IDEAL HOSPITAL REALISATION AND MAINTENANCE FRAMEWORK MANUAL

2018

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VERSION ONE

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

NDP 2030

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Acknowledgements

The National Department of Health conceptualised the Ideal Clinic Realisation and Maintenance (ICRM) programme in 2013. Operation Phakisa was launched in November 2014 to rapidly scale up the Ideal Clinic Model across all PHC facilities. In 2015 the ICRM programme was officially launched. The main intention of the ICRM programme was to enhance the Primary Healthcare system towards achieving the goals of universal health access to a high quality of care.

The ICRM has resulted in the following benefits to the health system:

- Improved oversight on the status of clinics
- Data immediately available on equipment and infrastructure status of all clinics-thus able to quantify needs and related costs
- Serves to motivate staff at clinics and district officials to improve facility status and service delivery

The successful implementation of the ICRM programme created the impetus to extend the goals of universal health access, cost effective and efficient services of a high quality and standard by creating a similar framework for Ideal hospitals as the Ideal Clinic framework.

The development of the Ideal Hospital Realisation and Maintenance Framework (IHRM-F) is a critical strategy and intervention to facilitate improved health service delivery and strengthen health system effectiveness by capacitating hospitals to identify and address key issue. The IHRM-F will serve as a benchmark mechanism to monitor Health System Strengthening activities, to improve efficiency gains in service provision and to improve patient experiences.

Ms Jeanette Hunter, Deputy Director-General, Primary Health Care in the National Department of Health led its completion. I am pleased to acknowledge the work undertaken by a technical working group consisting of: Mr Ramphelane Morewane, Mr Bennet Asia, Dr Shaidah Asmall, Ronel Steinhöbel; Dr Ozayr Mahomed and Dr Saajida Mahomed.

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LIST OF ABBREVIATIONS

ANC	Antenatal Care
ART	Antiretroviral treatment
CCMDD	Central Chronic Medicine Dispensing and Distribution
CHW	Community Health Worker
DCST	District Clinical Specialist Team
DHIS	District Health Information System
DHMT	District Health Management Team
DHS	District Health System
DoH	Department of Health
DPSA	Department of Public Service and Administration
DSP	District support partner
EML	Essential Medicine List
EMS	Emergency Medical Services
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
HTS	HIV testing service
ICSM	Integrated Clinical Services Management
ICRM:	Ideal Clinic Realisation and Maintenance
IHRM-F:	Ideal Hospital Framework
IPC	Infection Prevention and Control
MCWH	Maternal Child Women's Health
MOU	Maternal Obstetric Unit
NCD	Non-communicable diseases
NDP	National Development Plan
NGO	Non-Governmental Organisation
NMC	Notifiable Medical Conditions
NHLS	National Health Laboratory Services
OHSC	Office of Health Standards Compliance
PDoH	Provincial Department of Health PEC
PEC	Patient Experience of Care
PHC	Primary Health Care
PMDS	Performance Management and Development System
PPE	Personal protective equipment
PSI	Patient Safety Incident
SANC	South African Nursing Council
SLA	Service Level Agreement
SOP	Standard Operating Procedure TB
TB	Tuberculosis
WBPHCOT	Ward Based Primary Health Care Outreach Team
WISN	Workload Indicator Staffing Needs
UHC	Universal Health Coverage

INTRODUCTION

The Ideal Hospital Realisation and Maintenance Framework (IHRM-F) is a critical strategy and intervention to facilitate improved health service delivery and strengthen health system effectiveness by capacitating hospitals to identify and address challenges. The IHRM-F will serve as a benchmark mechanism to monitor Health System Strengthening activities, to improve efficiency gains in service provision and to improve patient experiences.

THE DEPARTMENT'S FIVE YEAR STRATEGIC GOALS ARE TO:

- Prevent disease and reduce its burden, and promote health
- Make progress towards universal health coverage through the development of the National Health Insurance scheme and improve the readiness of health facilities for its implementation
- Re-engineer primary healthcare by: increasing the number of ward based outreach teams, contracting general practitioners, and district specialist teams; and expading school health services
- Improve health facility planning by implementing norms and standards
- Improve financial management by improving capacity, contract management, revenue collection and supply chain management forms
- Develop an efficient health management information system for improved decision making
- Improve the quality of care by setting and monitoring national norms and standards, improving systems for user feedback, increasing safety in health care, and by improving clinical governance
- Improve human resources for health by ensuring appropriate appointmnets, adequate training and accountability measures.

The National Health Insurance (NHI) is intended to move South Africa towards Universal Health Coverage (UHC) by ensuring that the population has access to quality health services and that it does not result in financial hardships for individuals and their families. The implementation is underpinned by the National Development Plan (NDP)[1] which envisions that by 2030, everyone must have access to an equal standard of care, regardless of their income, and that a common Fund should enable equitable access to health.

- In order to meet the objectives of the NDP; the National Department of Health (NDoH) strategic objectives 2014-2019 amongst others has a focus on improving
- readiness of health facilities for the National Health Insurance scheme,
- health facility planning by implementing norms and standards;

the quality of care by setting and monitoring national norms and standards, improving system for user feedback, increasing safety in health care, and by improving clinical governance.

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[1] South African National Department of Health. National Health Act, 2003 (Act No, 61 of 2003)

On 2 February 2018, the National Minister published Regulation 67[2]: Norms and Standards Regulations Applicable to Different Categories of Health Establishments to promote and protect the health and safety of users and healthcare personnel.

These regulations contain 22 sub-regulations across the following domains: User Rights, Clinical Governance and Clinical Care, Clinical Support Services, Facilities and Infrastructure, Governance and Human Resources and General Provisions.

DEFINITIONS, PURPOSE AND APPLICATIONS:
1. Definitions
2. Scope and application
3. Purpose of regulations

USER RIGHTS:
4. User information
5. Access to care

CLINICAL GOVERNANCE AND CLINICAL CARE:
6. User health records and management
7. Clinical management
8. Infection prevention and control programmes
9. Waste Management

CLINICAL SUPPORT SERVICES:
10. Judge and value
11. Assess major decisions
12. Provide info for planning

FACILITIES AND INFRASTRUCTURE:
13. Management of buildings and grounds
14. Engineering services
15. Transport management
16. Security services

GOVERNANCE AND HUMAN RESOURCES:
17. Governance
18. Human resources management
19. Occupational health and safety

GENERAL PROVISIONS:
20. Adverse events
21. Waiting time
22. Short title and commencement

A number of health system challenges have a direct impact on the hospital environment that impact on overall health outcomes. These challenges include amongst other: Funding constraints; inadequate human resource distribution and allocation; ageing infrastructure; inadequate revenue collection; inefficient supply chain management[3]. In additions the findings from the National Health Facilities Audit 2012 indicated that only 47% of hospitals were compliant to positive and caring attitudes measures; 52% to of hospitals were compliant improve patient safety and security; 62% of hospitals were compliant to cleanliness; 64% to of hospitals were compliant infection control; 68% of hospitals were compliant to Availability of Medicines and Supplies; and 86% of hospitals were compliant to waiting times[4].

The NDoH conceptualised the Ideal Clinic Realisation and Maintenance (ICRM) programme in response to the weaknesses in the quality of primary health care (PHC) services identified by the Office of Health Services Compliance (OHSC) in 2013. Operation Phakisa was launched in November 2014 to rapidly scale up the Ideal Clinic Model across all PHC facilities. In 2015 the ICRM programme was officially launched. The main intention of the ICRM programme was to enhance the PHC system towards achieving the goals of universal health access to a high quality of care.

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[2] World Health Organisation. International Non-proprietary names, 2016. http://www.who.inc/medicines/services/inn/en/

AN 'IDEAL CLINIC' IS:

- a clinic with good infrastructure (i.e. physical condition and spaces, essential equipment, and information and communication tools), adequate staff, adequate medicines and supplies, good administrative processes, and adequate bulk supplies;

- and such a clinic uses applicable clinical policies, protocols and guidelines, as well as partner and stakeholder support, to ensure the provision of quality health services to the community[5].

**THE ICRM HAS RESULTED IN THE FOLLOWING BENEFITS TO THE HEALTH SYSTEM:**

- Improved oversight on the status of clinics

- Data immediately available on equipment and infrastructure status of all clinics-thus able to quantify needs and related costs

- Serves to motivate staff at clinics and district officials to improve facility status and service delivery

The successful implementation of the ICRM programme created the impetus to extend the goals of universal health access, cost effective and efficient services of a high quality and standard by creating a similar framework for Ideal hospitals as the Ideal Clinic framework.

BACKGROUND: INTEGRATED HEALTH SERVICE DELIVERY PLATFORM

The attainment of improved health outcomes, universal health coverage and overall improved quality of health requires an integrated and seamless healthcare delivery system supported by strengthening of the health system building blocks.

The Health Service Delivery Platform is an expression of the organisation of the various parts that make up a well-functioning health system. The purpose of the Health Service Delivery Platform as defined for South Africa is to improve the overall quality of care delivered by the health system moving towards the provision of Universal Health Coverage and the attainment of improvement of health outcomes such that we realise the NDP2030 goals of **Health for All**.
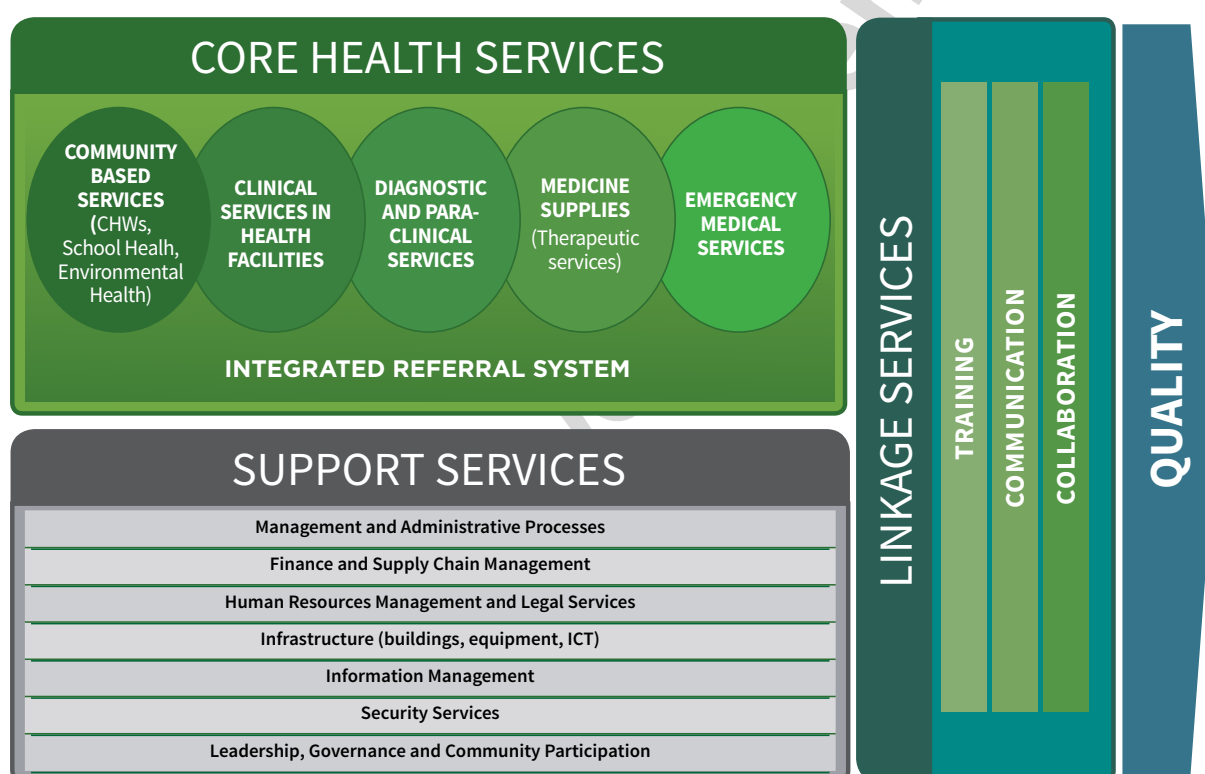

Figure 1: Integrated healthcare service delivery platform

The Health Service Delivery Platform coherently indicates the relationships between the core health services, support services (linked to WHO Health System Building Blocks) and linkages which contribute to the overall functioning and synchronisation of the health services.

Core Health Services

Community based services: this consists of services that are delivered within the community setting towards addressing population health issues, responding to the SDGs (sustainable development goals) ,improving self- management of patients with chronic conditions and identifying neglected persons with disabilities and the elderly. These services are delivered through Ward Based Outreach PHC teams, Integrated School Health Teams and Environmental Health officers. The services delivered include health education, health promotion and screening, prevention of disease, adherence support and de-hospitalised care comprising chronic care, sub-acute care, palliative care, mental health care and home-based care.

Facility based clinical services: Primary healthcare (PHC) clinics are the first point of contact with the formal healthcare system. Patients may present to the PHC clinic with any health care requirement (whether for promotive, preventive, curative; rehabilitative, palliative or community-based mental health) and will either receive the care they need at this level or will be referred to a hospital if more specialised services are necessary. **District Hospitals** are the highest level of support within the District Health System and thus perform a gatekeeper role in supporting primary healthcare clinics on the one hand and being a gateway to more specialist care (Figure 2).
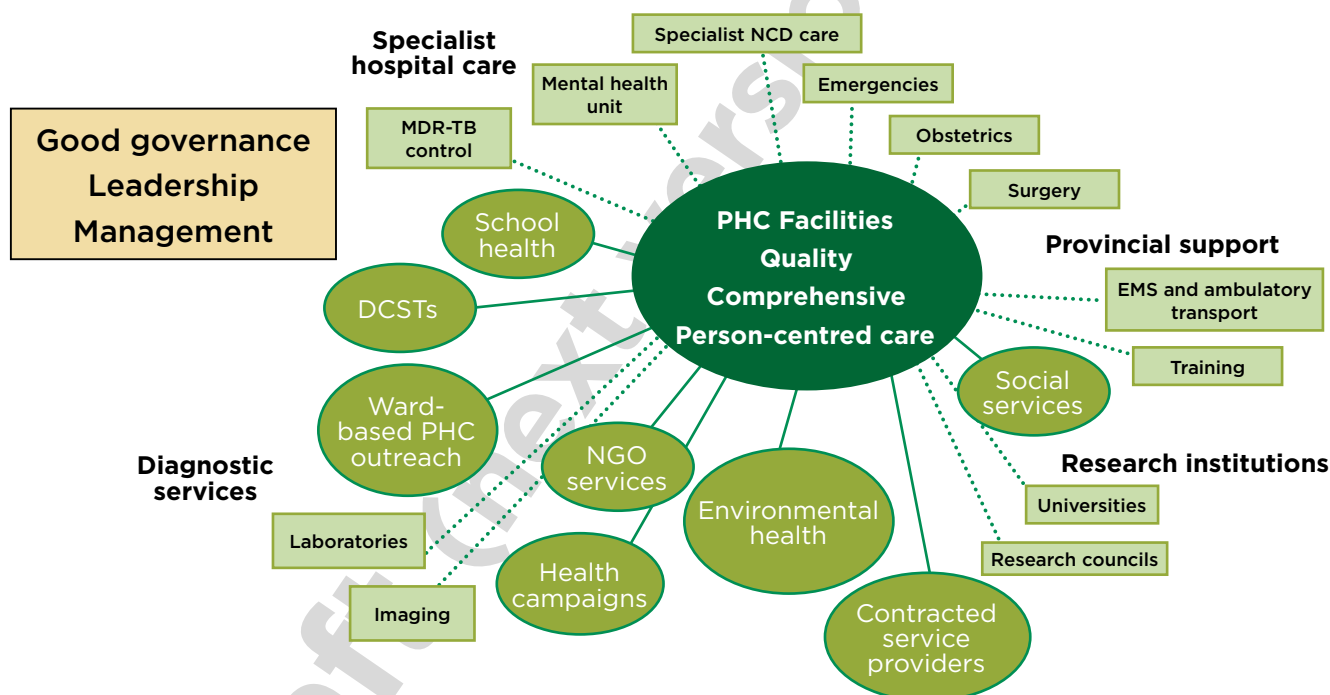
Figure 2: District Health System

A hierarchical relationship exists between the various levels of hospitals as per defined packages of service. Specialised, Regional (Level 2), Tertiary (Level 3) and Central (level 4) hospitals provide specialist and sub-specialist services (**Regulation R185**[6]) (Table 1). Patients are referred from district hospitals to regional hospitals then to Provincial tertiary hospitals and if required, to National Referral Hospitals and Central Hospitals depending on the care and intervention required for an individual (Figure 3).

