAND ALONE RENAL UNIT	LINE	2.5
18	DRUG AND SUBSTANCE ABUSE TREATMENT AND REHABILITATION SERVICE	48	REHAB FACILITIES	LINE	2.5
19	ONCOLOGY UNIT	62	OPC, IPC	LINE	2.5
	GRANT TOTAL	**810**			**100%**

Hospital Representative Names _____ Signature _____ Date _____ NHIF

Quality Officer Names _____ Signature _____ Date _____

SECTION 1: ADMINISTRATIVE INFORMATION

A. Facility Registration and Location Information

Registration/Gazetted name:			
Master facility number:		Registration number (for private facilities):	
Physical location:		**Contact details:**	
County:		Contact Person:	
Address:		Designation of contact person:	
Nearest Town/Market:			
Building plot, no:		Phone number:	
Nearest NHIF Office:		Email:	

B. **Facility Details**

1. Facility ownership	☐Government ☐Private ☐Faith Based
2. Facility type	☐ Both in and Out Patient ☐Inpatient Only ☐Outpatient Only ☐Dental clinic (stand-alone) ☐ Ophthalmic services (Stand - alone) ☐ Dialysis Centre ☐ Oncology Centre ☐ Rehabilitation Centre for Drug & Substance Abuse ☐Other facility, Specify [_____]

C. Facility Capacity

No. of Wards		No. of Dialysis Beds	
No. of Beds		No. of MRI Machines	
No. of ICU Beds		No. of CT-Scan Machines	
No. of NICU Beds		No. of Ultrasound Machines	
Manual/Automated systems			

D. Licensing and Registration with Health Regulatory Authorities

Indicate N/A if not applicable

Health Regulatory Authority	Valid registration/ membership available and Displayed	Valid license available and Displayed

Medical Practitioners and Dentists Board		
Clinical Officers Council		
Radiation Protection Board		
Pharmacy and Poisons Board		
Medical Laboratory Technicians and Technologists Board		

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 2: HEALTH FACILITY INFRASTRUCTURE

	A. Building					**Comments**
	Signage	Self Evaluation		NHIF Verification		
i	There is adequate, legible and accurate signage to the facility from major access points outside the premises of the health establishment.	Y ☐	N ☐	Y ☐	N ☐	
ii	There is clear signage and direction to the services or areas within the health establishment.	Y ☐	N ☐	Y ☐	N ☐	
iii	Are all service points accessible to patients with disabilities or on wheelchair e.g. ramp or a lift	Y ☐	N ☐	Y ☐	N ☐	
	B. Utilities					
	Water	Self Evaluation		NHIF Verification		**Comments**
iv	Is safe, clean water available from a tap or container?	Y ☐	N ☐	Y ☐	N ☐	
v	Is there sufficient storage/reservoir for the water?	Y ☐	N ☐	Y ☐	N ☐	
	Electricity					
vi	Is there a stable source of power? (backup power)	Y ☐	N ☐	Y ☐	N ☐	
	Toilet facilities					
vii	Are clean toilets available, separate for both male and female clients?	Y ☐	N ☐	Y ☐	N ☐	
viii	Is there a cleaning roster displayed?	Y ☐	N ☐	Y ☐	N ☐	
	C. Security					
	Fire control mechanism	Self Evaluation		NHIF Verification		**Comments**
ix	Does the facility have an appropriate fire control mechanism such as a fire extinguisher, sand buckets?	Y ☐	N ☐	Y ☐	N ☐	
x	Is the equipment available in the reception area as well as specific departments?	Y ☐	N ☐	Y ☐	N ☐	
xi	Is there a security mechanism in place (security guard, alarm system, fence)?	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 22 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 3: LEADERSHIP, PATIENT RIGHTS, CLINICAL GOVERNANCE, HUMAN RESOURCE MANAGEMENT

	A. Leadership					Comments
	I. Strategic Plan	Self Evaluation		NHIF Verification		
I	The facility has a strategic plan with a clear vision, mission, values and objectives and has been shared with staff.	Y ☐	N ☐	Y ☐	N ☐	
Ii	Roles and responsibilities of every member in the top decision-making organ are clearly stipulated and monitored to ensure compliance with ethical business practice.	Y ☐	N ☐	Y ☐	N ☐	
Iii	There is evidence of supportive attitude towards systematic and continuous quality improvement by the top management.	Y ☐	N ☐	Y ☐	N ☐	
Iv	Is an organizational chart available and approved by management?	Y ☐	N ☐	Y ☐	N ☐	
	B. Patient Rights	Self Evaluation		NHIF Verification		
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 service charges.	Y ☐	N ☐	Y ☐	N ☐	
Vi	Staffs treat patients with care and respect, with consideration for patient privacy and choice.	Y ☐	N ☐	Y ☐	N ☐	
Vii	Patient satisfaction surveys and patient complaints are used to improve service quality.	Y ☐	N ☐	Y ☐	N ☐	
Viii	Patients who need to be referred or transferred receive the care and support they need to ensure continuum of care.	Y ☐	N ☐	Y ☐	N ☐	
Ix	Patients who wish to complain about poor services are helped to do so and their concerns are properly addressed.	Y ☐	N ☐	Y ☐	N ☐	
	C. Clinical Governance	Self Evaluation		NHIF Verification		
X	The facility has established a written framework on i. Clinical guidelines ii. Human Resource for Health iii. Quality Management System (QMS) iv. HMIS v. Equipment Management	Y ☐	N ☐	Y ☐	N ☐	
Xi	Services provided adhere to Ministry of Health guidelines and/or Licensing specifications and the clinical workforce is guided by current best practice.	Y ☐	N ☐	Y ☐	N ☐	
Xii	Clinical guidelines are in place and are known and utilized by all users.	Y ☐	N ☐	Y ☐	N ☐	
Xiii	Referral guidelines are in place and are known and utilized by all users.	Y ☐	N ☐	Y ☐	N ☐	

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

	D. Human Resource Management	Self Evaluation		NHIF Verification		Comments
Xiv	Availability of staff establishment as per level of care with a Complete inventory of staff, including training, registration with relevant bodies, designation, and mode of engagement (i.e. whether permanent or part time) *(Refer to MOH Guideline and score as per level of care)*	Y ☐	N ☐	Y ☐	N ☐	
Xv	Availability of job descriptions for all staff, known and shared with respective staff.	Y ☐	N ☐	Y ☐	N ☐	
Xvi	Relevant training and development opportunities are provided to enhance staff competence.	Y ☐	N ☐	Y ☐	N ☐	
Xvii	Availability of a staff performance management system, including appraisal, discipline and rewards.	Y ☐	N ☐	Y ☐	N ☐	
	E. Quality Management	Self Evaluation		NHIF Verification		Comments
Xviii	The facility has an active and appropriately constituted quality improvement team	Y ☐	N ☐	Y ☐	N ☐	
Xix	Is there evidence of quarterly QIT meetings held, (evidence of the last three (3) quarters' meeting)	Y ☐	N ☐	Y ☐	N ☐	
Xx	There is evidence of implementation of Quality Improvement Plans.	Y ☐	N ☐	Y ☐	N ☐	
	F. Monitoring Performance Indicators	Self Evaluation		NHIF Verification		Comments
	Are the performance indicators recorded and monitored as per level of care					
Xxi	Infant mortality / Maternal mortality	Y ☐	N ☐	Y ☐	N ☐	
Xxii	Immunization / Patient registers	Y ☐	N ☐	Y ☐	N ☐	
Xxiii	Are performance indicators shared with staff and published regularly	Y ☐	N ☐	Y ☐	N ☐	
	G. Client Feedback Mechanism	Self Evaluation		NHIF Verification		Comments
Xxiv	Is there a functional client feedback mechanism (e.g. suggestion email text messages or hot line number?	Y ☐	N ☐	Y ☐	N ☐	
Xxv	There is evidence of utilization of the client feedback.	Y ☐	N ☐	Y ☐	N ☐	