Table 1: Classification of Hospitals

DISTRICT HOSPITAL	REGIONAL HOSPITAL	TERTIARY HOSPITAL	CENTRAL HOSPITAL	SPECIALISED HOSPITAL
Serves a defined population within a health district and support primary health care	Has between 200 and 800 beds	400 and 800 beds	A maximum of 1200 beds	Has a maximum of 600 beds
Provide a district hospital package of care on a 24 hour basis	Offers services to a defined regional drainage population, limited to provincial boundaries	May provide training for health care service providers	Must provide training of health care providers; conduct research; and must be attached to a medical school as the main teaching platform	
Have general practitioners and clinical nurse practitioners primary health services	Receives referrals from several district hospitals; provides short-term ventilation in a critical care unit; and where practical, provide training for health care service providers.	Receives referrals from regional hospitals not limited to provincial boundaries.	Receives patients referred to it from more than one province;	Receives patients referred to it from other levels of care
May only provide the following specialist services- (a) paediatric health services; (b) obstetrics and gynaecology; (c) internal medicine; (d) general surgery; (e) family physician.	Provides health services in the fields of internal medicine, paediatrics, obstetrics and gynaecology, and general surgery; and in at least one of the following specialties namely; orthopaedic surgery; psychiatry; anaesthetics; diagnostic radiology; trauma and emergency services	Provides specialist level services provided by regional hospitals; provides intensive care services under the supervision of a specialist or specialist intensivist	Provide tertiary and central referral services and may provide national referral services	Provides specialised health services like psychiatric services, tuberculosis services, infectious diseases and rehabilitation services

Source NDoH- Regulation R185

Diagnostic and para-clinical services refer to the branches of medicine comprising the laboratory sciences (microbiology, chemical pathology, pathology, haematology,virology) and radiology. These services assist the health professionals in making or confirming a diagnosis for an individual patient.

Para-clinical services include toxicology, pharmacology and forensic pathology that further enhance patient management.

Therapeutic services/medicine supplies relates to the consistent availability and management of medicines, blood and blood products ,medical and surgical consumables and, assistive devices including orthotics and prosthetics.

Emergency Medical Services comprise ambulance services, aeromedical services and planned patient transport (PPT) services and is a critical component of the core health services as it relates to the movement of patients between facilities as well as from communities based on need with support by trained health support staff.

Ambulance Services are required to transfer acutely ill patients between their homes and the nearest appropriate level of health facility as well as between the various levels of facilities (inter-hospital transfers).

Aeromedical services provide an air service to transport acutely ill/trauma injury patients with life threatening issues from distant referring centres to tertiary or central hospitals.

Planned patient transport (PPT) services are provided for all non-emergency patients referred for consultation from one health institution to another institution that is a significant distance away. This is to ensure that patients reach their referral hospital by the appointment time and because of scarce skills that cannot be located at all centres yet patients have to be given the opportunity to benefit from the specialist skill.

Referral system is a cross cutting feature of the service delivery platform that underpins the efficient and effective functioning of the health system in an orderly manner. This means that patients receive optimal care at the appropriate level of health facility level through access to appropriate specialist services, without unnecessarily overburdening the health facility especially at higher levels by inappropriate conditions being seen there. The efficient functioning of the referral system relies on all services being made accessible to correctly screened patients and moved to a higher/lower level of care based on clinical condition and clearly defined referral pathways.
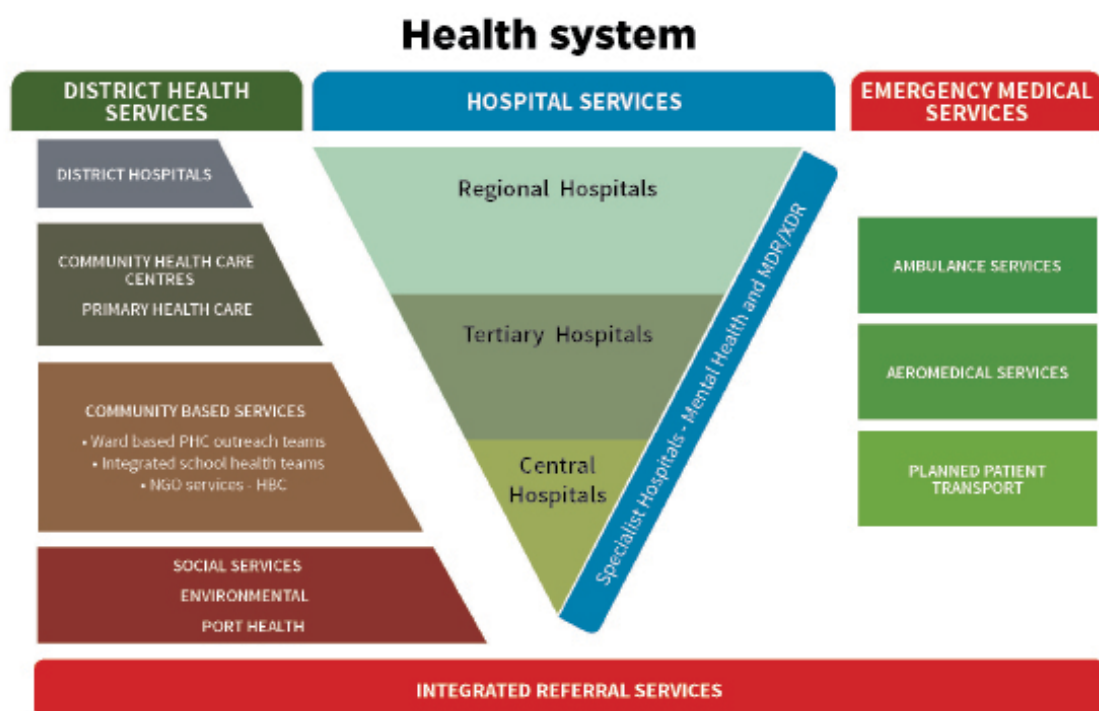
Figure 3: Services across different levels within Health Service Delivery Platform

Support Services (linked to WHO Health System Building Blocks)

The management and administration processes; finance and supply chain management, human resources management, legal services, infrastructure and health information systems are inter-related corporate support services, which must function optimally in order for core health services to be efficient and effective. Each of these blocks needs to recognise the interdependence between their roles, and responsiveness to core health service requirements and quality of care delivered.

Leadership, governance and community participation are critical constituents to hold management accountable to higher structures but most importantly, in a social service setting to the communities /public at large.

- Management and Administrative Services
- Finance and Supply Chain Management
- Human Resources Management and Legal Services
- Infrastructure (buildings, equipment and ICT)
- Information Management Services
- Security Services
- Leadership, Governance and Community Participation

Linkage services

Training or human resource development (HRD) is a cross cutting support function for both core health services as well as support services. This refers to all levels of training i.e. undergraduate, postgraduate as well in-service training. Thus, it requires:

- A relationship between academic institutions that produce the various cadres of health and health related professionals as well as other categories of professionals /technicians /artisans that are required for a fully functional health system.
- A knowledge management system to enhance evidence based healthcare towards improved quality of care.

Communication between internal and external stakeholders (communities, private health sector, non-governmental organisations, community-based organisations, other government agencies) are essential to have an active, informed and participatory citizenry that engages with the health system.

Collaboration is key to the success of the health system in that it relates to both internal and external working together. **Internal collaboration** means that within the health system there is a clear understanding of how the various facility levels should work together effectively to deliver seamless services. **External collaboration** refers to the various external stakeholders who impact on the functioning of the health system e.g. communities, private health sector, non-governmental organisations, community-based organisations, other government agencies, academic institutions, training institutions, service providers .

Quality

The effective and efficient functioning of the Health Service Delivery Platform is anticipated to improve the quality of services delivered at the different levels of the health system with overarching improvement in health outcomes at a population level.
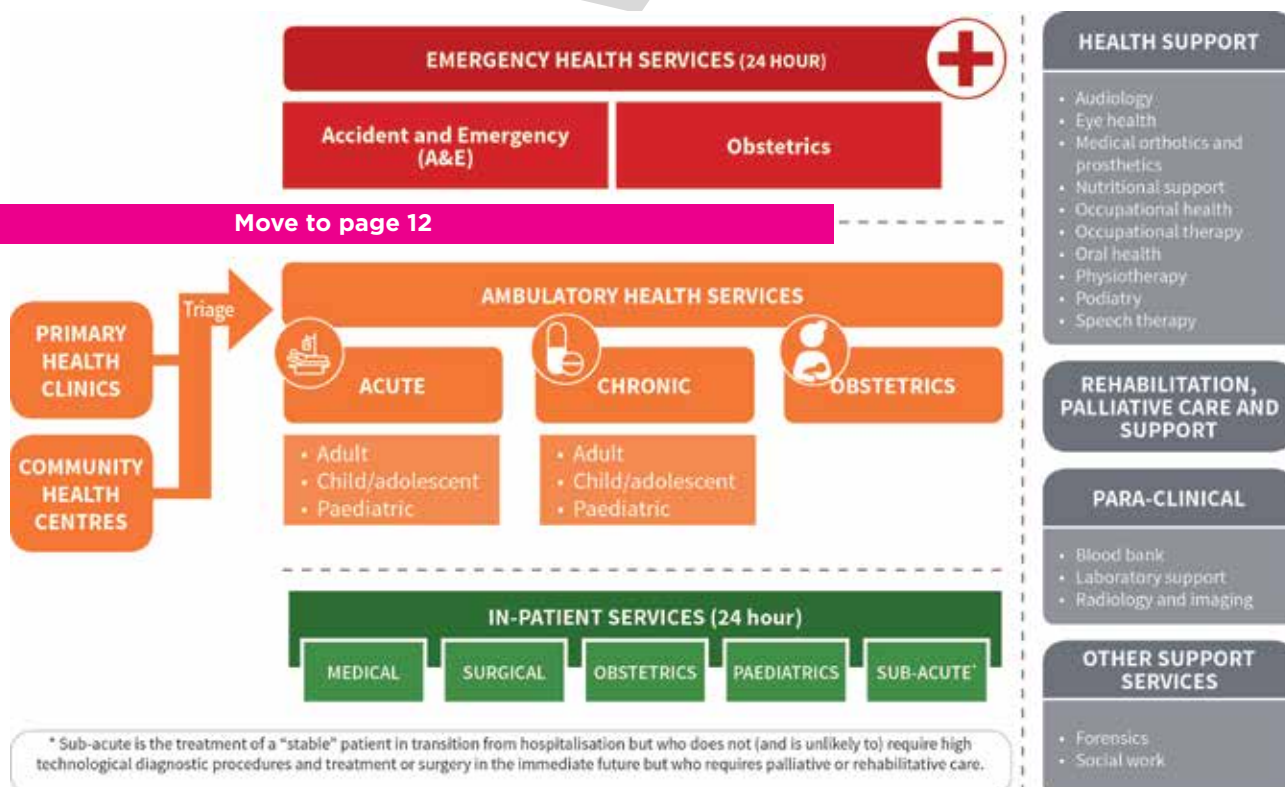
Figure 4: Components of the Hospital Package of Services

IDEAL HOSPITAL

AN 'IDEAL HOSPITAL' IS A HOSPITAL WITH:

- Good infrastructure (i.e. physical condition and spaces, health technology, information and communication technology, adequate bulk supplies, and an appropriately managed and maintained motor vehicle fleet)

- Efficient patient administrative processes

- Adequate and appropriately managed staff

- Provides evidence based clinical, therapeutic and diagnostic services consistent with the defined Package of services

- Uses patient experiences, communication and information for continuously improving quality of clinical care, optimisation of hospital processes, finance, system and risks mitigation and management

- Complies with highest standards of corporate governance and is accountable to the community, internal and external stakeholders.

An **Integrated People-centred Health Services approach** that encompass a continuum of care of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, over the different stages in the lifecycle of a person will be adopted. Clinical services will be organised in terms of 24-hour services (emergency health services, obstetric and in-patient services) and eight hour services (ambulatory health services to outpatients (ideally on referral from a lower level of care), obstetric services, health support services, rehabilitation and palliative care services, diagnostic and therapeutic services). Integrated Clinical Services Management framework using the four streams of care is the platform for providing ambulatory services.

Ideal Hospital Components and Subcomponents

In order to realise and sustain an **Ideal Hospital** status, a number of components need to be in place and functioning well. These components relate to patient services and support systems and include:

Each of these components have a number of sub-components, which in turn consists of elements that need to be realised in order to attain and sustain an "IH" status.
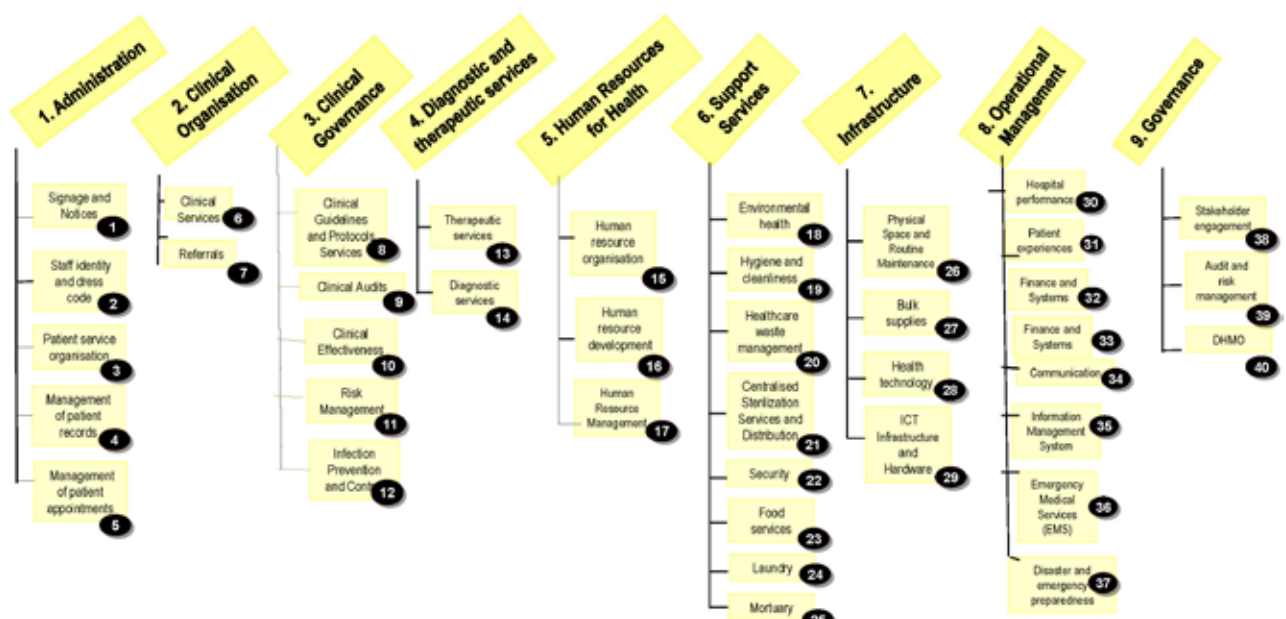
Figure 5: IHRM-F Components and Sub components

PURPOSE OF THE MANUAL

THE IDEAL HOSPITAL MANUAL SERVES THE FOLLOWING PURPOSES:

- To assist managers at various levels of healthcare service provision to correctly interpret and understand the requirement for achieving the elements as depicted in the Ideal Hospital dashboard.

- As a reference, document which guides the managers to determine the status of Ideal Hospital dashboard elements in a facility.

- To be of particular use to the multidisciplinary team that will be responsible for conducting the assessments across all service areas.

- a useful tool for managers at district, provincial and national level to ensure progressive discipline of those reporting to them.

ABOUT THE MANUAL

The Ideal hospital framework was developed primarily for District Hospitals with the aim of expanding to Regional and Tertiary Hospitals. In view of the generic requirements of many of the elements, it is proposed that the Ideal Hospital framework serve as a minimum requirement for Regional Hospitals and the framework be developed incrementally.

The Ideal Hospital Manual provides detailed steps on how to assess and achieve every element of the framework. The numbering of the steps is aligned to the numbering in the dashboard. In some instances, a step refers the reader to a specific checklist. This implies that the relevant checklist be used for further guidance to assess the element.

DOCUMENTS, POLICIES, GUIDELINES AND STANDARD OPERATING PROCEDURES REFERENCED AS BEING AVAILABLE ON THE WEBSITE OF THE NATIONAL DEPARTMENT OF HEALTH (www.health.gov.za).

ASSESSMENT METHODOLOGY

In order to undertake a successful assessment, each hospital should select a defined one week period during which to conduct the assessment. A multidisciplinary team, consisting of clinical service providers, health supportive services, diagnostic and para-clinical services should be constituted. The tasks should be divided amongst the team in order to complete the assessment within a single week.

Key and description of measurement

KEY	METHOD OF MEASUREMENT
	Check applicable documents e.g. policies, guidelines, standard operating procedures, data, etc.
	Ask staff members and/or clients for their views or level of understanding
	Objective observations and/or conclusion

Key and description for level of responsibility

KEY	LEVEL OF RESPONSIBILITY
NDoH	National Department of Health
P	Provincial Department of Health
D	District
H	Hospital
EHS	Environmental Health Services

Functional areas to be assessed

Refer to the service areas at which compliance to the element will be assessed.

EMERGENCY HEALTH SERVICES	Accident & emergency unit	HEALTH SUPPORT SERVICES	Audiology
EMERGENCY HEALTH SERVICES	Obstetrics unit	HEALTH SUPPORT SERVICES	Medical orthotics and prosthetics
INPATIENT SERVICES	Male ward	HEALTH SUPPORT SERVICES	Rehabilitative and Palliative Care
INPATIENT SERVICES	Female ward	DIAGNOSTIC AND THERAPEUTIC SERVICES/ PARACLINICAL	Radiology
INPATIENT SERVICES	Paediatric ward		
INPATIENT SERVICES	Maternity ward	DIAGNOSTIC AND THERAPEUTIC SERVICES/ PARACLINICAL	Pharmacy
INPATIENT SERVICES	Nursery		
INPATIENT SERVICES	Medical ward	DIAGNOSTIC AND THERAPEUTIC SERVICES/ PARACLINICAL	Laboratory
INPATIENT SERVICES	Surgical ward		
INPATIENT SERVICES	Intensive Care/High Care	PATIENT SUPPORT SERVICES	Food Services
INPATIENT SERVICES	Theatre	PATIENT SUPPORT SERVICES	CSSD
AMBULATORY HEALTH SERVICES	Acute	PATIENT SUPPORT SERVICES	Laundry
AMBULATORY HEALTH SERVICES	Chronic	PATIENT SUPPORT SERVICES	Mortuary
AMBULATORY HEALTH SERVICES	Obstetric unit	HOSPITAL CORPORATE SERVICES	Executive Management
HEALTH SUPPORT SERVICES	Oral health Services	HOSPITAL CORPORATE SERVICES	Administration/reception services
HEALTH SUPPORT SERVICES	Physiotherapy	HOSPITAL CORPORATE SERVICES	Systems management
HEALTH SUPPORT SERVICES	Occupational therapy	HOSPITAL CORPORATE SERVICES	Supply chain management
HEALTH SUPPORT SERVICES	Nutritional support (Dietetics)	HOSPITAL CORPORATE SERVICES	Financial management
HEALTH SUPPORT SERVICES	Speech therapy	HOSPITAL CORPORATE SERVICES	Human Resource management
HEALTH SUPPORT SERVICES	Social work	HOSPITAL CORPORATE SERVICES	Infrastructure
HEALTH SUPPORT SERVICES	Eye health	HOSPITAL CORPORATE SERVICES	Management offices
HEALTH SUPPORT SERVICES	Podiatry		

Scoring of the hospital against the elements

Score the performance in line with three colours as follows:

ACHIEVED   **PARTIALLY ACHIEVED**   **NOT ACHIEVED**

The method of measurement (indicated with symbols), level of responsibility (facility, district, province or national) and weight (vital, essential and important) is indicated for each element as well as the availability of a checklist.

Weighting of Ideal Hospital elements

The weighting of the IHRM-F elements are according to three categories: vital, essential and important.

VITAL

Extremely important (vital) elements that require immediate and full correction. These elements affect direct service delivery to and clinical care of patients and without which there may be immediate and long-term adverse effects on the health of the population.

! ESSENTIAL

Very necessary (essential) elements that require resolution within a given time period. These process and structural elements indirectly affect the quality of clinical care given to patients.

IMPORTANT NB

Significant (important) elements that require resolution within a given time period. These are process and structural elements that affect the quality of the environment in which healthcare is given to patients.

Determination of hospital status

SCORING – CHECKLIST

Each item in the checklist is scored in column for score mark as follows:

Y (Yes) = if present = 1

N (No) = if not present = 0

NA (Not applicable) = for small facilities or where certain services are not rendered.

A total percentage will be calculated for each checklist and this will be converted into a decimal.
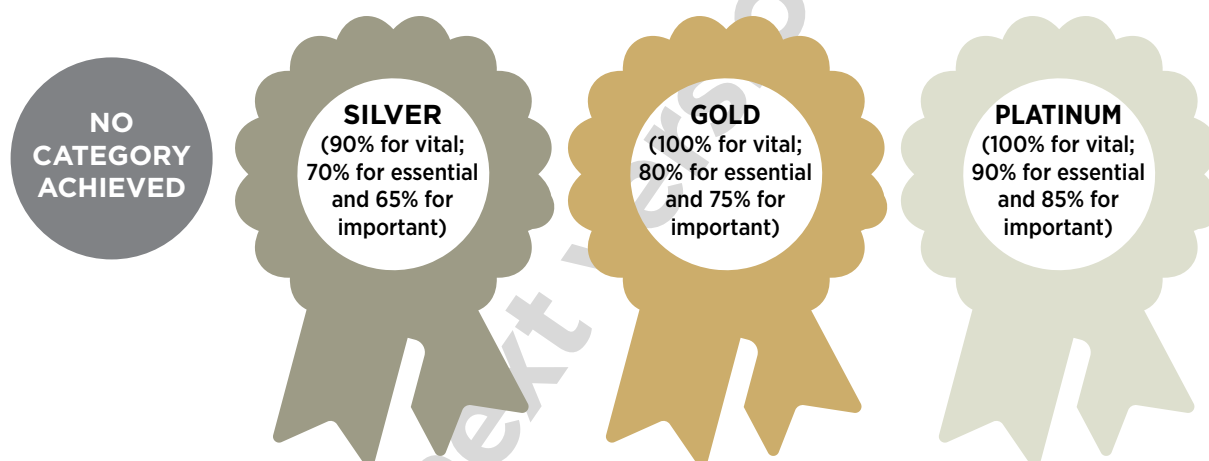
SCORING – ELEMENTS

Each item in the elements that have no checklist is scored in column for score mark as follows:

Y (Yes) = if present

N (No) = if not present

NA (Not applicable) where Y = 1 and N = 0

Depending on how a facility performs in a status determination, the facility will be categorised as:

NO CATEGORY ACHIEVED

SILVER
(90% for vital; 70% for essential and 65% for important)

GOLD
(100% for vital; 80% for essential and 75% for important)

PLATINUM
(100% for vital; 90% for essential and 85% for important)

The average hospital score against all components, each component, all sub-components and each sub-component will be calculated and be depicted. The status of the hospital will be determined when the minimum average percentages for Vital, Essential and Important elements have also been achieved. It is therefore important to note that a facility can obtain a high average score (70 to 99 percent) but still fail to obtain an Ideal Hospital category as they have failed to obtain the minimum average score for per weight category.

Over time, as the quality of the conditions of PHC facilities improve, we may add more elements and more specifications for certain elements

Weights	Silver	Gold	Platinum
Vital	90%	100%	100%
Essential	70%	80%	90%
Important	65%	75%	85%

ASSESSING IDEAL HOSPITAL COMPONENTS AND SUBCOMPONENTS

The weighting of the IHRM-F elements, method of measurement, level of responsibility, whether they have a checklist, and performance for each element are indicated in the table below.

National Core Standards	Component	Sub Component		ELEMENTS	Weight	MM	Level of responsibility	Check list	Performance
DOMAIN 1: PATIENT RIGHTS	1. Administration		**1. Signage and notices:** Monitor whether there is communication about the facility and the services provided						
			1	Geographical location signage from main roads in place	I	☺	P/D	Y	
			2	All external signage is in place	I	☺	H	Y	
			3	Facility information board visibly displayed at the entrance of the premises	I	☺	H	Y	
			4	Disclaimer signs visibly displayed at entrance of hospital	I	☺	H	Y	
			5	The vision, mission and values of the hospital are visibly displayed	I	☺	H		
			6	Patients' Rights Charter is displayed in all clinical service areas in at least two local languages	I	☺	H		
			7	Hospital management organogram with contact details of the hospital managers are displayed on a central notice board	I	☺	H		
			8	Contact details of the Hospital Board are visibly displayed	I	☺	H		
			9	All service areas within the hospital are clearly signposted	I	☺	H	Y	
			2. Staff identity and dress code: Monitor whether staff dress code and mode of staff identification are in accordance with policy prescripts						
			10	There is a prescribed dress code for all service providers	I	📖	P		
			11	All service providers comply with prescribed dress code	I	?☺	H	Y	
			12	All service providers wear an identification tag	I	☺	H	Y	
			3. Patient service organisation: Monitor the processes that enable responsive patient service						
			13	Help/information desk is available	I	☺	H		
			14	There is a process for patients to be registered and issued with a patient record	I	☺📖	H		
			15	The uniform patient fee schedule is implemented	I	☺	H	Y	
			16	There is a process for the triaging of patients	E	?📖	H	Y	
			17	There is a designated individual responsible for the management of queues	I	☺	H		
			18	There is access for persons with wheelchairs	E	☺	H	Y	
			19	There is a standard operating procedure detailing assistance available for patients with disabilities	I	☺📖	H		

		No.	Element					
		20	A functional wheelchair is available	E	?☺	H		
		21	There is a standard operating procedure for admission	E	☺📖	H	Y	
		22	There is a process for relatives/visitors to locate admitted patients at the reception	E	☺📖	H		
		23	There is a discharge process	E	☺📖	H		
		24	Clean water and disposable cups are available for patients	E	☺📖	H	Y	
		**4. Management of patient records:** Monitor whether patients' records content is systematically organised using prescribed stationery and that the patient records are managed appropriately					
		25	The SOP/guideline for managing of patient records is adhered to	I	☺📖	P/D/H	Y	
		26	Clinical and administrative stationery is available in sufficient quantities	I	?☺	H	Y	
		27	There is a single patient folder irrespective of health conditions and services accessed	I	☺📖	H		
		28	Patient record is fully completed	E	☺📖	H	Y	
		29	Maternity Case Record is fully completed	E	☺📖	H	Y	
		**5. Management of patient appointments:** Monitor whether a patient appointment system is adhered to					
		30	Patients are provided with information on the appointment system	I	?☺	H		
		31	Patient appointment management process is adhered to	I	☺📖	H	Y	
		32	Records of booked patients are pre-retrieved not later than the day before the appointment	I	☺	H		
		33	Pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date/ are registered on the CCMDD programme	E	?☺	H		
2. Clinical Organisation			**6. Clinical Services:** Monitor whether the services offered are aligned to the Hospital Package of Services					
		34	Defined package of service for level of hospital care is available	E	☺📖	P	Y	
		35	Hospital offers Emergency Health Services (24 hours)	V	?☺	H		
		36	Hospital offers Ambulatory services (minimum 8 hours, 5 days a week)	E	?☺	H		
		37	Hospital offers In-Patient services	E	?☺	H		
		38	Hospital offers health support services	E	?☺	H		
		39	Hospital offers a dedicated isolation facility for patients with infectious diseases	E	?☺	H		
		40	Hospital offers a dedicated isolation facility for patients admitted under the Mental Health Care Act	V	?☺	H	Y	
		41	Hospital Ambulatory service areas are organised with designated consulting areas	I	?☺	H		
		42	Operating theatre service is organised into functional areas for efficient work flow	E	?☺	H	Y	

		43	Patients are consulted, examined and counselled in privacy	I	☺	H		
		44	Schedule of outreach services from higher levels of care available	I	📖	H	Y	
		45	Clinical medico-legal services provided	I	☺	H		
		46	Access to forensic medico-legal services is available	I	📖	H		
		47	Schedule for DCST visits to the hospital to provide clinical support and mentoring is adhered to	I	📖	H		
			**7.Referrals: Monitor whether the Referral guidelines and policy are adhered to**					
		48	National Referral Policy and Guideline is available	I	📖	NDoH		
		49	Hospital has defined referral pathways	I	☺📖	D/H		
		50	There is a register that records patient referrals	I	☺📖	H		
		51	Protocol available for the handover to/from EMS	E	☺📖	H		
		52	There is a standard operating procedure for hospital closure and ambulance diversion	E	☺📖	P		
			8. Clinical guidelines and protocols: Monitor whether clinical guidelines and protocols are available, and appropiately used					
		53	Clinical guidelines for the defined hospital package of services is available in designated areas	E	📖	H	Y	
		54	Resuscitation protocols are available	I	📖	H		
		55	South African Triage Scale is available	I	📖	H		
		56	Protocol to identify deterioration in in-patients is available	E	📖	H		
		57	National guidelines are followed for all notifiable medical conditions	E	📖	H		
3. Clinical Governance		58	SOP for the safe administration of medicines is adhered to	E	?☺	H	Y	
		59	SOP for the management and use of blood and blood products is adhered to	E	📖	H	Y	
		60	The emergency trolley is restored daily or after each use	V	📖	H		
		61	SOP for refusal of treatment available	E	📖	H		
		62	SOP for handover between shifts is available	E	📖	H		
		63	SOP for outbreak notification and response are available	E	📖	H		
		64	SOP for management of elderly, frail or patients with reduced mobility is adhered to	E	📖	H		
			9.Clinical audits: Monitor clinical performance against defined standards of care					
		65	National Clinical Audit Guideline is available	E	📖	H		
		66	Clinical audits are conducted quarterly	E	📖	H	Y	
		67	80% of all assessed patient records fulfil the defined criteria for each condition	E	📖	H	Y	

	68	Clinical audit meetings are held quarterly	E	📖	H		
	69	Drug utilisation reviews conducted quarterly	E	📖	H		
	70	Morbidity and mortality reviews are conducted monthly	E	📖	H		
**10. Clinical effectiveness:** monitor the outcome of evidence informed clinical practice to achieve optimum processes and outcomes of care for patients	
	71	National target for control of communicable diseases is achieved	I	?📖	H	Y
	72	National target for control of non-communicable diseases is achieved	I	?📖	H	Y
	73	National target for maternal, child and women's health is achieved	I	?📖	H	Y
	74	The average length of stay is aligned to national average based on level of care	I	?📖	H	
	75	The average waiting time for elective procedures is monitored	I	?📖	H	
	76	Bed utilization rate is equal to or above national target for level of care	I	?📖	H	
colspan="7"	**11. Clinical risk management:** Monitor the management of risks associated with clinical care	
	77	Clinical Governance structures are functional	I	?📖	H	Y
	78	Quality improvement plans for clinical services are implemented	E	?📖	H	Y
	79	National Guideline for Patient Safety Incident Reporting and Learning is available	E	📖	NDoH	
	80	Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning	E	?📖	H	Y
	81	An annual risk assessment for infection prevention and control compliance is conducted	I	?📖	H	
	82	Surveillance system for healthcare associated infections is implemented	I	?📖	H	
	83	Inpatient stay exceeding 10 days is investigated	I	?📖	H	
**12. Infection prevention and control:** Monitor adherence to prescribed infection prevention and control policies and procedures	
	84	National Policy on Infection Prevention and Control is available	E	📖	NDoH	
	85	SOP for Infection Prevention and Control practices is adhered to	I	?☺	H	Y
	86	Hand hygiene practices are monitored	E	📖	H	
	87	Poster on cough etiquette is displayed	E	?☺	H	
	88	Staff wear appropriate personal protective gear	E	?☺	H	Y
	89	Linen in use is clean	I	?☺	H	
	90	SOP for handling linen in use is adhered to	E	?☺	H	
	91	Waste is properly segregated	E	?☺	H	Y