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

H. Medical Records and Information Systems		Self Evaluation		NHIF Verification		Comments
xxvi	Are medical records kept for each patient?	Y ☐	N ☐	Y ☐	N ☐	
xxvii	Do the records include names and unique patient numbers?	Y ☐	N ☐	Y ☐	N ☐	
xxviii	Are medical records legible and signed?	Y ☐	N ☐	Y ☐	N ☐	
Xxix	Are inpatients and outpatients' records kept separately	Y ☐	N ☐	Y ☐	N ☐	
	System for storing medical records					
xxx	Is there a system in place for storing medical records?	Y ☐	N ☐	Y ☐	N ☐	
xxxi	Is there a filing and numbering system for easy retrieval?	Y ☐	N ☐	Y ☐	N ☐	
	Data security					
xxxii	Does a system exist for keeping facility data, which is lockable and/ or password protected?	Y ☐	N ☐	Y ☐	N ☐	
	Contribution to external databases and reports					
xxxiii	Does the facility contribute to the MOH HMIS database	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 66 (In this Section Yes has a value equivalent of 2)					

*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 Evaluation		NHIF Verification		Comments
	1. Hygiene protocol					
I	Does the facility have a hygiene protocol?	Y ☐	N ☐	Y ☐	N ☐	
Ii	Does the hygiene protocol have a dedicated staff roster?	Y ☐	N ☐	Y ☐	N ☐	
	2. Solid waste management					
Iii	Is there a standard operating procedure for waste management?	Y ☐	N ☐	Y ☐	N ☐	
Iv	Is there an incinerator or contracted waste management company?	Y ☐	N ☐	Y ☐	N ☐	
V	Is waste segregated according to colour coding (yellow, red and black)					
Vi	Does the facility have a designated waste holding area?	Y ☐	N ☐	Y ☐	N ☐	
	3. General facility cleanliness					
	Facility cleanliness entails the general appearance and odor across various departments, to understand whether the facility is cleaned regularly. Observe how well this facility satisfies the criterion below.					
Vii	Is the paint work acceptable?	Y ☐	N ☐	Y ☐	N ☐	
Viii	Is the floor smooth?	Y ☐	N ☐	Y ☐	N ☐	
Ix	Is the ceiling free of cobwebs and dust?	Y ☐	N ☐	Y ☐	N ☐	
	4. General compound cleanliness					
X	Is the grass well maintained?	Y ☐	N ☐	Y ☐	N ☐	
Xi	Are the bushes neatly kept?	Y ☐	N ☐	Y ☐	N ☐	
Xii	Is the site free of odor?	Y ☐	N ☐	Y ☐	N ☐	
	5. Patient Safety					
Xiii	There is a policy to identify and manage patients correctly to eliminate errors.	Y ☐	N ☐	Y ☐	N ☐	
Xiv	Are adverse events or patient safety incidents promptly identified and managed to minimize patient harm and suffering?	Y ☐	N ☐	Y ☐	N ☐	
	B. Sterilization Services	Self Evaluation		NHIF Verification		Comments
Xv	Is there a separate area for cleaning, decontamination and sterilization processes in place?	Y ☐	N ☐	Y ☐	N ☐	
Xvi	Are standard operating procedures available for sterilization?	Y ☐	N ☐	Y ☐	N ☐	
Xvii	Are sterile supplies well stored, labeled and stored in a designated Area?	Y ☐	N ☐	Y ☐	N ☐	
Xviii	Is there functional equipment for sterilization?	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 36 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 5: CONSULTATION SERVICES

	A. General	Self Evaluation		NHIF Verification		Comments
	Triage					
i	Does the facility have a triage area with a qualified nurse(s)?	Y ☐	N ☐	Y ☐	N ☐	
ii	Is it located at the first point of contact with patients?	Y ☐	N ☐	Y ☐	N ☐	
	Examination room					
iii	There is a room(s) set aside where patients/clients can consult with a clinician and be examined in confidence.	Y ☐	N ☐	Y ☐	N ☐	
iv	Does the examination room have a coach and a mackintosh?	Y ☐	N ☐	Y ☐	N ☐	
v	Does the room have a consultation table with at least two chairs?	Y ☐	N ☐	Y ☐	N ☐	
	Examination equipment					
vi	Is a thermometer available?	Y ☐	N ☐	Y ☐	N ☐	
vii	Is a stethoscope available?	Y ☐	N ☐	Y ☐	N ☐	
viii	Is a tongue depressor available?	Y ☐	N ☐	Y ☐	N ☐	
ix	Is a weighing scale available/accessible?	Y ☐	N ☐	Y ☐	N ☐	
x	Is a blood pressure (BP) machine available/accessible?	Y ☐	N ☐	Y ☐	N ☐	
xi	Is a torch available?	Y ☐	N ☐	Y ☐	N ☐	
xii	Is a privacy screen available?	Y ☐	N ☐	Y ☐	N ☐	
xiii	Is a diagnostic set available?	Y ☐	N ☐	Y ☐	N ☐	
xiv	Is a lamp available?	Y ☐	N ☐	Y ☐	N ☐	
xv	Emergency tray and equipment Does the facility have an emergency tray available at designated sites?	Y ☐	N ☐	Y ☐	N ☐	
xvi	Is there a checklist for regular review and updates to the emergency tray?	Y ☐	N ☐	Y ☐	N ☐	
xvii	Confirm that the emergency tray has the following essential drugs:					
	Glucose	Y ☐	N ☐	Y ☐	N ☐	
	Adrenaline	Y ☐	N ☐	Y ☐	N ☐	
	Sodium bicarbonate	Y ☐	N ☐	Y ☐	N ☐	
	Diazepam	Y ☐	N ☐	Y ☐	N ☐	
	Phenobarbitone	Y ☐	N ☐	Y ☐	N ☐	
Xviii	Confirm that the emergency equipment is available:					
	☐ Ambu bag and mask available in pediatric and adult sizes.	Y ☐	N ☐	Y ☐	N ☐	
	☐ Adjustable bed.	Y ☐	N ☐	Y ☐	N ☐	
	☐ Functional suction machine.	Y ☐	N ☐	Y ☐	N ☐	
	☐ Oxygen cylinder and flow meter, or piped oxygen.	Y ☐	N ☐	Y ☐	N ☐	
	☐ Endotracheal tubes.	Y ☐	N ☐	Y ☐	N ☐	
B	**Infection prevention and control**					
Xix	Refer to section 4 and validate the practice of infection control	Non-compliant☐		Compliant☐		
	TOTAL 38 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 6: MATERNITY UNIT