			92	Sharps are managed appropriately	E	?☺	H	Y	
			93	Sterile Milk kitchen adheres to infection prevention and control practices	E	?☺	H	Y	
			**13. Therapeutic services: Monitor consistent availability and management of medicines, blood and blood products, consumables and assistive devices**	
			94	Licence for Pharmacy issued by the Director-General of the National Department of Health is visibly displayed	E	📖	H		
			95	Certificate of registration of the pharmacy with the South African Pharmacy Council and proof that payment of the annual fee is up- to- date is visibly displayed	E	📖	H		
			96	Certificate of registration of the responsible pharmacist of the hospital with the South African Pharmacy Council is visibly displayed	E	📖	H		
			97	SLA between the hospital and the provincial depot/service supplier for the provision of medicines is available	I	📖	H		
			98	Good Pharmacy Practice Guidelines is available	I	📖	H		
			99	Minimum GPP standards for pharmacy premises, facilities and equipment are adhered to	V	☺📖	H	Y	
			100	Minimum GPP standards for services offered in a Pharmacy adhered to	E	☺📖	H	Y	
			101	An electronic stock management system is used to manage medicine inventory	E	☺📖	H	Y	
			102	90% of the medicines on the hospital tracer medicine list are available	E	☺📖	H	Y	
			103	Essential medication for accident and emergency unit is available	V	☺📖	H	Y	
			104	Cold chain procedure for vaccines is maintained	V	☐			
			105	Basic medical supplies (consumables) are available	E	☺📖	H	Y	
			106	Emergency blood supplies are available	V	☺📖	H	Y	
			107	Clinicians have access to blood products	E	☺📖	H		
			108	Patients have access to assistive devices, orthotics and prosthetics	I	☺📖	H	Y	
			**14. Diagnostic services:** Monitor consistent availability, safety and use of laboratory and imaging services	
			109	The servicing NHLS laboratory is accredited	I	📖	P		
			110	The National NHLS Handbook is available	E	📖	NDoH		
			111	Essential laboratory list for hospitals based on level of care is available	I	📖	H		
			112	90% of tests requested comply with the ELL	I	?📖	H		
			113	Required functional diagnostic equipment and concurrent consumables for point of care testing are available	E	☺	H	Y	
			114	Required specimen collection materials and stationery are available	E	☺	H	Y	

4. Diagnostic & Therapeutic services

115	Specimens are collected, packaged, stored and prepared for transportation according to the National NHLS Handbook	E	☺	H	Y	
116	Laboratory results are received from the laboratory within the specified turnaround times	E	📖	H	Y	
117	The imaging services is accredited		☐			
118	Emergency imaging services are available for 24 hours on site	E	☺	H		
119	Functional portable x-ray unit available 24 hours	E	☺	H		
120	Basic imaging services are available for a minimum of 8 hours, 5 days a week on site	E	☺	H		
121	Access to specialist imaging reporting services	E	☺	H		
122	Required functional diagnostic equipment and concurrent consumables for radiography services are available	E	☺	H	Y	
123	Required functional diagnostic equipment and concurrent consumables for ultrasonography services are available	E	☺	H	Y	
124	Required functional diagnostic equipment and concurrent consumables for health support services are available	E	☺	H	Y	
125	Appropriate radiography signage is visibly displayed	E	☺	H	Y	

15. Human Resources Organisation: Monitor HRH capacity and utilisation

126	An approved organogram is available	I	📖	H		
127	Critical management positions in the organogram are filled	E	?📖	H	Y	
128	Critical clinical positions in the organogram are filled	E	?📖	H	Y	
129	Specific support services have designated managers	I	?📖	H		
130	Clinical Staffing needs have been determined in line with WISN	I	?📖	D		
131	Non clinical staff component is determined according to service needs	I	?📖	H		
132	All clinical post are filled according to service needs	I	?📖	H	Y	
133	All non-clinical post are filled according to service needs	I	?📖	H	Y	
134	Duty roster for all clinical and non-clinical service areas are available	E	📖	H		

16. Human Resources Development: Monitor whether staff receive development training

135	Planned in-service training is conducted	I	📖	H	Y	
136	Planned continuous professional development (CPD) is conducted	I	📖			
137	All staff have received in-service training in the last two years on infection control standard precautions that is in-line with the SOP	E	📖	H	Y	
138	Staff are trained on the use of equipment necessary for performance of their duties	E	📖	H		

5. Human Resources for Health

			17. Human Resource Management: Monitor the conformance with relevant human resources legislations and policies					
		139	All healthcare workers have current registration with relevant professional bodies	E	📖	H	Y	
		140	Non clinical staff have appropriate registration if applicable	E	📖	H	Y	
		141	All relevant human resource management legislation, policies and procedures available	E	📖	H	Y	
		142	Staff members demonstrate that incoming policies and notices have been read	I	📖	H		
		143	All employees details are recorded on PERSAL	I	?☺	H		
		144	Record of staff induction is available	I	📖	H		
		145	There is an individual Performance Management Agreement for each staff member	I	📖	H	Y	
		146	Continued staff development needs are determined for the current financial year and submitted to the HR manager	I	📖	H		
		147	An annual leave schedule is available	I	📖	H		
		148	Staff satisfaction survey is conducted annually	I	📖	H		
		149	Exit interviews are conducted for all staff that exit the hospital	I	📖	H		
		150	Occupational Health and Safety annual audit conducted	I	📖	H		
		151	Occupational Health and Safety incidents are managed and recorded in a register	E	📖	H		
		152	Quality improvement plans for human resource management are implemented	I	📖	H		
		153	Functional employee wellness programme (EWP) in place	I	📖	H		
		154	Medical surveillance for all employees is conducted	I	📖	H	Y	
			18. Hygiene and cleanliness: Monitor whether the required procedures and resources are available to ensure consistent cleanliness in and around a hospital					
6. Support Services		155	Exterior of the hospital is clean and tidy	E	?☺	H	Y	
		156	All cleaners are trained on cleaning protocols and procedures	E	📖	H		
		157	Cleaning schedules are available	I	📖	H		
		158	All work completed is signed off by cleaners and verified by manager or delegated staff member	I	📖	H		
		159	Clinical Service areas are clean	E	?☺	H	Y	
		160	Support service areas are clean	E	?☺	H	Y	
		161	Clean running water, toilet paper, liquid hand wash soap and disposable hand paper towels are available	E	?☺	H	Y	
		162	Toilets are clean, intact and functional in all service areas	E	?☺	H	Y	

163	Bathrooms are clean, intact and functional in all service areas	E	?☺	H	Y
164	Portable warning signs indicating wet areas are used	E	?☺	H	
165	Disinfectant, cleaning materials and equipment are available	E	?☺	H	Y
19. Healthcare waste management: Monitor whether the required procedures for healthcare waste management are available and appropriatelu utilised					
166	SOP for managing general and health care risk waste is available	I	📖	H	
167	Health care waste is managed appropriately in all service areas	E	?☺	H	Y
168	Storage area for health care waste is appropriate	E	?☺	H	Y
169	A signed healthcare risk waste removal service level agreement between the health department and the service provider is available	E	📖	P	
170	Healthcare risk waste is removed in line with the contract	E	?📖	H	
171	Register for all anatomical waste disposal is completed	E	?📖	H	**Y**
20. Centralised sterilization Services and distribution: Monitor whether the procedures are in place and approparitely applied for the decontamination and sterilisation of medical instruments					
172	SOP for the decontamination and sterilisation of surgical and obstetric instruments is available	I	?📖	H	
173	Process for the decontamination and sterilisation of surgical and obstetric instruments is adhered to	I	?☺	H	Y
174	All sterilisation equipment is validated / licensed	I	?📖	H	
175	Planned maintenance of sterlisation equipment is according to the schedule	I	?📖	H	
176	Sterile surgical packs are available	E	?☺📖	H	Y
177	Sterile obstetric packs are available	E	?☺📖	H	Y
21. Security: Monitor whether systems processes, procedures are in place to protect the safety of assets, infrastructure, patients and staff of the hospital					
178	There is a standard operating procedure for safety and security for staff and patients	I	📖	H	
179	There is a signed Service Level agreement in accordance with the SOP with the outsourced service provider	I	📖	P	
180	Perimeter fencing is intact	I	?☺	H	
181	Secure Parking for staff is provided	I	?☺	H	
182	There is a standard security guard room at the entrances of the hospital	I	?☺	H	Y
183	There are security guards on duty at all times	I	?☺📖	H	
184	Security breaches are managed and recorded in a register	I	📖	H	
185	There is access control to specified areas	E	?☺	H	Y

22. Food Services: Monitor whether systems, processes and procedures are in place to provide adequate food services for patients						
	186	A valid contract and Service Level Agreement for out sourced food services is available	I	?📖	H	
	187	SOP for food services management is adhered to	I	?📖	H	Y
	188	All equipment in the kitchen is functional	I	?☺	H	
	189	Guidelines for storage, preparing and serving of food are adhered to	I	?📖	H	Y
	190	A menu cycle of 8-12 days is available for all normal and therapeutic diets	I	?📖	H	Y
	191	Schedule for meal times is adhered to	I	☺📖	H	
	192	Food parcels are provided to patients referred to other hospitals	I	?📖	H	
23. Laundry: Monitor whether systems, processes and procedures are in place to ensure clean linen for patients						
	193	A valid contract and Service Level Agreement for out sourced laundry services is available	I	?📖	H	
	194	SOP for the management of laundry is adhered to	I	?📖	H	Y
	195	Guidelines for management linen is adhered to	I	?📖	H	Y
	196	Planned maintenance of laundry equipment is according to the schedule	I	?📖	H	
24. Environmental health: Monitor whether there are systems, processes and procedures in place to identify, mitigate and manage environmental health risks						
	197	Rodent and pest control is done according to schedule	I	?📖	H	
	198	Portable water supply is sampled and tested according to schedule	I	?📖	H	
	199	Stored water supply is sampled and tested according to schedule	I	?📖	H	
	200	Air quality is tested according to schedule	I	?📖	D EHS	
	201	Environmental Health inspections conducted six monthly	I	?📖	D EHS	Y
	202	Quality Improvement plans for identified environmental health risks are implemented	I	?📖	H	Y
25. Mortuary: Monitor whether there are systems, process and procedures in place to manage mortal remains						
	203	A functional mortuary is onsite	I	?📖	H	Y
	204	The temperature of the refrigerators is recorded twice daily	I	?☺	H	
	205	Cleaning materials used in the mortuary have been approved by the relevant authority.	I	?☺	H	
	206	SOP for management of mortal remains are adhered to	I	?📖	H	Y
26. Physical space and non-medical equipment: Monitor whether the physical space is adequate and functional for the hospital workload, and whether timely maintenance is undertaken						
	207	Hospital space accommodates all service and support areas	E	☺📖	H	Y

FACILITIES AND Infrastruct 7.

208	There are approved plans for all buildings in the hospital	E	☺📖	D		
209	All building(s)are compliant with safety regulations	E	☺📖	H	Y	
210	All building (s) are maintained according to a schedule	E	☺📖	H	Y	
211	Piped medical gas supply is available	E	☺📖	H		
212	Piped and portable suction is available	E	☺📖	H		
213	There is a process for emergency and adhoc repairs to non-medical equipment and infrastructure	E	☺📖	H		
27. Bulk supplies: Monitor whether the required electricity supply, water supply and sewerage services are constantly available						
214	Hospital has functional un-interrupted potable water supply	E	?☺	H		
215	Hospital has emergency water supply	E	?☺	H		
216	Hospital has a functional back-up electrical supply available in designated areas	E	?☺	H		
217	The sewerage system is functional	E	?☺	H		
28. Health technology: Monitor whether essential equipment, instruments and required furniture are available						
218	Furniture is available and intact in all service and support areas	I	☺	H	Y	
219	Essential medical equipment is available and functional	E	☺	H	Y	
220	All health technology is certified/licensed	E	📖	H		
221	Resuscitation room is equipped with functional basic equipment	V	?☺	H	Y	
222	Essential equipment and instruments for surgery are available	E	?☺	H	Y	
223	Intensive care units/High care unit is equipped with functional basic equipment	E	?☺	H	Y	
224	Essential instruments for obstetric are available	V	?☺	H	Y	
225	Schedule for Planned maintenance of medical equipment is adhered to	E	📖	H		
226	SOP for reactive maintenance of medical equipment is available	I	📖	H		
227	Piped medical gas supply is maintained	E	?☺	H		
228	Oxygen cylinders with oxygen gauge are available	V	?☺	H		
229	Redundant and non-functional equipment are removed from the hospital according to guidelines	I	?📖	D/H		
29. ICT infrastructure and hardware: Monitor whether systems for internal and external electronic communication are available and functional						
230	There is 24 hour IT system support available	E	?☺	H		
231	There is a functional switchboard	I	?☺	H		
232	There are functional telephones in all service and operational areas	E	?☺	H		

		233	There is an emergency cellular phone available	I	?☺	H	
		234	There are functional computers in all service and designated operational areas	I	?☺	H	
		235	There are functional printers available in designated areas	I	?☺	H	
		236	There is functional internet access in all service and designated operational areas	I	?☺	D/H	
		237	There is intranet access on all computers	I	?☺	H	
		30. Hospital performance: Monitor wheteher strategic and operational planning is conducted and the whether the key performance areas are monitored					
		238	Hospital has an approved 3-5 year strategic plan	I	?📖	H	
		239	Quarterly performance reviews are conducted against the hospital annual operational plan	I	?📖	H	
		240	Hospital management team track key performance indicators	I	?📖	H	Y
		241	Hospital submits all monthly data on time to the next level	I	?📖	H	
		242	There is quality improvement plan for non-clinical services	I	?📖	H	Y
		243	A management meeting is held at least monthly	I	?📖	H	
DOMAIN 6: OPERATIONAL MANAGEMENT	8. Operational Management	**31. Management of Patient experience of care:** Monitor whether an annual patient experience of care survey is conducted and whether patients are provided with an opportunity to complain about or compliment the hospital and whether complaints are managed within the prescribed time					
		244	National Patient Experience of Care Guideline is available	E	📖	NDoH	
		245	Results of the annual Patient Experience of Care Survey are visibly displayed at main reception	E	?📖	H	
		246	An average overall score of 80% is obtained in the Patient Experience Of Care Survey	E	?📖	H	
		247	The National Guideline to Manage Complaints/Compliments/Suggestions is available	E	📖	NDoH	
		248	Complaints/compliments/suggestions tool kit is available	E	☺📖	H	
		249	Complaints/compliments/suggestions Records show compliance to the National Guideline to Manage Complaints/Compliments/Suggestions	E	📖	H	Y
		250	Targets set for complaint indicators are met	E	📖	H	Y
		251	National Policy for the Management of Waiting Times is available	I	📖	NDoH	
		252	Patients are informed of Hospital waiting times for designated services	E	☺	H	
		253	Waiting times are monitored for ambulatory and other designated service areas	I	?📖	H	
		32. Finance and Systems: Monitor the consistent availability of a functional supply chain management system as well as the availability of funds required for optimal service provision					
		254	The Public Finance Management Act is adhered to	I	📖	H	Y
		255	Hospital has an annual financial plan aligned to allocated budget	I	📖	H	

		No.	Element				
		256	Monthly projection and expenditure reports from BAS are available	I	?📖	H	
		257	100% of suppliers paid within 30 days from date of invoice received	E	?📖	H	
		258	Goods and Services are procured in accordance to Supply Chain procedures	E	☺📖	H	Y
		259	LOGIS reports are used to track purchases and receipts	I	?📖	H	
		260	100% of Goods and Services received are in compliance with specifications	I	?📖	H	
		261	An up to date asset register is available	I	☺📖	H	Y
		262	Condemned equipment are removed according to guidelines'	I	📖	H	Y
		263	SOP for stock management is adhered to	I	📖	H	Y
		**33. Fleet Management: Monitor the appropriate use and maintenance of hospital vehicle fleet**					
		264	Planned Maintenance for hospital vehicles is adhered to	I	📖	H	
		265	Vehicle management system is in place	I	📖	H	Y
		**34. Communication:** Monitor whether there are appropriate systems for communicating with internal and external stakeholders					
		266	Relevant information sharing is done with internal stakeholders using appropriate media platforms monthly	I	?📖	H	
		267	Relevant information sharing is done with the community using community based platforms	I	?📖	H	
		268	Hospital observes annual health calendar days	I	?📖	H	
DOMAIN 4: PUBLIC HEALTH		**35. Management Information Systems:** Monitor whether there is an appropriate information system that produces information for service planning and decision making					
		269	National District Health Management Information System policy is adhered to	I	📖	H	Y
		270	There is a functional electronic patient registration system	I	?☺	H	
		271	ICD 10 coding is utilised	I	?☺	H	
		272	There is an up to date electronic human resource management information system (PERSAL)	I	?☺	H	
		273	There is an up to date financial management information system (BAS)	I	?☺	H	
		274	There is an up to date procurement management information system (LOGIS)	I	?☺	H	
DOMAIN 6: OPERATIONAL MANAGEMENT		**36. Emergency Medical Services and planned patient transport:** Monitor the effectiveness of emergency responses and planned patient transport					
		275	Emergency contact numbers (fire, police, ambulance) are displayed in all service and operational areas	I	?☺	H	
		276	EMS available for priority maternity transfers	I	📖	H	
		277	EMS available for emergency inter-facility transfer	I	📖	DEMS	
		278	EMS response complies with the pre-determined response time	I	📖	H	

			No.	Description					
			279	There is a schedule for planned patient transport	I	📖	H		
			280	Planned patient transport is provided according to schedule	I	📖	H		
			37. Disaster and emergency preparedness: Monitor whether the hospital is equipped and prepared for management of internal and external disaster						
			281	There is an inter-sectoral plan for the management of possible health emergencies and disease outbreaks	I	📖	H		
			282	Disaster management plan is available	I	📖	H		
			283	Contact numbers required in emergencies are available in designated areas	I	📖	H		
			284	A drill for a mass casualty incident is conducted annually	I	📖	H		
			285	An improvement plan is developed based on the results of the mass casualty drill	I	📖	H		
			286	Emergency evacuation plan is displayed in all areas	I	📖	H		
			287	Emergency evacuation drill is practised annually	I	📖	H		
			288	All emergency exits and entrance points are kept clear at all times	I	?☺	H		
			289	An improvement plan is developed to address the results of the emergency evacuation drill	I	📖	H		
			290	Functional firefighting equipment is available	I	?☺	H	Y	
DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE	**9. Corporate Governance**		**38. Stakeholder engagement and management:** Monitor the functionality of the stakeholder engagement						
			291	There is a formal agreement in-place between the hospital and various government departments	I	📖	P	Y	
			292	There is a functional Hospital Board	I	📖	P	Y	
			293	There is a forum established to engage with health-related stakeholders	I	?📖	H	**Y**	
			294	Hospital has an annual open day	I	?📖	H		
			39. Audit compliance and risk management: Monitor and review effectiveness of risk prevention and mitigation strategies						
			295	Hospital has functional audit and risk committees	E	📖	H	Y	
			296	A contract management system is in place	E	📖	H	Y	
			297	Hospital specific risks are identified	E	📖	H		
			298	Risk management plan is available	I	📖	H		
			299	Risk mitigation strategies are implemented	I	📖	H	Y	
			300	Hospital receives a clean audit report from the Auditor General	E	📖	H		
			40. District Health Management Office (DHMO): Monitor the managerial and technical support provided to the hospital						
			301	Hospital operational plan is included in the district health plan	I	📖	H		
			302	Hospital participates in quarterly district performance reviews	I	📖	D		
			303	The DHMO visits the hospital at least annually	I	📖	D		

| | | 304 | Peer review of hospitals targeted to be Ideal are conducted | I | 📖 | D | | |
| | | 305 | KPAs of the District manager must include oversight of the district hospital in achieving Ideal status | I | 📖 | P | | |

ASSESSMENT OF IDEAL HOSPITAL ELEMENTS

Component 1: Administration

Sub-component 1: Signage and notices

COMMITMENT FOR SUB-COMPONENT 1
Monitor whether there is communication about the facility and the services provided.

Who is responsible for this sub-component?

Systems manager

NB	1	Geographical location signage from main roads in place	🙂
NB	2	All external signage is in place	🙂
NB	3	Facility information board visibly displayed at the entrance of the premises	🙂
NB	4	Disclaimer signs visibly displayed at entrance of hospital	🙂
NB	5	The vision, mission and values of the hospital are visibly displayed	🙂
NB	6	Patients' Rights Charter is displayed in all clinical service areas in at least two local languages	🙂
NB	7	Hospital management organogram with contact details of the hospital managers are displayed on a central notice board	🙂
NB	8	Contact details of the Hospital Board are visibly displayed	🙂
NB	9	All service areas within the hospital are clearly signposted	🙂

ELEMENTS

🔴 **Vital**   ❗ **Essential**   NB **Important**

34

Element 1: Geographical location signage from main roads in place

RESPONSIBLE PERSON

The systems manager must familiarise themselves with the external signage requirements.

Signboards must be available that provide directions to the hospital on each main road-between 2km and 5 km.

The boards must be clearly visible with no obstructions.

REVIEWER

Observe that there are external signage on all main roads leading to the facility and verify that the signage boards are clearly visible.

CHECKLIST FOR ELEMENT 1	
GEOGRAPHICAL LOCATION SIGNAGE FROM MAIN ROADS	
Description	**Score**
a. Both directions on each main road	
b. Within 2 km of hospital	
c Within 5 km of hospital	
d. No obstructions to visibility	
Total score	
Total maximum possible score	
Percentage score	%

Element 2: All external signage is in place

RESPONSIBLE PERSON

External signage must be clearly visible within the hospital indicating waste storage areas, staff and patient parking areas, ambulance loading and off loading zones and helicopter landing pads, emergency assembly points, and healthcare and general waste storage areas.

REVIEWER

Observe that the external signage in the hospital is clearly visible and indicates waste storage areas, staff and patient parking areas, ambulance loading and off loading zones and helicopter landing pads, emergency assembly points, and healthcare and general waste storage areas.

CHECKLIST FOR ELEMENT 2	
ALL EXTERNAL SIGNAGE IS IN PLACE	
Description	**Score**
a. Vehicles and persons will be searched	
b. Entry and parking are at own risk	
Specific external locations:	
a. Emergency Assembly Point	
Waste storage:	
a. Healthcare Risk Waste (medical waste)	
b. Healthcare General Waste	
At or near to main entrance of building:	
a. Ambulance parking sign OR Ambulance parking area marked on paving	
b. Helicopter landing pad area sign or marked on paving	
c. Staff parking sign or parking area marked on paving	
Total score	
Total maximum possible score	
Percentage score	%

35

NB **Element 3:** Facility information board visibly displayed at the entrance of the premises

RESPONSIBLE PERSON

The facility information board must be on the wall next to the main entrance of the facility building or on a freestanding board approximately 500mm to 2000 mm before the main entrance to the facility building (entrance of the premises).

The facility information board must provide name of hospital, contact details, operating hours and emergency contact details.

REVIEWER

Observe that the hospital information board is available at the hospital entrance and has at minimum name of hospital, contact details, operating hours and emergency contact details.

CHECKLIST FOR ELEMENT 3	
FACILITY INFORMATION BOARD VISIBLY DISPLAYED AT THE ENTRANCE OF THE PREMISES	
Description	**Score**
a. Name of hospital	
b. Contact details	
c. Operating hours	
d. Package of Services offered	
e. Visiting hours	
f. Emergency contact details	
Total score	
Total maximum possible score	
Percentage score	%

NB **Element 4:** Disclaimer signs visibly displayed at entrance of hospital

RESPONSIBLE PERSON

A disclaimer notice must be displayed at the entrance of the hospital either separately or on the main hospital information boards and amongst others contain notices for littering, loitering, smoking, alcohol, fire-arms and liability.

REVIEWER

Observe whether there is disclaimer notices available at the entrance of the facility and contain notices for littering, loitering, smoking, alcohol, fire-arms and liability.

CHECKLIST FOR ELEMENT 4	
DISCLAIMER SIGNS VISIBLY DISPLAYED AT ENTRANCE OF HOSPITAL	
Description	**Score**
No animals except service animals allowed	
No littering	
No weapons	
No smoking	
No alcohol allowed	
No vendors	
Laibility statement	
Total score	
Total maximum possible score (sum of all scores minus those marked NA)	
Percentage score	%

NB

Element 5: The vision, mission and values of the hospital are visibly displayed

RESPONSIBLE PERSON

The vision, mission and values of the hospital must visibly displayed on a notice board surface at the main entrance, hospital management offices, outpatients, accidents and emergency and obstetric units.

REVIEWER

Observe whether vision, mission and values of the hospital is visibly displayed on a notice board surface at the main entrance, hospital management offices, outpatients, accidents and emergency and obstetric units.

There is no checklist for this element

NB

Element 6: Patients' Rights Charter is displayed in all clinical service areas in at least two local languages

RESPONSIBLE PERSON

Download the Patient's Right Charter from **www.doh.gov.za**.

Display the Patient's Right Charter in two languages in all clinical service areas.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe whether the Patient's Right Charter is displayed in the service areas listed here:

☑ Accident & emergency unit	☑ Intensive care/high Care	☑ Oral health services	☑ Rehabilitative and palliative care
☑ Obstetrics unit	☑ Theatre	☑ Speech therapy	☑ Radiology
☑ Paediatric Ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Social work	☑ Pharmacy
☑ Maternity ward	☑ Oral health services	☑ Eye health	☑ Laboratory
☑ Nursery	☑ Physiotherapy	☑ Podiatry	☑ Executive Management
☑ Medical ward	☑ Occupational therapy	☑ Audiology	
☑ Surgical ward	☑ Nutritional support (dietetics)	☑ Medical orthotics and prosthetics	

NB

Element 7: Hospital management organogram with contact details of the hospital managers are displayed on a central notice board

RESPONSIBLE PERSON

Display the officially approved Hospital Management organogram with contact details at the management offices and the main reception area.

REVIEWER

Observe whether the Hospital Management organogram with management contact details is displayed at the management offices and the main reception area.

There is no checklist for this element

NB

Element 8: Contact details of the Hospital Board is visibly displayed

RESPONSIBLE PERSON

Display the contact details of the hospital board at the management offices and the main reception area. This should be for the current board and updated in the last year.

REVIEWER

Observe whether the Contact details of hospital boards are displayed at the management offices and the main reception area. Check whether the details of the hospital board is current.

There is no checklist for this element

NB

Element 9: All service areas within the hospital are clearly signposted

RESPONSIBLE PERSON

All service areas within the hospital are clearly signposted so that patient is able to locate the different services.

REVIEWER

Observe whether the signage in all service areas is clearly signposted for administration services (Help desk/Reception/Complaints); Hospital Management offices; Emergency exits; Entrances and Exits; Patient toilets; Directional signage for service areas; Functional areas and Support areas.

Checklist 9 is separated to cater for Ambulatory Services; Inpatient Services; Health support and Corporate Services.

CHECKLIST FOR ELEMENT 9 A		Emergency Health Services		Ambulatory Health Services			
ALL SERVICE AREAS WITHIN THE HOSPITAL ARE CLEARLY SIGNPOSTED		Accident & Emergency	Obstetrics	Acute	Chronic	Obstetric	Systems management
Description	**Score**						
Help Desk/reception							
Complaints/suggestions/compliments box							
Emergency room							
Hospital management offices							
Emergency exit(s)							
Exit(s)							
Stairs (if applicable)							
Patient Toilets							
a. Directional arrows to toilets							
b. Disabled toilet pictogram							
c. Female toilet pictogram							
d. Male toilet pictogram							
e. Disability toilet pictogram							
Directional signs for service areas							
Accident and emergency unit							
Maternity unit							
Outpatient							
Medical ward							

CHECKLIST FOR ELEMENT 9 A		Emergency Health Services		Ambulatory Health Services			
ALL SERVICE AREAS WITHIN THE HOSPITAL ARE CLEARLY SIGNPOSTED		Accident & Emergency	Obstetrics	Acute	Chronic	Obstetric	Systems management
Description	Score						
Surgical ward							
Paediatric Ward							
Nursery							
Operating theatres							
Physiotherapy							
Occupational therapy							
Dietetics							
Radiology							
Speech therapy & audiology							
Optometry							
Social worker							
Oral health							
Mental health							
Medical orthotics							
Pharmacy							
Food services							
Laundry							
CSSD							
Mortuary							
Patient transport							
Registry							
Stores							
Laboratory							
Functional room signage (each area/room should be labelled)							
Consulting rooms							
Wards							
Fire-fighting signs:							
At each hose, fire hose pictogram							
At each extinguisher, fire extinguisher pictogram							
Support/admin areas (room name sign on each door)							
Storeroom(s)							
Sluice							
Patient records storage room							
Staff toilet(s)							
Boardroom/training room							
Staff room							
Boiler Room							
Maintenance							
Total score							
Maximum possible score							
Percentage score	%						

CHECKLIST FOR ELEMENT 9 B		Inpatient Services						
ALL SERVICE AREAS WITHIN THE HOSPITAL ARE CLEARLY SIGNPOSTED		Medical ward	Surgical ward	Paediatric Ward	Maternity ward	Nursery	Theatre	Intensive Care/ High Care
Description	**Score**							
Complaints/suggestions/compliments box								
Hospital Management offices								
Emergency exit(s)								
Exit(s)								
Stairs (if applicable)								
Patient Toilets								
a. Directional arrows to toilets								
b. Disabled toilet pictogram								
c. Female toilet pictogram								
d. Male toilet pictogram								
e. Disability toilet pictogram								
Directional signs for service areas								
Accident and Emergency unit								
Maternity unit								
Outpatient								
Medical ward								
Surgical ward								
Paediatric ward								
Nursery								
Operating theatres								
Physiotherapy								
Occupational therapy								
Dietetics								
Radiology								
Speech therapy and audiology								
Optometry								
Social Worker								
Oral Health								
Mental health								
Medical orthotics								
Pharmacy								
Food services								
Laundry								
CSSD								
Mortuary								
Patient transport								
Registry								
Stores								
Laboratory								

CHECKLIST FOR ELEMENT 9 B		Inpatient Services						
ALL SERVICE AREAS WITHIN THE HOSPITAL ARE CLEARLY SIGNPOSTED		Medical ward	Surgical ward	Paediatric Ward	Maternity ward	Nursery	Theatre	Intensive Care/High Care
Functional room signage (each area/room should be labelled)								
Wards								
Fire-fighting signs:								
a. At each hose, fire hose pictogram								
b. At each extinguisher, fire extinguisher pictogram								
Support/admin areas (room name sign on each door)								
a. Storeroom(s)								
b. Sluice								
d. Staff toilet(s)								
e. Boardroom/training room								
e. Staff room								
Total score								
Maximum possible score								
Percentage score	%							

CHECKLIST FOR ELEMENT 9c

ALL SERVICE AREAS WITHIN THE HOSPITAL ARE CLEARLY SIGNPOSTED

Row categories (service areas):

Hospital Corporate Services
- Executive Management
- Financial management
- Supply chain management

Patient support services
- Mortuary
- Laundry
- CSSD
- Food Services

Diagnostic and therapeutic services/paraclinical
- Laboratory
- Pharmacy
- Radiology

Health Support Services
- Rehabilitative and palliative care
- Medical orthotics and prosthetics
- Audiology
- Podiatry
- Eye health
- Social work
- Speech therapy
- Nutritional support (Dietetics)
- Occupational therapy
- Physiotherapy
- Oral health Services

Column headings (Description / Score):

- Description
- Score
- Complaints/suggestions/compliments box
- Emergency exit(s)
- Exit(s)
- Stairs (if applicable)
- **Patient Toilets**
  - a. Directional arrows to toilets
  - b. Disabled toilet pictogram
  - c. Female toilet pictogram
  - d. Male toilet pictogram
  - e. Disability toilet pictogram
- **Directional signs for service areas -**
  - Accident and Emergency unit
  - Maternity unit
  - Outpatient
  - Medical ward
  - Surgical ward
  - Paediatric ward
  - Nursery
  - Operating theatres
  - Physiotherapy

:)

CHECKLIST FOR ELEMENT 9c

ALL SERVICE AREAS WITHIN THE HOSPITAL ARE CLEARLY SIGNPOSTED

Component	Sub-component / Element
Hospital Corporate Services	Executive Management
	Financial management
	Supply chain management
Patient support services	Mortuary
	Laundry
	CSSD
	Food Services
Diagnostic and therapeutic services/ paraclinical	Laboratory
	Pharmacy
	Radiology
Health Support Services	Rehabilitative and palliative care
	Medical orthotics and prosthetics
	Audiology
	Podiatry
	Eye health
	Social work
	Speech therapy
	Nutritional support (Dietetics)
	Occupational therapy
	Physiotherapy
	Oral health Services

Column headers (with Score column):

Description | Score | Occupational therapy | Dietetics | Radiology | Speech therapy and audiology | Optometry | Social worker | Oral Health | Mental health | Medical orthotics | Pharmacy | Food services | Laundry | CSSD | Mortuary | Patient transport | Registry | Stores | Laboratory | Functional room signage (each area/room should be labelled) | Consulting rooms | Wards

CHECKLIST FOR ELEMENT 9c

ALL SERVICE AREAS WITHIN THE HOSPITAL ARE CLEARLY SIGNPOSTED

Description	Score	Hospital Corporate Services			Patient support services				Diagnostic and therapeutic services/paraclinical			Health Support Services											
		Executive Management	Financial management	Supply chain management	Mortuary	Laundry	CSSD	Food Services	Laboratory	Pharmacy	Radiology	Rehabilitative and palliative care	Medical orthotics and prosthetics	Audiology	Podiatry	Eye health	Social work	Speech therapy	Nutritional support (Dietetics)	Occupational therapy	Physiotherapy	Oral health Services
Fire-fighting signs:																						
a. At each hose, fire hose pictogram																						
b. At each extinguisher, fire extinguisher pictogram																						
Support/admin areas (room name sign on each door)																						
a. Storeroom(s)																						
d. Staff toilet(s)																						
e. Boardroom/Training room																						
e. Staff room																						
Total score																						
Maximum possible score																						
Percentage score	%																					

Component 1: Administration

Sub-component 2: Staff identity and dress code

COMMITMENT FOR SUB-COMPONENT 2
Monitor whether staff dress code and mode of staff identification are in accordance with policy prescripts

Who is responsible for this sub-component?