	A. General	Self Evaluation		NHIF Verification		Comments
I	1.Labour ward Policies A policy that governs ante natal, intrapartum, post-natal and neonatal care exists.	Y ☐	N ☐	Y ☐	N ☐	
Ii	Policy in place for pain management during and after delivery that is known to the staff and implemented.	Y ☐	N ☐	Y ☐	N ☐	
Iii	There is a maternity infection prevention program and policy	Y ☐	N ☐	Y ☐	N ☐	
Iv	A system is in place to monitor labour progress	Y ☐	N ☐	Y ☐	N ☐	
V	2.Oxygen source Does the labour ward have oxygen cylinder or piped oxygen connection?	Y ☐	N ☐	Y ☐	N ☐	
Vi	3.Procedures for obstetrics emergency Are there procedures available for handling obstructed labour, foetal distress, HELLP, Eclampsia and APH/PPH/IPH?	Y ☐	N ☐	Y ☐	N ☐	
Vii	Is there a functional resuscitaire available with oxygen, suction machine? And ambu bags?	Y ☐	N ☐	Y ☐	N ☐	
Viii	4.Procedure for monitoring labour Are partographs available?	Y ☐	N ☐	Y ☐	N ☐	
	Confirm partographs have the following information:					
Ix	Is contraction properly charted?	Y ☐	N ☐	Y ☐	N ☐	
	Is cervical dilation recorded?	Y ☐	N ☐	Y ☐	N ☐	
	Is color coding done?	Y ☐	N ☐	Y ☐	N ☐	
	Is TPR/BP recorded?	Y ☐	N ☐	Y ☐	N ☐	
	Is urine output/input charted?	Y ☐	N ☐	Y ☐	N ☐	
	Are drugs coded?	Y ☐	N ☐	Y ☐	N ☐	
	5.New born unit					
X	Access to a functional incubator available.	Y ☐	N ☐	Y ☐	N ☐	
Xi	Is there a sitting area for nursing mothers?	Y ☐	N ☐	Y ☐	N ☐	
Xii	6.Sluice Room Is a sluice room/area available and properly located?	Y ☐	N ☐	Y ☐	N ☐	
Xiii	Is there a sluicing sink with running water?	Y ☐	N ☐	Y ☐	N ☐	

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

B.	**Equipment**	**Self Evaluation**		**NHIF Verification**		**Comments**
Xiv	Standard delivery bed.	Y ☐	N ☐	Y ☐	N ☐	
Xv	Fetoscopes.	Y ☐	N ☐	Y ☐	N ☐	
Xvi	Weighing scale.	Y ☐	N ☐	Y ☐	N ☐	
Xvii	BP machine.	Y ☐	N ☐	Y ☐	N ☐	
Xviii	Cord ligatures.	Y ☐	N ☐	Y ☐	N ☐	
Xix	Suction machine.	Y ☐	N ☐	Y ☐	N ☐	
Xx	Adequate source of lighting.	Y ☐	N ☐	Y ☐	N ☐	
Xxi	Source of oxygen.	Y ☐	N ☐	Y ☐	N ☐	
Xxii	Baby Resuscitaire.	Y ☐	N ☐	Y ☐	N ☐	
Xxiii	Adequate sterile delivery sets.	Y ☐	N ☐	Y ☐	N ☐	
C.	**Delivery through Caesarean Section**	**Self Evaluation**		**NHIF Verification**		**Comments**
Xxiv	Does the facility have access to a maternity /general theatre?	Y ☐	N ☐	Y ☐	N ☐	
Xxv	Does the facility have access to ambulance?	Y ☐	N ☐	Y ☐	N ☐	
Xxvi	Does the facility have access to the blood bank?	Y ☐	N ☐	Y ☐	N ☐	
D. infection prevention						
xxvii	Refer to section 4 and validate the practice of infection control	Non-compliant☐		Compliant☐		
TOTAL 54 (In this Section Yes has a value equivalent of 2)						

*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 _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 7: GENERAL WARDS

	A. General	Self Evaluation		NHIF Verification		Comments
	1. Patient Oversight					
I	Ward beds are segregated by gender and age.	Y ☐	N ☐	Y ☐	N ☐	
Ii	Are admissions procedures standardized with patient categorizations?	Y ☐	N ☐	Y ☐	N ☐	
Iii	Are patients in hospital uniform?	Y ☐	N ☐	Y ☐	N ☐	
Iv	Are there regular ward rounds done?	Y ☐	N ☐	Y ☐	N ☐	
V	Are there handover and discharge reports on a standard form?	Y ☐	N ☐	Y ☐	N ☐	
	2. Patient Records					
Vi	Are patient records kept with unique reference numbers?	Y ☐	N ☐	Y ☐	N ☐	
	3. Monitoring Equipment					
Vii	Does each ward have a BP machine?	Y ☐	N ☐	Y ☐	N ☐	
Viii	Does each ward have a thermometer?	Y ☐	N ☐	Y ☐	N ☐	
Ix	Does each ward have a pulse oxymeter?	Y ☐	N ☐	Y ☐	N ☐	
X	Does each ward have a suction machine?	Y ☐	N ☐	Y ☐	N ☐	
Xi	Bed spacing is at least 3 feet apart.	Y ☐	N ☐	Y ☐	N ☐	
Xii	Beds are metallic and easy to disinfect.	Y ☐	N ☐	Y ☐	N ☐	
Xiii	Does each ward have an emergency room?	Y ☐	N ☐	Y ☐	N ☐	
	4. Ablution Block					
Xiv	Is there an ablution block available, segregated by gender?	Y ☐	N ☐			
	B. Infection prevention and control					
	Hygiene Protocol					
Xv	Is there a hygiene protocol with a dedicated staff roster available?	Y ☐	N ☐	Y ☐	N ☐	
	Hand Washing					
Xvi	Is a sink present with running water from a tap or modified storage container?	Y ☐	N ☐	Y ☐	N ☐	
Xvii	Is soap or hand sterilizer available at the hand washing area?	Y ☐	N ☐	Y ☐	N ☐	
	Solid Waste Management					
Xviii	Are there (at least two) color-coded bins (black and yellow) with matching color lining bags?	Y ☐	N ☐	Y ☐	N ☐	
Xix	Are there color-coded lining that match the colour of the bins?	Y ☐	N ☐	Y ☐	N ☐	
Xx	Are there standard operating procedures for waste management?	Y ☐	N ☐	Y ☐	N ☐	
	Use of Disinfectants					
Xxi	Is there evidence of disinfectant use?	Y ☐	N ☐	Y ☐	N ☐	
Xxii	Are you able to observe disinfectant containers used for cleaning?	Y ☐	N ☐	Y ☐	N ☐	
	Protective Equipment					
Xxiii	Are gloves available?	Y ☐	N ☐	Y ☐	N ☐	
Xxiv	Are gowns or dust coats available?	Y ☐	N ☐	Y ☐	N ☐	
Xxv	Are face masks available?	Y ☐	N ☐	Y ☐	N ☐	
Xxvi	Are safety boots available?	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 52(In this section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____
NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 8: THEATRE