The hospital corporate services - human resource management.

ELEMENTS				
	NB	10	There is a prescribed dress code for all service providers	📖
	NB	11	All service provider comply with prescribed dress code	? 🙂
	NB	12	All service roviders wear an identification flag	🙂

🔴 **Vital**   🟠 **Essential**   NB **Important**

NB **Element 10:** There is a prescribed dress code for all service providers

RESPONSIBLE PERSON: Hospital corporate services - human resource management: Ensure that the hospital has the Staff Dress Code and Insignia specifications from the district/province. The dress code must include all healthcare workers and non-clinical support service (laundry, mortuary, food services, cleaning staff), and administrative staff.

REVIEWER: Verify that the HR department has a copy of the prescribed dress code for all categories of staff.

There is no checklist for this element

NB **Element 11:** All service providers comply with prescribed dress code

RESPONSIBLE PERSON

All staff on duty should have short nails, wear minimal jewellery, and wear pants or skirts that are below the knees. No see-through clothes or open footwear. In addition, the support services staff must wear prescribed uniform; the hair covering and safety shoes. The nurses should wear appropriate devices.

REVIEWER

Randomly select 20 clinical staff members and 10 non-clinical staff members and assess whether they have short nails, wear minimal jewellery, and wear pants or skirts that are below the knees; clothes are not see-through; footwear is closed. In addition, the support services staff must wear prescribed uniform; the hair covering and safety shoes. The nurses should wear appropriate devices.

CHECKLIST FOR ELEMENT 11																						
ALL STAFF MEMBERS COMPLY WITH PRESCRIBED DRESS CODE (CLINICAL SERVICE PROVIDERS: DOCTORS, NURSE, SUPPORT SERVICES)																						
Item	Score	Staff member 1	Staff member 2	Staff member 3	Staff member 4	Staff member 5	Staff member 6	Staff member 7	Staff member 8	Staff member 9	Staff member 10	Staff member 11	Staff member 12	Staff member 13	Staff member 14	Staff member 15	Staff member 16	Staff member 17	Staff member 18	Staff member 19	Staff member 20
Nails short																					
Jewellery minimal (plain wedding band, small ear rings, no necklaces)																					
Dress/skirt OR pants (dress/skirt should not be shorter than knee length)																					
No see-through clothes																					
Tailored clothes (not too tight nor too loose)																					
No open footwear																					
Distinguishing devices worn																					
NON-CLINICAL: FOOD SERVICES, MAINTENANCE, LAUNDRY, CSSD, MORTUARY, CLEANERS, SECURITY																						
Item		Staff member 1	Staff member 2	Staff member 3	Staff member 4	Staff member 5	Staff member 6	Staff member 7	Staff member 8	Staff member 9	Staff member 10	Staff member 11	Staff member 12	Staff member 13	Staff member 14	Staff member 15	Staff member 16	Staff member 17	Staff member 18	Staff member 19	Staff member 20
Short nails																					
Jewellery minimal (plain wedding band, small ear rings, no necklaces)																					
Hair Covering																					
Prescribed uniform																					
No open footwear																					
Safety shoes																					
Total score																					
Maximum possible score																					
Percentage score																					%

NB

Element 12: All service providers wear an identification tag

RESPONSIBLE PERSON

All the staff on duty must wear official identification tags.

The tag shall include the following information:

- Emblem of the provincial Department of Health
- Initial/full names and surname of the staff member and staff designation eg: 'professional nurse', 'data capturer', 'general assistant'.

REVIEWER

Randomly select 10 clinical and 10 non-clinical staff and observe whether the staff has the appropriate identification tags.

CHECKLIST FOR ELEMENT 12												
ALL SERVICE PROVIDERS WEAR AN IDENTIFICATION TAG												
Staff member	Score	Staff member 1	Staff member 2	Staff member 3	Staff member 4	Staff member 5	Staff member 6	Staff member 7	Staff member 8	Staff member 9	Staff member 10
Clinical											
Non clinical											
Total score											
Total maximum possible score											
Percentage score	%										

Component 1: Administration

Sub-component 3: Patient service organisation

COMMITMENT FOR SUB-COMPONENT 3:
Monitor the processes that enable responsive patient service

Who is responsible for this sub-component?

**Administration/reception services but the application
will be across all clinical services areas.**

NB	13	Help/information desk is available	🙂
NB	14	There is a process for patients to be registered and issued with a patient record	🙂 📖
NB	15	The uniform patient fee schedule is implemented	🙂
❗	16	There is a process for the triaging of patients	❓ 📖
NB	17	There is a designated individual responsible for the management of queues	🙂
❗	18	There is access for persons with wheelchairs	🙂
NB	19	There is a standard operating procedure detailing assistance available for patients with disabilities	🙂 📖
❗	20	A functional wheelchair is available	❓ 🙂
❗	21	There is a standard operating procedure for admission	🙂 📖
❗	22	There is a process for relatives/visitors to locate admitted patients at the reception	🙂 📖
❗	23	There is a discharge process	🙂 📖
❗	24	Clean water and disposable cups are available for patients	🙂 📖

ELEMENTS

〰 **Vital**   ❗ **Essential**   NB **Important**

NB **Element 13:** Help/information desk is available

RESPONSIBLE PERSON

A clearly identified help/information desk located in an area that is accessible to patients entering the hospital building must be available. The help/information desk should be staffed during normal working hours.

REVIEWER

Observe that a help/information desk is available' easily accessible to patients and is staffed.

There is no checklist for this element

NB **Element 14:** There is a process for patients to be registered and issued with a patient record

RESPONSIBLE PERSON

A well-defined process for patients to be registered and issued with a patient record is documented and is available at the reception/administration area.

REVIEWER

Request to see a copy of the written process for registering patients and issuing of a record. Observe that the process of patient registration and issuing of patient records is in keeping with the written guideline.

There is no checklist for this element

NB **Element 15:** The uniform patient fee schedule is implemented

RESPONSIBLE PERSON

The hospital must have a copy of the current uniform patient fee schedule (UPFS) (available **www.health.gov.za**). Display the tariff for patients in the patient registration area. Implement th UPFS for all patients accessing hospital services.

REVIEWER

Observe whether the UPFS is visibly displayed in the patient registration area. Randomly select 20 records of patients that were discharged in the last three months to assess if UPFS is being implemented.

CHECKLIST FOR ELEMENT 15						
THE UNIFORM PATIENT FEE SCHEDULE IS IMPLEMENTED						
The patient fee schedule is displayed at patient registration						
Description	Score	Patient category classification	Facility Fee	Professional Fees	Procedures	Proof of payment
Patient record 1						
Patient record 2						
Patient record 3						
Patient record 4						
Patient record 5						
Patient record 6						
Patient record 7						
Patient record 8						
Patient record 9						
Patient record 10						
Patient record 11						
Patient record 12						
Patient record 13						
Patient record 14						
Patient record 15						
Patient record 16						
Patient record 17						
Patient record 18						
Patient record 19						
Patient record 20						
Total score						
Total maximum possible score						
Percentage score	%					

Element 16: There is a process for the triaging of patients

RESPONSIBLE PERSON

Ensure that there is a documented process for the triaging of patients. The process must prioritise the very sick, frail and elderly patients in the emergency and ambulatory service areas. Each patient waiting area should have notice in at least two local languages indicating the prioritisation process for very sick, frail and elderly patients.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Request to see a copy of the documented process for triaging patients. Interview staff in the emergency and outpatient areas and observe that patients are being triaged appropriately in the relevant clinical service areas listed in the table below.

☑ Accident & emergency

☑ Maternity ward

☑ Ambulatory health services (acute, chronic, obstetric)

CHECKLIST FOR ELEMENT 16	
THERE IS A PROCESS FOR THE TRIAGING OF USERS	
Description	**Score**
There is a protocol for the triaging of patients	
Patients are triaged as per protocol	
Infants, frail, elderly, and disabled patients are prioritised	
Total score	
Total maximum possible score	
Percentagescore	%

Element 17: There is a designated individual responsible for the management of queues

RESPONSIBLE PERSON

Station a queue marshal or designated staff member at the Accident and Emergency, and Ambulatory Health Services, to guide patients the respective waiting areas.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe that each of the clinical service areas has a designated person managing the queue.

☑ Accident & emergency

☑ Ambulatory health services (acute, chronic, obstetric)

Element 18: There is access for persons with wheelchairs

RESPONSIBLE PERSON

The design of the hospital should allow for persons with wheelchairs to access all service areas. Ensure that the Main entrance; Accident and Emergency; Outpatients; Health Support Area; Inpatient areas and Maternity Unit has a ramp to allow access for persons with wheelchairs unless the entrance to the facility has no incline. Handrails and elbow taps must be available in bathrooms for patients for patients with disabilities.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe that each service area has access for persons with wheelchairs in the areas listed in the Table below.

☑ Accident & emergency unit	☑ Surgical ward	☑ Occupational therapy	☑ Audiology
☑ Obstetrics unit	☑ Intensive care/ high Care	☑ Nutritional support (Dietetics)	☑ Medical orthotics and prosthetics
☑ Paediatric Ward	☑ Theatre	☑ Speech therapy	☑ Rehabilitative and Palliative Care
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Social work	☑ Radiology
☑ Nursery	☑ Oral health services	☑ Eye health	☑ Pharmacy
☑ Medical ward	☑ Physiotherapy	☑ Podiatry	☑ Administration/ reception services

CHECKLIST FOR ELEMENT 18	
THERE IS ACCESS FOR PERSONS WITH WHEELCHAIRS	
Description	**Score**
Ramp to allow access for persons with wheelchairs unless the entrance to the facility has no incline	
Ramp has handrails unless the entrance to the facility has no incline	
Elbow taps in toilet with access for persons with wheelchairs	
Toilets has access for persons with wheelchairs	
In the toilet/s with access for persons iwith disabilities, door handles are at the height of a wheelchairs	
Handrails are installed In the toilet/s with access for persons with wheelchairs	
Total score	
Total maximum possible score	
Percentage score	%

NB

Element 19: There is a standard operating procedure detailing assistance available for patients with disabilities

RESPONSIBLE PERSON

Ensure that the facility has a standard operating procedure that details the assistance available for patients with disabilities. The standard operating procedure must indicate assistance that in terms of dressing, bathing, transferring between beds and wheelchairs.

REVIEWER

Request to see a copy of the standard operating procedure that details the assistance available for patients with disabilities Interview a staff member to explain the process of how patients with disabilities are assisted.

There is no checklist for this element

Element 20: A functional wheelchair is available

RESPONSIBLE PERSON

A functional wheelchair must be available for all ambulatory health service areas. Emergency health services should have a designated wheelchair that must be available 24 hours a day. Inpatient services can share wheelchairs

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Check that a functional wheelchair is available in areas listed below.

☑ Accident & emergency unit	☑ Surgical ward	☑ Nutritional support (Dietetics)	☑ Audiology
☑ Obstetrics unit	☑ Intensive care/ high Care	☑ Oral health services	☑ Medical orthotics and prosthetics
☑ Paediatric Ward	☑ Theatre	☑ Speech therapy	☑ Rehabilitative and Palliative Care
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Social work	☑ Radiology
☑ Nursery	☑ Physiotherapy	☑ Eye health	☑ Administration/ reception services
☑ Medical ward	☑ Occupational therapy	☑ Podiatry	

Element 21: There is a standard operating procedure for admission

RESPONSIBLE PERSON

There must be documented process for admission of a patient. The SOP should include the relevant documentation to be completed, booking of beds and contacting relevant wards. The process for a caregiver accompanying a minor who is being admitted must be clearly documented. Each ward must have an admission/discharge register in which the patient's details including: patient name, identification number, and diagnosis are recorded.

REVIEWER

Request a copy of the documented process. Verify that the SOP is implemented, by asking a staff member to explain the admission process. Check the admission/discharge register in randomly selected wards.

Checklist 21

CHECKLIST FOR ELEMENT 21A		Inpatient Services				
THERE IS A STANDARD OPERATING PROCEDURE FOR ADMISSION		Medical ward	Surgical ward	Maternity ward	Intensive Care/High Care	Administration/reception services
Description	**Score**					
Standard operating procedure available						
Process for caregiver staying with admitted child						
Total score						
Maximum possible score						
Percentage score	%					

CHECKLIST FOR ELEMENT 21A				
THERE IS A STANDARD OPERATING PROCEDURE FOR ADMISSION		Paediatric Ward	Nursery	Administration/reception services
Description	**Score**			
Standard operating procedure available				
Process for caregiver staying with admitted child				
Total score				
Maximum possible score				
Percentage score	%			

Element 22: There is a process for relatives/visitors to locate admitted patients at the reception

RESPONSIBLE PERSON

There is a documented process that is visibly displayed at the help/information desk as well as registration area that explains to relatives the process for locating admitted patients. The reception office must keep a register of admissions, which must include the patient identification details and which ward the patient have been admitted to.

REVIEWER

Request a copy of the documented process for location of admitted patients by relatives. Check that there is a register for relatives/visitors to locate admitted patients at the reception office.

There is no checklist for this element

Element 23: There is a discharge process

RESPONSIBLE PERSON

The hospital must have guidelines for the discharge of patients. The guidelines must include that the patient's date of discharge must be recorded in the ward admission/discharge; and that a relative/next of kin be notified of the discharge; planned patient transport be arranged if the patient is being transferred to another facility.

REVIEWER

Request to a see these guidelines are available and ask a staff member to explain the discharge process. Check the admission/discharge register in randomly selected wards.

There is no checklist for this element

Element 24: **Clean** water and disposable cups are available for patients

RESPONSIBLE PERSON

The hospital must provide clean water in water dispensers and disposable cups for patients in all clinical service areas.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Open all taps in the various clinical service areas to see if water is available and looks drinkable. Verify that there are disposable cups present at the drinking taps. Areas to be assessed are listed in the table below.

☑	Accident & emergency unit	☑	Surgical ward	☑	Nutritional support (dietetics)	☑	Audiology
☑	Obstetrics unit	☑	Intensive Care/High Care	☑	Oral health services	☑	Medical orthotics and prosthetics
☑	Paediatric Ward	☑	Theatre	☑	Speech therapy	☑	Rehabilitative and Palliative Care
☑	Maternity ward	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Social work	☑	Radiology
☑	Nursery	☑	Physiotherapy	☑	Eye health	☑	Administration/reception services
☑	Medical ward	☑	Occupational therapy	☑	Podiatry		

CHECKLIST FOR ELEMENT 24	
CLEAN WATER AND DISPOSABLE CUPS FOR PATIENTS	
Description	**Score**
Clean water is available	
Disposable cups is available	
Total score	
Total maximum possible score	
Percentage score	%

Component 1: Administration

Sub-component 4: Management of patient records

COMMITMENT FOR SUB-COMPONENT 4:
Monitor whether patients' records content is systematically organised using prescribed stationery and that the patient records are managed appropriately.

Who is responsible for this sub-component?

Administration and reception services *(the application will be across all clinical services)*

ELEMENTS	NB	25	The SOP/guideline for managing of patient records is adhered to
	NB	26	Clinical and administrative stationery is available in sufficient quantities
	NB	27	There is a single patient folder irrespective of health conditions and services accessed
	!	28	Patient record is fully completed
	!	29	Maternity Case Record is fully completed

Vital   **Essential**   NB **Important**

NB

Element 25: The SOP/guideline for managing of patient records is adhered to

RESPONSIBLE PERSON

Ensure that the hospital has a documented SOP/guideline for managing patient records that includes details of the criteria of the storage room; filing system and access to patient records.

REVIEWER

Request to see the documented SOP/guideline for managing patient records. To verify that the SOP is implemented, conduct a walk through to the record storage room and ask a staff member to explain how patient records are filed and accessed.

CHECKLIST FOR ELEMENT 25	
SOP/GUIDELINE FOR MANAGING PATIENT RECORDS IS AVAILABLE	
ITEM	
The SOP/guideline for filing, archiving and disposal of patient records is available	**Score**
Patient record storage room adheres to the following:	
Lockable with a security gate OR electronically controlled entrance (tag)	
Shelves OR cabinets to store files	
Lowest shelf OR cabinets start at least 100 mm off the floor and the top of shelving is not less than 320 mm from the ceiling to allow airflow	
Aisle and shelves OR Cabinets labelled correctly according to SOP	
Counter or sorting table or dedicated shelves to sort files	
Light is functional and allows for all areas of the room to be well lit	
Room is clean and dust free	
Filing system for patient records adheres to the following:	
Standardised unique record registration number is assigned to files.	
Record registration number is clearly displayed on the cover of the patient record	
All patient records are filed as per SOP	
A tracking system is in place at to check that all outpatient records issued for the day are returned to the patient records storage room/registry by the end of the day	
Annual register available of archived records	
Annual register available of disposed records	
A destruction certificate of disposed records are available	
Access for patient to their records	
There is a process for patients to access a copy of their health record	
Total score	
Maximum possible score	
Percentage score	%

NB

Element 26: Clinical and administrative stationery is available in sufficient quantities

RESPONSIBLE PERSON

Printing stationery for the facility must be available at all times. The facility must determine and document their minimum required stationery. The hospital administrative staff must conduct a stock-take on a weekly basis and order the required stationery through the Provincial procurement processes.

REVIEWER

Check what the minimum levels are for the various stationery items (if the minimum levels for stationery has not been determined by the facility, the facility will be non-compliant to this element). Verify that the minimum required are present on the shelves. The facility will not be compliant if the minimum levels are not present. If the facility has already placed an order but the order has not arrived, yet the facility is non-compliant.

CHECKLIST FOR ELEMENT 26	
CLINICAL AND ADMINISTRATIVE STATIONERY IS AVAILABLE AT THE HOSPITAL IN SUFFICIENT QUANTITIES	
Stationery type	**Facility minimum required quantity (Record must be available stipulating the facility's minimum required quantities)**
Goods and supplies order forms/books	
Patient folders	
Road to Health Booklet for Boys	
Road to Health Booklet for Girls	
Appointment Cards - General	
Patient information registers/Tick sheet	
Referral forms	
Sick certificate	
Discharge summary form	
Maternity case records	
Partogram	
Imaging services request forms	
Continuation sheets	
Prescition forms	
Total score	
Maximum possible score	
Percentage score	%

NB

Element 27: There is a single patient folder irrespective of health conditions and services accessed

RESPONSIBLE PERSON

All patients should have a single folder that contains outpatient and inpatient notes irrespective of the diagnostic conditions. Tuberculosis and ART stationery should be integrated into the single folder.

REVIEWER

Randomly select 10 outpatient folders and check that patients' with co-morbidities have all their clinical records in a single folder.

There is no checklist for this element

Element 28: Patient record is fully completed

RESPONSIBLE PERSON

All administrative details, demographic details must be fully completed on the patient folder. The clinical notes must be legibly completed and preferably using the SOAP format.

Medicines prescribed and frequency of dosage must be noted.

All inpatients notes must be completed updated and must be signed.

Discharge summaries as well as admission/discharge forms must be enclosed in the patient record.

REVIEWER

Randomly select 10 outpatient and 10 inpatient records and assess whether the records are completed in full.

CHECKLIST FOR ELEMENT 28

PATIENT RECORD IS FULL COMPLETED

ADMINISTRATIVE DETAILS (ON COVER OF RECORD)	OPD 1	OPD 2	OPD 3	OPD 4	OPD 5	OPD 6	OPD 7	OPD 8	OPD 9	OPD 10	INPATIENT 1	INPATIENT 2	INPATIENT 3	INPATIENT 4	INPATIENT 5	INPATIENT 6	INPATIENT 7	INPATIENT 8	INPATIENT 9	INPATIENT 10
Name and surname																				
Patient file number																				
Facility name																				
ID/Refugee/passport number OR date of birth																				
Demographic details — Score																				
Residential address																				
Personal contact details																				
Name and surname of parents or guardian																				
Contact details of parents or guardian																				
Next of kin contact details																				
Employment contact details (if employed)																				
Marital status																				
Patient profile 1st **visit**																				
Type of employment																				
Social (type of employment, living conditions, social assistance, cooking method)																				
Social (school grade, social assistance, nutrition, where child lives)																				
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)																				

CHECKLIST FOR ELEMENT 28

PATIENT RECORD IS FULL COMPLETED

ADMINISTRATIVE DETAILS (ON COVER OF RECORD)	OPD 1	OPD 2	OPD 3	OPD 4	OPD 5	OPD 6	OPD 7	OPD 8	OPD 9	OPD 10	INPATIENT 1	INPATIENT 2	INPATIENT 3	INPATIENT 4	INPATIENT 5	INPATIENT 6	INPATIENT 7	INPATIENT 8	INPATIENT 9	INPATIENT 10
Clinical details (Score)																				
History of presenting complain																				
Basic examination.																				
Assessment or diagnosis made.																				
Plan – related to assessment.																				
Investigations – problem orientated.																				
Medicines administered as prescribed (type and frequency)																				
Prescriber's signature																				
Vital signs recorded as prescribed.																				
Inpatient records																				
Admission entry and assessment form completed.																				
Progress notes every 6 hours on each patient. Overnight according to patients condition																				
All entries are dated, timed and signed																				
Progress notes with date and time.																				
All entries with signature																				
A discharge summary report is available in chart																				
Admission/discharge form filled in																				
Total score																				
Maximum possible score																				
Percentage score (%)																				

Element 29: Maternity Case Record is fully completed

RESPONSIBLE PERSON

A fully completed maternity record must contain all the administrative, demographic details of the patient, antenatal records for each visit including relevant investigations, gestational charts, observation charts during labour, partogram and additional clinical notes.

REVIEWER

Randomly select 5 maternity case records of patients that have delivered their babies in the last three months and assess if the record is fully completed.

CHECKLIST FOR ELEMENT 29						
MATERNITY CASE RECORD IS FULLY COMPLETED						
Type of information/notes	**Score**	**Record 1**	**Record 2**	**Record 3**	**Record 4**	**Record 5**
Administrative details (on cover of record)						
Name and surname						
Patient file number						
Facility name						
ID/Refugee/passport number OR date of birth						
Demographic details						
Residential address						
Personal contact details						
Name and surname of parents or guardian (if applicable)						
Contact details of parents or guardian (if applicable)						
Next of kin contact details						
Employment contact details (if employed)						
Marital status						
Patient profile						
Type of employment						
Social (type of employment, living conditions, social assistance, cooking method)						
Social(school grade, social assistance, nutrition, where child lives)						
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)						
Family history of chronic conditions/congenital disorders						
Known chronic conditions						
Surgical history						
Allergies						
Antenatal record						
Planned pregnancy (Yes/No)						
Booked under 20 weeks (Yes/No)						
Booked after 20 weeks (Yes/No)						
LNMP (Last normal menstrual period)						
EDD (expected date of delivery)						
Future contraception selected						
Infant feeding option discussed						
Risk assessment						
Clinical management						
Height of patient						

CHECKLIST FOR ELEMENT 29						
MATERNITY CASE RECORD IS FULLY COMPLETED						
Type of information/notes	Score	Record 1	Record 2	Record 3	Record 4	Record 5
Weight						
Body mass index (BMI) calculated						
Temperature						
Blood pressure						
Pulse rate						
Blood sugar as per guidelines						
Urine dipstick as per guidelines						
Basic screening where indicated (HIV, TB, STI, Diabetes,)						
Current chronic condition						
Adherence to medication						
Reported side effects of medication						
Other hospital/doctor visits						
Examination						
General (JACCOL)						
Chest						
Cardiovascular						
Abdomen						
Vaginal examination						
Mental state						
Diagnosis						
Patient management						
Investigations/tests - PAP smear						
Investigations/tests - Syphilis						
Investigations/tests - Rhesus						
Investigations/tests - Hb						
Investigations/tests - HIV						
Gestational growth chart completed for each visit						
Observation chart completed fully (if diagnosis of labour is doubtful)						
Observation chart for antenatal problem admissions completed fully						
Initial labour chart completed fully						
Each assessment section to be fully completed						
Partogram completed fully						
Corresponding clinical notes provide full information						
Health Care Practitioner's name and surname						
Health Care Practitioner's signature						
Date signed by Health Care Practitioner						
SANC/HPCSA Number						
Total score						
Total maximum possible score						
Percentage score	%					

Component 1: Administration

Sub-component 5: Management of patient appointments

COMMITMENT FOR SUB-COMPONENT 5:
Monitor whether a patient appointment system is adhered to.

Who is responsible for this sub-component?
Administrative/Reception Services and Pharmacy management

NB	30	Patients are provided with information on the appointment system	
NB	31	Patient appointment management process is adhered to	
NB	32	Records of booked patients are pre-retrieved not later than the day before the appointment	
!	33	Pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date/ are registered on the CCMDD programme	

Vital   **Essential**   **Important**

NB

Element 30: Patients are provided with information on the appointment system

RESPONSIBLE PERSON

Inform patients about the appointment scheduling system at the hospital for chronic stable patients, doctor referrals, follow up appointments and surgical procedures. Provide this at the reception services and all waiting areas.

REVIEWER

Observe whether patients are provided with information about the appointment system at the reception areas as well as waiting areas. Ask the administrative clerk as to what information is provided to patients about the appointment system.

There is no checklist for this element

NB

Element 31: Patient appointment management process is adhered to

RESPONSIBLE PERSON

Develop a standard operating procedure for the scheduling of appointment. This SOP should detail type of patient that appointment is to be scheduled, process for selecting the date and follow up system if patient misses the appointment.

Use an appointment schedule for stable chronic patients and patient with follow up appointments as well as elective procedures.

Arrive at an appointment date by consensus with the patients.

Follow up patients that have missed scheduled appointments through outreach teams or directly with the patients.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Request to see the documented procedure for scheduling of patients appointments as well as the appointment scheduler in the different service areas. Ask the booking staff as to how patients that miss appointments are followed up. Observe whether the appointment process is adhered to in the areas listed below.

☑	Ambulatory health services (acute, chronic, obstetric)	☑	Nutritional support (dietetics)	☑	Social work	☑	Audiology
☑	Physiotherapy	☑	Oral health services	☑	Eye health	☑	Medical orthotics and prosthetics
☑	Occupational therapy	☑	Speech therapy	☑	Podiatry	☑	Pharmacy

CHECKLIST FOR ELEMENT 31				
PATIENT APPOINTMENT MANAGEMENT PROCESS IS ADHERED TO				
Description	Score	Areas	Areas	Areas
SOP for patient appointment management is available				
An appointment scheduler is available				
Patient that missed appointments are followed up				
Total score				
Maximum possible score				
Percentage score	%			

NB

Element 32: Records of booked patients are pre-retrieved not later than the day before the appointment

---

RESPONSIBLE PERSON

The appointment scheduler with the name of patients pre-booked for the next day should be handed to the reception/administration services. The patient's clinical records should be then retrieved and ticked off in the appointment scheduler. The clinical records should then be handed to clinical staff to update prescriptions and laboratory results.

REVIEWER

Check the current appointment scheduler to see if the retrieval of patient records is conducted. Interview the administration/reception staff to explain the process for pre-retrieval of patient records.

There is no checklist for this element

Element 33: Pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date/ are registered on the CCMDD programme

---

RESPONSIBLE PERSON

All stable patients that qualify for the CCMD programme should be enrolled using the Standard Operating Procedures. Patient that are stable and can be managed at a lower level of care should be down referred. More specifically at district hospitals- if patients are attending are attending for medication collection then medication should be pre-dispensed.

Pre-dispense means the interpretation and evaluation of the prescription and the preparation and labelling of the prescribed medicine (Phases 1 and 2 of dispensing as defined in the Pharmacy Act, 1974 (Act 53 of 1974)).

REVIEWER

Check whether stable chronic patients are down referred or registered for CCMD programme. For those stable chronic patients returning for medication collection check that pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date.

There is no checklist for this element

Component 2: Clinical Organisation

Sub-component 6: Clinical services

COMMITMENT FOR SUB-COMPONENT 6:
Monitor whether the services offered are aligned to the hospital package of Services

Who is responsible for this sub-component?

Hospital Corporate Services
Executive Management, specifically the Clinical Manager

!	34	Defined package of service for level of hospital care is available	☺ 📖
⌁	35	Hospital offers Emergency Health Services (24 hours)	? ☺
!	36	Hospital offers Ambulatory services (minimum 8 hours, 5 days a week)	? ☺
!	37	Hospital offers In-Patient services	? ☺
!	38	Hospital offers health support services	? ☺
!	39	Hospital offers a dedicated isolation facility for patients with infectious diseases	? ☺
!	40	Hospital offers a dedicated isolation facility for patients admitted under the Mental Health Care Act	? ☺
NB	41	Hospital Ambulatory service areas are organised with designated consulting areas	? ☺
!	42	Operating theatre service is organised into functional areas for efficient work flow	? ☺
NB	43	Patients are consulted, examined and counselled in privacy	☺
NB	44	Schedule of outreach services from higher levels of care available	📖
NB	45	Clinical medico-legal services provided	☺
NB	46	Access to forensic medico-legal services is available	📖
NB	47	Schedule for DCST visits to the hospital to provide clinical support and mentoring is adhered to	📖

ELEMENTS

⌁ **Vital**   ! **Essential**   NB **Important**

Elements 34: Defined package of service for level of hospital care is available

RESPONSIBLE PERSON

Obtain a copy of the approved package of services that should be offered based on the level of care from www.doh.gov.za. All services listed within the defined package of care for that specific level of care should be provided. Specifically the hospital must provide a 24 hour emergency service for acute care and obstetric cases. Ambulatory services should be provided for a minimum of eight hours on five days of the week. Inpatient services and health support service should be provided on site.

REVIEWER

Check that the hospital has an approved package of services based on the level of care.

CHECKLIST FOR ELEMENT 34	
DEFINED PACKAGE OF SERVICE FOR LEVEL OF HOSPITAL CARE IS AVAILABLE	
Description	**Score**
District hopital	
Regional hospital	
Tertiary hospital	
Central hospital	
Specialised	
Total score	
Maximum possible score	
Percentage score	%

Elements 35: Hospital offers Emergency Health Services (24 hours)

RESPONSIBLE PERSON

Obtain a copy of the approved package of services that should be offered based on the level of care from www.doh.gov.za. All services listed within the defined package of care for that specific level of care should be provided. Specifically the hospital must provide a 24 hour emergency service for acute care and obstetric cases. Ambulatory services should be provided for a minimum of eight hours on five days of the week. Inpatient services and health support service should be provided on site.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Verify that the emergency health services (Accident and Emergency Unit, and Obstetrics Unit) are available over 24 hours a day, seven days a week according to the defined package of service.

There is no checklist for this element

☑ Accident & emergency unit

☑ Obstetrics unit

Elements 36: Hospital offers ambulatory services (minimum 8 hours, 5 days a week)

RESPONSIBLE PERSON

Obtain a copy of the approved package of services that should be offered based on the level of care from www.doh.gov.za. All services listed within the defined package of care for that specific level of care should be provided. Specifically the hospital must provide a 24 hour emergency service for acute care and obstetric cases. Ambulatory services should be provided for a minimum of eight hours on five days of the week. Inpatient services and health support service should be provided on site.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Verify that Ambulatory services are provided on an out-patient basis for a minimum of 8 hours and include acute non-emergency services, chronic services and obstetric services. The services must be offered for Adults, Adolescent and Paediatrics.