	A. General	Self Evaluation		NHIF Verification		Comments
	1. Policies					
i	There is a policy on obtaining an informed consent from patients or their relatives who are undergoing invasive procedures.	Y ☐	N ☐	Y ☐	N ☐	
ii	Theatre services are available 24/7.	Y ☐	N ☐	Y ☐	N ☐	
iii	Daily records of all surgeries performed in theatre and by whom are kept.	Y ☐	N ☐	Y ☐	N ☐	
iv	The facility administers a pre-operative checklist for every patient	Y ☐	N ☐	Y ☐	N ☐	
v	Key stakeholders (surgeon, anesthetist and theatre nurse) are involved in planning theatre list.					
	2. Receiving and Recovery Areas					
vi	There is a designated area for receiving patients and post-anesthesia recovery.	Y ☐	N ☐	Y ☐	N ☐	
vii	Availability of gender-specific changing rooms with adequate linen.	Y ☐	N ☐	Y ☐	N ☐	
viii	There is a specific area set aside where staffs scrub for operations.	Y ☐	N ☐	Y ☐	N ☐	
ix	Does the receiving area have adequate lighting?	Y ☐	N ☐	Y ☐	N ☐	
	3. Operating Area					
x	There is adequate space in the operating area allowing for free movement of theatre staff.	Y ☐	N ☐	Y ☐	N ☐	
xi	There is adequate lighting from both overhead and flexible light sources in operating area.	Y ☐	N ☐	Y ☐	N ☐	
xii	There are adequate sterile gloves in different sizes in the operating room.	Y ☐	N ☐	Y ☐	N ☐	
xiii	The operating theatre has air conditioner system	Y ☐	N ☐	Y ☐	N ☐	
xiv	There is a backup power source					
xv	There is a standard adjustable operating table.	Y ☐	N ☐	Y ☐	N ☐	
xvi	There are at least two functional anesthetic machines in the operating room.	Y ☐	N ☐	Y ☐	N ☐	
xvii	There are adequate ambu-bags, both adult and pediatric in the Operating Room.	Y ☐	N ☐	Y ☐	N ☐	
xviii	Patient monitor(s) is available and in good working condition in the Operating Room.	Y ☐	N ☐	Y ☐	N ☐	
xix	Theatre utilities, including functional laryngoscopes, endotracheal tubes, suction machines and suction tubes are available in different sizes to cater for both adult and paediatric clients.	Y ☐	N ☐	Y ☐	N ☐	
xx	There is a reliable source of back-up oxygen, separate from anaesthetic machines.	Y ☐	N ☐	Y ☐	N ☐	
xxi	There is a designated area for sterilizing equipment.	Y ☐	N ☐	Y ☐	N ☐	
	4.Theatre Layouts					
xxii	i. Receiving area	Y ☐	N ☐	Y ☐	N ☐	
xxiii	ii. Changing area	Y ☐	N ☐	Y ☐	N ☐	
xxiv	iii. Scrubbing area	Y ☐	N ☐	Y ☐	N ☐	
xxv	iv. Operating room	Y ☐	N ☐	Y ☐	N ☐	
xxvi	v. Recovery room	Y ☐	N ☐	Y ☐	N ☐	
xxvii	vi. Sluice room	Y ☐	N ☐	Y ☐	N ☐	
xxviii	vii.Doctors room	Y ☐	N ☐	Y ☐	N ☐	
xxix	viii. Theatre sterile supply unit	Y ☐	N ☐	Y ☐	N ☐	

	5. Sluice Room					
xxx	Is a sluice room/area available and properly located?	Y ☐	N☐	Y ☐	N ☐	
xxxi	Is there a sluicing sink with running water?	Y ☐	N☐	Y ☐	N ☐	
	6. Staff Requirements					
xxxii	Are there at least three theatre staff (scrub, runner and anesthetist nurse)?	Y ☐	N ☐	Y ☐	N ☐	
xxxiii	There is evidence of continuous training on new theatre procedures/ technology for theatre staff	Y ☐	N ☐	Y ☐	N ☐	
B Infection prevention and control						
	1. Hygiene protocol					
xxxiv	Is there a hygiene protocol with a dedicated staff roster available	Y ☐	N ☐	Y ☐	N ☐	
	2.Hand washing					
xxxv	Is there a sink present with running water from a tap or modified storage container	Y ☐	N ☐	Y ☐	N ☐	
xxxvi	Is soap available at the hand washing area	Y ☐	N ☐	Y ☐	N ☐	
	3.Solid waste management					
xxxvii	Are there at least two color-coded bins (Red, black and/or yellow)	Y ☐	N ☐	Y ☐	N ☐	
xxxviii	Are there coded lining bags that match the color of the bins	Y ☐	N ☐	Y ☐	N ☐	
xxxix	Are there standard operating procedures for waste management	Y ☐	N ☐	Y ☐	N ☐	
	4.Use of disinfectants					
xl	Is there evidence of disinfectant use	Y ☐	N ☐	Y ☐	N ☐	
xli	Are you able to observe disinfectant containers used for cleaning	Y ☐	N ☐	Y ☐	N ☐	
	5. Protective equipment					
xlii	Are gloves available	Y ☐	N ☐	Y ☐	N ☐	
xliii	Are gowns or dust coats available	Y ☐	N ☐	Y ☐	N ☐	
xliv	Are face masks available	Y ☐	N ☐	Y ☐	N ☐	
xlv	Are safety boots available	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 90(In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 9: PHARMACY

	A. General Policies and guidelines	Self Evaluation		NHIF Verification		Comments
i	Pharmaceutical facilities are licensed by Pharmacy & Poisons Board as per the level of care.	Y ☐	N ☐	Y ☐	N ☐	
ii	Pharmacy is supervised by a trained and registered Pharmacist or other qualified personnel appropriate for the level of care.	Y ☐	N ☐	Y ☐	N ☐	
iii	The facility has procedures for ordering, acquiring, storing, dispensing and disposing pharmaceutical products.	Y ☐	N ☐	Y ☐	N ☐	
iv	Safety procedures, protocols in relation to medication available.	Y ☐	N ☐	Y ☐	N ☐	
	B. Storage and display of commodities	**Self Evaluation**		**NHIF Verification**		**Comments**
v	Does the pharmacy have secure, lockable cupboards for restricted drugs only accessible by authorized persons (e.g. narcotics and psychotropics).	Y ☐	N ☐	Y ☐	N ☐	
	C. Record keeping and documentation	**Self Evaluation**		**NHIF Verification**		**Comments**
vi	Does the pharmacy have a well-explained system for recording prescriptions?	Y ☐	N ☐	Y ☐	N ☐	
vii	Does the pharmacy have standard operating procedures for disposal of expired drugs?	Y ☐	N ☐	Y ☐	N ☐	
vii	Is there a daily updated inventory system showing which commodities are available?	Y ☐	N ☐	Y ☐	N ☐	
ix	Is there documentation showing where medicines are procured?	Y ☐	N ☐	Y ☐	N ☐	
D.	**Infection prevention and control**					
	Refer to section 4 and validate the practice of infection prevention	compliant		Non-compliant		
		Y ☐	N ☐	Y ☐	N ☐	
Remarks on compliance						
	TOTAL 18(In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

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

	A. Policies, guidelines and SOPs	Self Evaluation		NHIF Verification		Comments
	Reporting procedures					
I	The Unit is licensed by the Kenya Medical Laboratory Board as per level of care	Y ☐	N ☐	Y ☐	N ☐	
Ii	The facility has existing standard operating procedures for collecting, labelling, preparing, storing, interpreting and disposal of specimens; which are known by all staff working in the laboratory.	Y ☐	N ☐	Y ☐	N ☐	
Iii	Availability of an updated inventory of equipment.	Y ☐	N ☐	Y ☐	N ☐	
Iv	Register of all tests done and turnaround time for each test is recorded.	Y ☐	N ☐	Y ☐	N ☐	
V	The laboratory has SOPs and guidelines for reporting laboratory procedures according to license class.	Y ☐	N ☐	Y ☐	N ☐	
	B. Equipment Management Program					
	1.Calibration and validation of equipment					
Vi	Does the lab has a system for regular calibration/validation of equipment available?	Y ☐	N ☐	Y ☐	N ☐	
Vii	Is the system for calibration/validation of equipment placed close to respective equipment?	Y ☐	N ☐	Y ☐	N ☐	
	2.Equipment maintenance documentation					
Viii	Does the lab have system a system for regular calibration/validation of equipment available?					
Ix	Does the laboratory have a systematic, well-documented equipment maintenance schedule?	Y ☐	N ☐	Y ☐	N ☐	
X	Are service contracts available for all lab equipment?	Y ☐	N ☐	Y ☐	N ☐	
Xi	Does lab have a system for equipment procurement that is known by staff (one other staff to explain)?	Y ☐	N ☐	Y ☐	N ☐	
Xii	Does the laboratory have a list of all equipment in use?	Y ☐	N ☐	Y ☐	N ☐	
Xiii	Does the laboratory have a functional inventory management system?	Y ☐	N ☐	Y ☐	N ☐	

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

	C. Quality Control of Tests	Self Evaluation		NHIF Verification		Comments
	1.Quality control practices					
Xiv	Are equipment registered, validated and calibrated?	Y ☐	N ☐	Y ☐	N ☐	
Xv	Is there documentation of quality control of tests?	Y ☐	N ☐	Y ☐	N ☐	
Xvi	Is there a documented system for regular review and improvement of laboratory tests?	Y ☐	N ☐	Y ☐	N ☐	
Xvii	Is there documentation of sample archiving, retrieval and disposal?	Y ☐	N ☐	Y ☐	N ☐	
Xviii	Is Internal Quality Control (IQC) done regularly?	Y ☐	N ☐	Y ☐	N ☐	
Xix	Is the laboratory enrolled in any External Quality Assurance System?	Y ☐	N ☐	Y ☐	N ☐	
	2.Procurement and storage of reagents					
Xx	Does the laboratory have a functional temperature recording system in place?	Y ☐	N ☐	Y ☐	N ☐	
Xxi	Are standards for procurement and safe storage of reagents in place, including an inventory of all reagents?	Y ☐	N ☐	Y ☐	N ☐	
D.Infection prevention and control						
Xxii	Refer to section 4 and validate the practice of infection prevention	**compliant**		**Non-compliant**		
	Remarks	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 44 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 11: RADIOLOGY

	A. Radiation Protection	Self Evaluation		NHIF Verification		Comments
	1.Personal radiation dose monitoring					
I	Are personal radiation dose monitoring badges worn daily and evaluated monthly by the Radiation Protection Board.	Y ☐	N ☐	Y ☐	N ☐	
	2.Radiation safety service provider					
Ii	The facility has records confirming that there is a radiation safety service provider for monitoring exposure to radiation and safety of workers and patients.	Y ☐	N ☐	Y ☐	N ☐	
	3.Adequate number of lead aprons					
Iii	Are there an adequate number of lead aprons, i.e. a minimum of three: one each for the patient, patient-guardian and radiographer?	Y ☐	N ☐	Y ☐	N ☐	
	4.Radiological examination in pregnancy					
Iv	Is a code of practice for pregnant women available and producible?	Y ☐	N ☐	Y ☐	N ☐	
	5.Quality assurance of image processing					
V	Is there evidence of quality assurance of the image processing system (it may be digital, automatic or manual)?	Y ☐	N ☐	Y ☐	N ☐	
	B. Policies, SOPs and Registers	**Self Evaluation**		**NHIF Verification**		**Comments**
	1.Policies, SOPs and Code of Practice					
Vi	Standard operating procedures are available for different radiological and imaging services.	Y ☐	N ☐	Y ☐	N ☐	
Vii	There is evidence that they are reviewed regularly based on evidence-based current radiological practice.	Y ☐	N ☐	Y ☐	N ☐	
Viii	There is a code of practice displayed next to the respective radiological devices.	Y ☐	N ☐	Y ☐	N ☐	
Ix	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? (sample at least 5)	Y ☐	N ☐	Y ☐	N ☐	
X	The diagnostic imaging facility should maintain a documented process for patient emergency transfer which shall ensure appropriate and timely transfer of patients to another health facility in case of emergency.	Y ☐	N ☐	Y ☐	N ☐	

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

	C. Radioactive Waste Management	Self Evaluation		NHIF Verification		Comments
	1.Personal safety measures					
xi	Does the facility produce radioactive waste?	Y ☐	N ☐	Y ☐	N ☐	
xii	Are patient and staff safety measures implemented alongside routine waste management tasks?	Y ☐	N ☐	Y ☐	N ☐	
	2.Radioactive waste management programs in place					
xiii	Is there designated staff in charge of radioactive waste management?	Y ☐	N ☐	Y ☐	N ☐	
xiv	Are there records showing that radioactive waste management systems are in place?	Y ☐	N ☐	Y ☐	N ☐	
	3.Designated staff for radioactive waste management programs					
xv	Does the facility have designated personnel to oversee radioactive waste management programs?	Y ☐	N ☐	Y ☐	N ☐	
	D.Infection prevention and control					
xvi	Refer to section 4 and validate the practice of infection prevention	compliant		Non-compliant		
	Remarks	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 32 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 12: OTHER SUPPORT SERVICES

	A. Food & House Keeping	Self Evaluation		NHIF Verification		Comments
	1.Food					
i	There is a guideline on food appropriate for the patient and consistent with his/her clinical care that is available which include; Orders for nil by mouth, regular diet, special diet and parenteral/nasogastric tube nutrition	Y ☐	N ☐	Y ☐	N ☐	
ii	Does the person handling food have appropriate uniform and are medically examined every 6 months	Y ☐	N ☐	Y ☐	N ☐	
iii	There is a policy in place that ensures the food preparation, handling and storage are safe	Y ☐	N ☐	Y ☐	N ☐	
	House Keeping					
iv	The housekeeping service is managed to ensure the provision of a safe and effective service	Y ☐	N ☐	Y ☐	N ☐	
	Linen service management					
v	There is a policy in place to ensure there is adequate and appropriate linen to meet patients need.	Y ☐	N ☐	Y ☐	N ☐	
vi	The linen service is managed to ensure the provision of a safe and effective service.	Y ☐	N ☐	Y ☐	N ☐	
	B. Mortuary	**Self Evaluation**		**NHIF Verification**		**Comments**
vii	There is a policy to identify, preserve, store and safely discharge bodies.	Y ☐	N ☐	Y ☐	N ☐	
viii	Equipment for storage and transportation of bodies meet environmental hygiene standards	Y ☐	N ☐	Y ☐	N ☐	
ix	Practices within the morgue should subscribe within the laid down procedures.	Y ☐	N ☐	Y ☐	N ☐	
x	Mortuary staff wear protective gear to prevent accident, injury or infection	Y ☐	N ☐	Y ☐	N ☐	
c.Infection prevention and control						
xi	Refer to section 4 and validate the practice of infection prevention	compliant		Non-compliant		
	Remarks	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 22(In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 13: SAFETY AND RISK MANAGEMENT

	A. Policies	Self Evaluation		NHIF Verification		Comments
i	Written policies and procedures on all aspects of health and safety guide the personnel in maintaining a safe work environment.	Y ☐	N ☐	Y ☐	N ☐	
ii	Post exposure prophylaxis (PEP) is available to the personnel in accordance to the organizational policy.	Y ☐	N ☐	Y ☐	N ☐	
iii	There is a policy on reporting reactions to drugs or severe side effects and how to care for a patient in such events	Y ☐	N ☐	Y ☐	N ☐	
	B. Security					
iv	There is a programme in identifying preparing mitigation and managing disaster incidents including but not specific to fire, mass accidents flood, and other emergencies.	Y ☐	N ☐	Y ☐	N ☐	
	C. Patient Safety					
v	There is a policy to identify and manage patients correctly to eliminate errors.	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 10 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION: 14 EYE UNIT

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

Hospital Representative Names _____ Signature _____ Date _____

Quality Officer Names _____ Signature _____ Date _____

C.	Basic Surgical Equipment	Self Evaluation		NHIF Verification		Comments
xv	Keratometer	Y ☐	N ☐	Y ☐	N ☐	
xvi	A-Scan	Y ☐	N ☐	Y ☐	N ☐	
xvii	Operating Instrument Sets,	Y ☐	N ☐	Y ☐	N ☐	
xviii	Basic Anterior Segment Set (Cataract and Glaucoma), Lid surgery, Squint, Orbital surgery, Vitreoretinal surgery	Y ☐	N ☐	Y ☐	N ☐	
xix	Operating room space,	Y ☐	N ☐	Y ☐	N ☐	
xx	Ophthalmic Operating table and chair, trolley, drip stand,	Y ☐	N ☐	Y ☐	N ☐	
xxi	sterilization equipment	Y ☐	N ☐	Y ☐	N ☐	
	Operating microscope					
Xxii	Anterior Vitrector	Y ☐	N ☐	Y ☐	N ☐	
xxiii	Paediatric(Vitrector Machines , Keratomiter,)	Y ☐	N ☐	Y ☐	N ☐	
xxiv	Corneal Grafting Instruments	Y ☐	N ☐	Y ☐	N ☐	
xxv	Glaucoma(Glaucoma Laser Lenses, Puchymeter)	Y ☐	N ☐	Y ☐	N ☐	
xxvi	Vitrio Retinal (Endo Laser, Posterior Vitrectomy Machine,	Y ☐	N ☐	Y ☐	N ☐	
xxvii	Orbital and Oculloplastic surgery equipment)	Y ☐	N ☐	Y ☐	N ☐	
xxviii	Refractive Surgery equipment	Y ☐	N ☐	Y ☐	N ☐	
xxix	Corneal Topography	Y ☐	N ☐	Y ☐	N ☐	
D.	**Consumables**	**Self Evaluation**		**NHIF Verification**		**Comments**
xxx	Local anesthetic solution and needles.	Y ☐	N ☐	Y ☐	N ☐	
xxxi	Sterile gauze.	Y ☐	N ☐	Y ☐	N ☐	
xxxii	Disposable gloves.	Y ☐	N ☐	Y ☐	N ☐	
xxxiii	Disposable face masks.	Y ☐	N ☐	Y ☐	N ☐	
xxxiv	Cotton rolls.	Y ☐	N ☐	Y ☐	N ☐	
xxxv	Medical gasses and compressors are Provided for in a safe manner.	Y ☐	N ☐	Y ☐	N ☐	
E.	**Human Resource**					
xxxvi	Availability of staff trained in critical care Nurses and/or clinical officers and an Anesthesiologist.	Y ☐		Y ☐		
F.	**Records Keeping**					
xxxvii	There is a register available to show services and Ophthalmology procedures carried out.	Y ☐		Y ☐		
xxxviii	A well-kept register which is maintained for all services available.	Y ☐		Y ☐		
G.	**Infection prevention and control**					
xxxix	Refer to section 4 and validate the practice of infection prevention	Compliant		Non-compliant		
		Y ☐		Y ☐		
	remarks					
	TOTAL 78 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 15: HDU/ICU

	A. Infrastructure	Self Evaluation		NHIF Verification		Comments
I	There is a room available set aside to offer critical care.	Y ☐	N ☐	Y ☐	N ☐	
Ii	There is availability of standard ICU bed	Y ☐	N ☐	Y ☐	N ☐	
Iii	There is quick access to theatre and laboratory	Y ☐	N ☐	Y ☐	N ☐	
	B. Human Resource	**Self Evaluation**		**NHIF Verification**		**Comments**
Iv	Availability of staff trained in critical care including an Anesthesiologist critical care nurse or a clinical officer.	Y ☐	N ☐	Y ☐	N ☐	
	C. Equipment	**Self Evaluation**		**NHIF Verification**		**Comments**
V	There is a policy in place for acquisition, usage, calibration, maintenance, storage and disposal of equipment in the facility.	Y ☐	N ☐	Y ☐	N ☐	
Vi	Defibrillator	Y ☐	N ☐	Y ☐	N ☐	
Vii	Ventilator	Y ☐	N ☐	Y ☐	N ☐	
Vii	Blood Gas Analyzer.	Y ☐	N ☐	Y ☐	N ☐	
Ix	Oxygen supply	Y ☐	N ☐	Y ☐	N ☐	
X	Volumetric infusion pump	Y ☐	N ☐	Y ☐	N ☐	
Xi	Patient monitors	Y ☐	N ☐	Y ☐	N ☐	
	D. Policies & Programs	**Self Evaluation**		**NHIF Verification**		**Comments**
Xii	Standard operating procedure is in place for managing different emergencies.	Y ☐	N ☐	Y ☐	N ☐	
Xiii	Infection prevention policies in place	Y ☐	N ☐	Y ☐	N ☐	
	TOTAL 26 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 16: DENTAL UNIT

	A. Infrastructure	Self Evaluation		NHIF Verification		Comments
I	An area or a room has been set aside for dental services.	Y ☐	N ☐	Y ☐	N ☐	
Ii	There are guidelines available on diagnosis, interpretation of various dental conditions.	Y ☐	N ☐	Y ☐	N ☐	
	B. Equipment and Tools for Dental Healthcare Services	**Self Evaluation**		**NHIF Verification**		**Comments**
Iii	There is a policy in place for acquisition, usage, calibration, maintenance, storage and disposal of equipment in the facility.	Y ☐	N ☐	Y ☐	N ☐	
	Basic equipment					
Iv	Available or access to an OPG machine	Y ☐	N ☐	Y ☐	N ☐	
V	Dental Chair and unit in functional state.	Y ☐	N ☐	Y ☐	N ☐	
Vi	Operators chair and assistants' chair.	Y ☐	N ☐	Y ☐	N ☐	
Vii	Compressor.	Y ☐	N ☐	Y ☐	N ☐	
Viii	Suction machine.	Y ☐	N ☐	Y ☐	N ☐	
Ix	Autoclave.	Y ☐	N ☐	Y ☐	N ☐	
X	Amalgamator.	Y ☐	N ☐	Y ☐	N ☐	
Xi	Light cure machine.	Y ☐	N ☐	Y ☐	N ☐	
Xii	Available or access to an Intra-oral x-ray machine.	Y ☐	N ☐	Y ☐	N ☐	
Xiii	Ultrasonic scaler.	Y ☐	N ☐	Y ☐	N ☐	
Xiv	High speed and slow speed hand pieces.	Y ☐	N ☐	Y ☐	N ☐	
Xv	Examination light.	Y ☐	N ☐	Y ☐	N ☐	
Xvi	Mouthwash.	Y ☐	N ☐	Y ☐	N ☐	
Xvii	Lockable Instrument cabinets.	Y ☐	N ☐	Y ☐	N ☐	
Xviii	Disposable bins with foot control (Plastic or Metallic).	Y ☐	N ☐	Y ☐	N ☐	
Xix	Emergency tray i.e. (Disposable syringes, adrenaline, Hydrocortisone, IV cannulas etc).	Y ☐	N ☐	Y ☐	N ☐	
Xx	Full set of extraction forceps and elevators.	Y ☐	N ☐	Y ☐	N ☐	
Xxi	Dental syringes.	Y ☐	N ☐	Y ☐	N ☐	

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

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

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

	C. Policies and Guidelines:	Self Evaluation		NHIF Verification		Comments
xxvii	Policies, procedures and guidelines in place and in use as regards procurement, storage, requisition, dispensing before expiry, labeling, installation, maintenance, administration & disposal of dental medication, materials, equipment & instruments in line with International standards and manufacturers guidelines.	Y ☐	N ☐	Y ☐	N ☐	
xxviii	Availability of right staff in place	Y ☐	N ☐	Y ☐	N ☐	
Xxix	There are policies and procedures in place to govern the management of dental materials.	Y ☐	N ☐	Y ☐	N ☐	
	D. Records Keeping	**Self Evaluation**		**NHIF Verification**		**Comments**
Xxx	There is a register available to show services and dental procedures carried out.	Y ☐	N ☐	Y ☐	N ☐	
Xxxi	A well-kept register which is maintained for all services available.	Y ☐	N ☐	Y ☐	N ☐	
	E. Dental X-Ray and Imaging	**Self Evaluation**		**NHIF Verification**		**Comments**
xxxii	There is a policy in place for acquisition, usage, calibration, maintenance, storage and disposal of equipment in the facility.	Y ☐	N ☐	Y ☐	N ☐	
xxxiii	Policies, procedures and guidelines in place and in use as regards procurement, storage, requisition, dispensing before expiry, labeling, installation, maintenance, administration & disposal of dental radiographic materials equipment& instruments in line with International standards and Radiation Protection Board guidelines.	Y ☐	N ☐	Y ☐	N ☐	
xxxiv	There are policies and procedures into govern the management of dental materials.	Y ☐	N ☐	Y ☐	N ☐	
F. Infection prevention and control						
Xxxv	Refer to section 4 and validate the practice of infection prevention	Compliant			Non-compliant	
	Remarks	Y ☐	N ☐		Y ☐	N ☐
	TOTAL 70 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 17: RENAL UNIT

	A. Infrastructure	Self Evaluation		NHIF Verification		Comments
i	There is a room set aside for dialysis services.	Y ☐	N ☐	Y ☐	N ☐	
ii	There is a quick access to critical care.	Y ☐	N ☐	Y ☐	N ☐	
iii	Availability or access to laboratory that can perform kidney related tests	Y ☐	N ☐	Y ☐	N ☐	
iv	There is a designated water treatment area with proper plumbing and water purification process that is proximal to the dialysis machines.	Y ☐	N ☐	Y ☐	N ☐	
v	There is a dedicated dialysis station for infectious patients.	Y ☐	N ☐	Y ☐	N ☐	
	B. Equipment	**Self Evaluation**		**NHIF Verification**		**Comments**
vi	There is a policy in place for acquisition, usage, calibration, maintenance, storage and disposal of equipment in the facility.	Y ☐	N ☐	Y ☐	N ☐	
vii	There is a list of equipment but not specific to dialysis machine, catheters.	Y ☐	N ☐	Y ☐	N ☐	
viii	There is availability and usage of a renal chart.	Y ☐	N ☐	Y ☐	N ☐	
	C. Human Resource	**Self Evaluation**		**NHIF Verification**		**Comments**
ix	There is a qualified renal nurse who is backed up either a nephrologists and/or a physician.	Y ☐		Y ☐		
	D Continuum of care					
x	Availability of standard operating procedures (SOPs) and practice guidelines that provide for safe and efficient HD.	Y ☐		Y ☐		
xi	The Centre has written procedures and applied on acceptance and Evaluation of patients.	Y ☐		Y ☐		
xii	The numbers of patients accepted do not exceed the capabilities of the Centre both from the facilities and staffing aspects.	Y ☐		Y ☐		
xiii	The Centre has access to a hospital or other consultants' services should the patient require other medical treatment	Y ☐		Y ☐		
xiv	Evidence of patient counselling on: a) Haemo Dialysis treatment; b) Dietetic advice, c) Access to hospital support. (Documentation in the patient clinical notes/referral letter)	Y ☐		Y ☐		
xv	Counselling of eligible patients on kidney transplantation documented in patient's case notes	Y ☐		Y ☐		
xvi	All patients should have a prescription for Haemo Dialysis treatment which should be reviewed at least three (3) monthly	Y ☐		Y ☐		
xvii	Clinical charts of patients documenting each treatment shall be made available.	Y ☐		Y ☐		
xviii	Where applicable, evidence of designated treatment areas or procedures for those who are positive for HBV, HCV and HIV with corresponding segregation of reprocessing facilities and storage of reprocessed dialysers.	Y ☐		Y ☐		
	Dialysis prescription for each patient shall be made available. This prescription shall include dialysis treatment parameters such as: a) dry weight; b) blood flow; c) dialysate flow; d) type and amount of anticoagulation; e) type of dialyzers;	Y ☐		Y ☐		

	f) medications to be given on during dialysis (e.g. Erythropoietin, Intravenous Iron); g) medications to be taken by patient; h) any other appropriate treatment based on the patient general health					
xx	Investigations done at least every three (3) months shall include but not limited to the following: a) studies on anemia; b) nutritional status; c) adequacy of dialysis; d) mineral metabolism; e) Virology studies. Virology studies shall be done at least six (6) monthly.	Y ☐			Y ☐	
xxi	**Infection prevention and control**					
	Refer to Section 4 and Validate the practice of infection control	Compliant		Non-compliant		
	Remarks	Y ☐		Y ☐		
	TOTAL 42 (In this Section Yes has a value equivalent of 2)					

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 18: DRUG AND SUBSTANCE ABUSE TREATMENT AND REHABILITATION SERVICES

Policy and Guidelines				
I	Existence of documented procedures and guidelines for identification screening, treatment and referral of clients	Y☐ N☐	Y☐ N☐	
Ii	There are documented, up-to-date policies and procedures to support, monitor and regulate the Evaluation and review process?	Y☐ N☐	Y☐ N☐	
Iii	Does the treatment and rehabilitation programme describe structured daily and weekly activities, individual and group sessions, stages or phases of treatment and related goals in a time-defined programme	Y☐ N☐	Y☐ N☐	
Staffing				
Iv	Existence of multidisciplinary team in place, medical practitioner (Consultant), Nursing staff and other allied health professionals trained to deliver rehabilitation programs appropriately	Y☐ N☐	Y☐ N☐	
V	A multidisciplinary team formally reviews each client's treatment progress (including psychiatric status) on a weekly basis?	Y☐ N☐	Y☐ N☐	
Patient Evaluation				
Vi	Do you have professional staff with the relevant knowledge, skills and competencies to carry out intake Evaluations or screening within 24 hours, or, in the case of clients admitted with alcohol, benzodiazepine or opiate dependency, within 8 hours of admission?	Y☐ N☐	Y☐ N☐	
Vii	Do your clients receive a comprehensive, accurate, timely Evaluation of their physical, psychiatric and psychosocial spiritual functioning within 72 hours of admission by a qualified and experienced professional?	Y☐ N☐	Y☐ N☐	
Viii	Do you have designated medical clinicians to deliver medical or psychiatric diagnoses	Y☐ N☐	Y☐ N☐	
Ix	Are the results of each client's comprehensive Evaluation reviewed by a primary counselor and the centre's multidisciplinary team within 1 week of the client's admission?	Y☐ N☐	Y☐ N☐	
X	Are the clients Evaluations recorded in the clients' case records within 24 hours?	Y☐ N☐	Y☐ N☐	
Xi	Are the results of the comprehensive Evaluation and the treatment plan presented and discussed at case conferences within the first ten days of admission?	Y☐ N☐	Y☐ N☐	
Individualized Treatment Planning				
Xii	Do all clients have a documented, individualized treatment plan that encourages their recovery?	Y☐ N☐	Y☐ N☐	
Counseling				
xiii	Do your addiction counseling staff have the knowledge, skills and competencies to undertake the following: Ⓨ Screening to establish whether the client is appropriate for the programme. Ⓨ Intake – Administrative and initial Evaluation procedures. Ⓨ Orientation of the client. Ⓨ Intake and comprehensive Evaluation. Ⓨ Treatment planning, including special needs planning	Y☐ N☐	Y☐ N☐	

	(children and adolescents, the elderly, disabled). Ⓨ Counseling (individual, group and family). Ⓨ Case management.			
Detoxification				
Xiv	Does your centre have written policies, procedures and evidence on Detoxification (including voluntary withdrawal)?	Y☐ N☐	Y☐ N☐	
Discharge , Re-admission and continuing care				
Xv	Are clients provided with appropriate programmes and support to enable their effective transition from a treatment centre to their families and re-integration into their communities?	Y☐ N☐	Y☐ N☐	
Xvi	Are all clients assessed and reviewed by the multi-disciplinary team towards the end of treatment to determine their readiness for discharge and to facilitate discharge planning?	Y☐ N☐	Y☐ N☐	
Xvii	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☐ N☐	Y☐ N☐	
Infrastructure				
Xviii	The patient wards are segregated by gender	Y☐ N☐	Y☐ N☐	
Xix	Wards for patients on different phases (short term and long term) of treatment are segregated	Y☐ N☐	Y☐ N☐	
Xx	Wards should be well ventilated, sufficiently lit and space, neat and clean	Y☐ N☐	Y☐ N☐	
Xxi	The facility should have sufficient space to accommodate both outdoor and indoor activities	Y☐ N☐	Y☐ N☐	
Xxii	The facility should be adequately secured	Y☐ N☐	Y☐ N☐	
Infection prevention and control				
Xxiii	Refer to Section 4 and Validate the practice of infection control			
Xxiv	Non-Compliant ☐ Partially compliant ☐ Fully compliant ☐	Y☐ N☐	Y☐ N☐	
REMARK ON COMPLIANCE				
TOTAL 48 (IN THIS SECTION YES HAS A VALUE EQUIVALENT OF 2)				

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 19: ONCOLOGY UNIT

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

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

	Safety and Risk Management	Self Evaluation		NHIF Verification		Comments
X	Preparation and administration area have a spill kit that include the following: 1. Alkaline soap. 2. Isopropyl alcohol. 3. Absorbent masks. 4. Niosh mask. 5.2 pairs of powder free gloves. 6. Gown with closed front and snug cuffs. 7.2 cytotoxic disposal bags. 8. Sharps container. 9. Dust pan and brush. 10. A pair of goggles.	Y ☐	N ☐	Y ☐	N ☐	
Xi	There is documented evidence that personnel are trained on safe handling of cytotoxic.	Y ☐	N ☐	Y ☐	N ☐	
Xii	There are guidelines on handling and storage of cytotoxic drugs.	Y ☐	N ☐	Y ☐	N ☐	
Xiii	There are protocols that deal with pre-and post-chemotherapy management of patients to improve tolerability and reduce side effects.	Y ☐	N ☐	Y ☐	N ☐	
Xiv	There are guidelines on safe handling, storage and disposal of brachytherapy sources.	Y ☐	N ☐	Y ☐	N ☐	
D.	**Information system**					
Xv	There is a cancer information system integrated with the national data registry to provide and consolidate information on cancer.	Y ☐	N ☐	Y ☐	N ☐	
E.	**Case Management**					
Xvi	There are guidelines known to all staff on Evaluation and pain management.	Y ☐	N ☐	Y ☐	N ☐	
Xvii	There are guidelines to ensure patients access psychosocial services, Nutrition services and rehabilitation services on site or on a referral basis.	Y ☐	N ☐	Y ☐	N ☐	
F.	**Cancer Prevention & Screening**					
Xviii	There is a known policy guideline on prevention and screening of cancer.	Y ☐	N ☐	Y ☐	N ☐	
Xix	There is an established mechanism for engaging consumers and or health care providers in cancer service delivery planning and utilization.	Y ☐	N ☐	Y ☐	N ☐	

G.	Feedback Mechanism	Self-Evaluation		NHIF Verification		Comments
Xx	Consumers and health care providers participate in the planning and implementation of quality improvement and of patient feedback data in oncology	Y☐	N☐	Y☐	N☐	
XXI	Mechanisms for patient/client feedback are in place	Y☐	N☐	Y☐	N☐	
XXII	There is documented evidence of active coordination between the health system, community service agencies and patients in cancer care.	Y☐	N☐	Y☐	N☐	

XXIII	There is a designated staff person or resource responsible for ensuring providers and patients make maximum use of community resources.	Y☐ N☐	Y☐ N☐	
XXIV	There are guidelines on outreach activities for awareness and prevention.	Y☐ N☐	Y☐ N☐	
	Self-Management Support			
XXV	There is an effective self-management support which are regularly assessed and recorded in standardized form linked to a treatment plan available to practice and patient.	Y☐ N☐	Y☐ N☐	
XXVI	Self-management is provided by clinical educators, trained in patient empowerment and problem-solving methodologies.	Y☐ N☐	Y☐ N☐	
XXVII	Addressing concerns of patients and families are an integral part of care and includes systematic Evaluation and routine involvement in peer support, counseling, groups or mentoring programs.	Y☐ N☐	Y☐ N☐	
	Infrastructure			
XXVIII	The oncology unit is separate from the main facility	Y☐ N☐	Y☐ N☐	
XXIX	There is a chemo preparation chamber	Y☐ N☐	Y☐ N☐	
XXX	There are recliner seats for short term chemotherapy administration and normal beds for long term chemotherapy administration	Y☐ N☐	Y☐ N☐	
	Infection prevention and control			
XXXI	Refer to Section 4 and Validate the practice of infection control	Y☐ N☐	Y☐ N☐	
	Remarks			
	TOTAL 62 (In this Section Yes has a value equivalent of 2)			

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 21: FINDINGS AND RECOMMENDATIONS

A. **NHIF EVALUATION TEAM**

	Name	Designation	Signature
B.	**FACILITY REPRESENTATIVE(S)**		

OFFICIAL FACILITY STAMP

Overall facility score (numerator): _____[__|__]

Maximum score possible (denominator):_____[__|__]

Percent score of the facility (Numerator/Denominator):_____ [__|__]

Recommended action:

[_____

_____

_____

_____

_____

_____

_____]

TOTAL SCORE	SELF EVALUATION OUTCOME	NHIF VERIFICATION OUTCOME
_____	SCORE _____ PERCENTAGE_____	SCORE_____ PERCENTAGE_____

Hospital Representative Names _____ Signature _____ Date _____

NHIF Quality Officer Names _____ Signature _____ Date _____

SECTION 21: FOR OFFICIAL USE ONLY: FINDINGS AND RECOMMENDATIONS

NHIF EVALUATION TEAM			
	Name	Designation	Signature
	FACILITY REPRESENTATIVE(S)		

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-Evaluation may arise if the NHIF Management/Board is not satisfied with the initial Evaluation***

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.