There is no checklist for this element

- ☑ Obstetrics unit
- ☑ Ambulatory health services (acute, chronic, obstetric)

Elements 37: Hospital offers in-patient services

RESPONSIBLE PERSON

Obtain a copy of the approved package of services that should be offered based on the level of care from www.doh.gov.za. All services listed within the defined package of care for that specific level of care should be provided. Specifically the hospital must provide a 24 hour emergency service for acute care and obstetric cases. Ambulatory services should be provided for a minimum of eight hours on five days of the week. Inpatient services and health support service should be provided on site.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Verify that the hospital provides in-patient admissions for hospitalised care for all common medical, paediatric, surgical and obstetric and disability related conditions and procedures and has a fully functional theatre.

Intensive care and high care units should be available at Regional, Tertiary and Central Hospitals.

There is no checklist for this element

- ☑ Paediatric Ward
- ☑ Nursery
- ☑ Surgical ward
- ☑ Theatre
- ☑ Maternity ward
- ☑ Medical ward
- ☑ Intensive care/high Care

Elements 38: Hospital offers health support services

RESPONSIBLE PERSON

Obtain a copy of the approved package of services that should be offered based on the level of care from www.doh.gov.za. All services listed within the defined package of care for that specific level of care should be provided. Specifically the hospital must provide a 24 hour emergency service for acute care and obstetric cases. Ambulatory services should be provided for a minimum of eight hours on five days of the week. Inpatient services and health support service should be provided on site.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Verify that the hospital provides the following health support services on an outpatient and inpatient services.

There is no checklist for this element

- ☑ Ambulatory health services (acute, chronic, obstetric)
- ☑ Physiotherapy
- ☑ Occupational therapy
- ☑ Nutritional support (dietetics)
- ☑ Oral health services
- ☑ Speech therapy
- ☑ Social work
- ☑ Eye health
- ☑ Podiatry
- ☑ Audiology
- ☑ Medical orthotics and prosthetics
- ☑ Radiology
- ☑ Pharmacy

Element 39: Hospital offers a dedicated isolation facility for patients with infectious diseases

RESPONSIBLE PERSON

The hospital should have a designated ward or room that can be easily set up to function as an isolation facility for patients with suspected infectious diseases, for prevention of transmission of infection to other patients.

REVIEWER

Check whether the hospital has an isolation room/ward. If the hospital does not have one, check if there is an identified ward/room that can be used for this purpose.

There is no checklist for this element

Element 40: Hospital offers a mental health inpatient unit for patients admitted under the Mental Health Care Act

RESPONSIBLE PERSON

The hospital must have a designated isolation facility for patients requiring mental health services or observation. This isolation facility must meet the requirements of the Mental Health Care Act, and must be free from items that could be used by the patient to inflict harm on him/herself or others.

REVIEWER

Assess if the isolation facility is in accordance with legislation requirements.

CHECKLIST FOR ELEMENT 40	
HOSPITAL OFFERS A MENTAL HEALTH INPATIENT UNIT FOR PATIENTS ADMITTED UNDER THE MENTAL HEALTH CARE ACT	
Description	**Score**
The hospital has a mental health unit to provide for admissions of voluntary , assisted , emergency mental health care patients/users, 72-hour assessment of involuntary mental health care users.	
The mental health care unit is self-contained and provides a safe and secure therapeutic environment.	
Seclusions are placed/located next to nurses' station	
The design must avoid any item or furniture that are vandal prone, can be used as weapons and or self harm	
All fittings must be tamperproof	
The layout and design must prevent areas of concealment for purposes of hiding or launching surprise attacks on others or staff.	
Consistent with the mental health care users' safety, corridors and shared spaces must be monitored with Closed Circuit Television (CCTV).	
Panic buttons should be installed in each room to summon additional staff and help from elsewhere in the facility	
The windows and doors to the rooms must prevent escape, unwarranted entrance or opportunities for self-harm.	
Doors of the rooms must be solid core, reinforced and must lock from outside.	
Safe and secured treatment rooms must be available for medical procedures and clinical care.	
Patient accommodation should be shielded from public activities and should provide privacy and personal space.	
Main entrance to the unit/ward must be security controlled	
Total score	
Maximum possible score	
Percentage score	%

NB **Element 41:** Hospital Ambulatory service areas are organised with designated consulting areas

RESPONSIBLE PERSON

Map out all the ambulatory services offered at the facility. Determine the utilisation of these services. Match the services with the available consulting room such that the service shave designated consulting rooms and waiting areas.

REVIEWER

Observe whether consulting rooms have been allocated to each ambulatory service based on utilisation.

There is no checklist for this element

Element 42: Operating theatre service is organised into functional areas for efficient work flow

RESPONSIBLE PERSON

The operating theatre should be designed with specific functional areas to minimise the risk of infection for patients and healthcare workers. The design should support efficient workflow. There must be separate areas or rooms for the clean and dirty supplies. There should be a recovery room as well as a waiting area.

REVIEWER

Conduct a walk through the operating theatre and assess whether the operating theatre has an external waiting area, staff rooms, storage area, patient holding areas, recovery room, theatre scrub areas and waste holding area.

CHECKLIST FOR ELEMENT 42	
OPERATING THEATRE SERVICE IS ORGANISED INTO FUNCTIONAL AREAS FOR EFFICIENT WORK FLOW	
Description	**Score**
External waiting area	
Staff change rooms	
Storage area (linen, surgical stores)	
Patient holding area	
Recovery areas	
Theatre scrub area	
Waste area (dirty area)	
Total score	
Maximum possible score	
Percentage score	%

NB

Element 43: Patients are consulted, examined and counselled in privacy

RESPONSIBLE PERSON

All healthcare workers must consult, examine and/or counsel patients in a manner in an environment (behind closed doors/curtains/ screens) that protects their privacy.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe whether patients are being consulted, examined or counselled in privacy in the areas listed below:

There is no checklist for this element

☑ Paediatric Ward	
☑ Maternity ward	
☑ Nursery	
☑ Medical ward	
☑ Surgical ward	
☑ Intensive Care/ High Care	

☑ Theatre
☑ Ambulatory health services (acute, chronic, obstetric)
☑ Physiotherapy
☑ Occupational therapy
☑ Nutritional support (dietetics)

☑ Oral health services
☑ Speech therapy
☑ Social work
☑ Eye health
☑ Podiatry
☑ Audiology

☑ Medical orthotics and prosthetics
☑ Rehabilitative and palliative care
☑ Radiology
☑ Pharmacy
☑ Executive management

NB

Element 44: Schedule of outreach services from higher levels of care available

RESPONSIBLE PERSON

All hospital must have a schedule of the outreach services it receives and/or provides (depending on the level of care). At a district hospital this will be for doctors visiting feeder clinics, whilst at regional and tertiary hospitals this will be for specialist conducting specialist clinics at district hospitals.

REVIEWER

Check that there is a schedule of outreach services from higher levels of care or to lower level of care.

CHECKLIST FOR ELEMENT 44	
SCHEDULE OF OUTREACH SERVICES FROM HIGHER LEVELS OF CARE AVAILABLE	
Description	**Score**
Medicine	
Surgery	
Obstetrics	
Opthalmology	
Paediatrics	
Psychaitry	
ENT	
Orthopaedics	
Total score	
Total maximum possible score	
Percentage score	**%**

NB

Element 45: Clinical medico-legal services provided

RESPONSIBLE PERSON

Hospital must be able to provide clinical-medical legal services such as assessment of patients with trauma and completion of J88 forms, assessing patients with sexual assault and conducting mental observations as directed by a judge.

REVIEWER

Interview the clinical service providers and request them to explain the process for medical legal services.

There is no checklist for this element

NB

Element 46: Access to forensic medico-legal services is available

RESPONSIBLE PERSON

Non-natural deaths require autopsies at the state mortuaries. The hospital must have the contact numbers of the district surgeons as well as the relevant state mortuary.

REVIEWER

Check that the numbers of the district surgeon as well as number for the state mortuaries are available in Emergency Department of Hospital.

There is no checklist for this element

NB

Element 47: Schedule for DCST visits to the hospital to provide clinical support and mentoring is adhered to

RESPONSIBLE PERSON

This element is only applicable to District Hospitals. The District Clinical Specialist Team (DCST) should provide clinical support and mentoring to staff at district hospitals. The hospital must have a schedule of the DCST visits to the hospital.

REVIEWER

Check that there is a schedule of DCST visits.

There is no checklist for this element

Component 2: Clinical Organisation

Sub-component 7: Referrals

COMMITMENT FOR SUB-COMPONENT 7:
Monitor whether the Referral guidelines and policy are adhered to

Who is responsible for this sub-component?

**Hospital Corporate Services – Executive Management
and more specifically the Clinical Manager.**

E L E M E N T S	NB	48	National Referral Policy and Guideline is available
	NB	49	Hospital has defined referral pathways
	NB	50	There is a register that records patient referrals
	!	51	Protocol available for the handover to/from EMS
	!	52	There is a standard operating procedure for hospital closure and ambulance diversion

 Vital **Essential** NB **Important**

NB Element 48: National Referral Policy and Guideline is available

RESPONSIBLE PERSON
The facility must have a copy of the National Referral Policy and Guideline (available from **www.health.gov.za**)

REVIEWER
Verify that the hospital has a copy of the National Referral Policy and Guidelines.

There is no checklist for this element

NB Element 49: Hospital has defined referral pathways

RESPONSIBLE PERSON
The hospital must map the referral pathway (both up-referral and down-referral) for all clinical and health support services. These referral pathways must be in line with the National Referral Policy and Guidelines. Each clinical and health support service are must have a copy of the referral pathway for their service.

REVIEWER
Request to see the referral pathways for the different services at the hospital. Check that each clinical and health support service area has a copy of the referral pathway.

There is no checklist for this element

NB

Element 50: There is a register that records patient referrals

RESPONSIBLE PERSON

Each clinical and health support service area (including wards) must keep a register that records referral into or out of the hospital.

REVIEWER

Check that each clinical and health support service area has a register of patient referrals.

There is no checklist for this element

CHECK IN THESE FUNCTIONAL AREAS

☑ Accident & emergency unit	☑ Surgical ward	☑ Occupational therapy	☑ Podiatry
☑ Obstetrics unit	☑ Intensive care/ high Care	☑ Nutritional support (dietetics)	☑ Audiology
☑ Paediatric Ward	☑ Theatre	☑ Oral health services	☑ Medical orthotics and prosthetics
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Speech therapy	☑ Rehabilitative and palliative care
☑ Nursery	☑ Physiotherapy	☑ Social work	
☑ Medical ward		☑ Eye health	

Element 51: Protocol available for the handover to/from EMS

RESPONSIBLE PERSON

The hospital must have a protocol that details the process for patient handover to or from EMS. This must indicate all the documents to be completed and the information to be provided.

REVIEWER

Request to see a copy of the protocol for patient handover to/from EMS. Interview the staff and ask them to explain the process for patient handover to/from EMS.

There is no checklist for this element

Element 52: There is a standard operating procedure for hospital closure and ambulance diversion

RESPONSIBLE PERSON

The hospital must have an SOP that details that process to follow in the event of the capacity of the hospital is exceeded and the hospital needs to be closed. This SOP must include the diversion of emergency services, where admitted patients will be transferred to if necessary, and where patients can seek outpatient services.

REVIEWER

Request to see a copy of the protocol for hospital closure and ambulance diversion. Interview the clinical manager/CEO and ask them to explain the process for hospital closure and ambulance diversion.

There is no checklist for this element

Component 3: Clinical Governance

Sub-component 8: Clinical guidelines and protocols

COMMITMENT FOR SUB-COMPONENT 8:
Monitor whether clinical guidelines and protocols are available, and appropriately used.

Who is responsible for this sub-component?

The responsibility for this sub-component lies with the Hospital Corporate Services- Executive Management and more specifically the Clinical Manager.

		ELEMENTS	
⚠	53	Clinical guidelines for the defined hospital package of services is available in designated areas	📖
NB	54	Resuscitation protocols are available	📖
NB	55	South African Triage Scale is available	📖
⚠	56	Protocol to identify deterioration in in-patients is available	📖
⚠	57	National guidelines are followed for all notifiable medical conditions	📖
⚠	58	SOP for the safe administration of medicines is adhered to	❓ 🙂
⚠	59	SOP for the management and use of blood and blood products is adhered to	📖
〜	60	The emergency trolley is restored daily or after each use	📖
⚠	61	SOP for refusal of treatment available	📖
⚠	62	SOP for handover between shifts is available	📖
⚠	63	SOP for outbreak notification and response are available	📖
⚠	64	SOP for management of elderly, frail or patients with reduced mobility is adhered to	📖

〜 **Vital**   ⚠ **Essential**   NB **Important**

Element 53: Clinical guidelines for the defined hospital package of services is available in designated areas

RESPONSIBLE PERSON

A hard copy or electronic copy of clinical guidelines for or the Standard treatment guidelines, Priority conditions and Infection Prevention and Control based on the defined hospital package of services must be available in the emergency health services area, inpatient areas (except high care, intensive care and theatre), and in the outpatient departments.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Request to see either hard copies or electronic copies of the clinical guidelines for the Standard treatment guidelines, Priority conditions and Infection Prevention and Control. These should be available in all clinical service areas.

- ☑ Accident & emergency unit
- ☑ Obstetrics unit
- ☑ Paediatric Ward
- ☑ Maternity ward
- ☑ Nursery
- ☑ Medical ward
- ☑ Surgical ward
- ☑ Ambulatory health services (acute, chronic, obstetric)
- ☑ Oral health services

CHECKLIST FOR ELEMENT 53	
CLINICAL GUIDELINES FOR THE DEFINED HOSPITAL PACKAGE OF SERVICES IS AVAILABLE IN DESIGNATED AREAS (ELECTRONICALLY OR HARD COPY)	
Description	**Score**
Standard Treatment Guidelines	
Priority conditions	
Infection prevention and control	
Total score	
Total maximum possible score	
Percentage score	%

Element 54: Resuscitation protocols are available

NB

RESPONSIBLE PERSON

A resuscitation protocol for both adult and paediatric patients must be available in the emergency services areas and all clinical service areas (including wards). The resuscitation protocol must include the process to follow as well as responsibility of each service provider.

REVIEWER

Verify that all clinical service areas (including wards) have a resuscitation protocol.

CHECK IN THESE FUNCTIONAL AREAS

There is no checklist for this element

- ☑ Accident & emergency
- ☑ Obstetrics
- ☑ Paediatric Ward
- ☑ Maternity ward
- ☑ Nursery
- ☑ Medical ward
- ☑ Surgical ward
- ☑ Intensive care/ high Care
- ☑ Theatre
- ☑ Ambulatory health services (acute, chronic, obstetric)
- ☑ Oral health services

NB

Element 55: South African Triage Scale is available

RESPONSIBLE PERSON

The hospital must have a copy of the South African Triage Scale available in the emergency and ambulatory clinical areas. The South African Triage Scale (SATS), is a physiology and symptom based scale which prioritises into one of four colours and can be used in hospital Emergency Centres as well as in the pre-hospital setting. Download the South African Triage Scale from **https://emssa.org.za/wp-content/uploads/2011/04/SATS-Manual-A5-LR-spreads.pdf**

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe to see if the triage scale is available in all clinical service areas.

| ✔ | Accident & emergency | ✔ | Obstetrics | ✔ | Ambulatory health services (acute, chronic, obstetric) | ✔ | Oral health services |

Priority colour	Target time	Management
Red	IMMEDIATE	Take to the resuscitation room for **emergency** management
Orange	< 10 mins	Refer to majors for **very urgent** management
Yellow	< 1 hour	Refer to majors for **urgent** management
Green	< 4 hours	Refer to designated area for non-urgent cases
Blue	< 2 hours	Refer to doctor for certification

There is no checklist for this element

⚠ Element 56: Protocol to identify deterioration in in-patients is available

RESPONSIBLE PERSON

The hospital must have an SOP for the monitoring of inpatients. The SOP must include a list of signs to identify an inpatient whose clinical condition is deteriorating and warrants further investigation and management.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Request to see a copy of the protocol for identifying inpatients.

There is no checklist for this element

| ✔ | Paediatric ward | ✔ | Medical ward | ✔ | Intensive Care/ High Care |
| ✔ | Nursery | ✔ | Surgical ward | ✔ | Theatre |

Element 57: National guidelines are followed for all notifiable medical conditions

RESPONSIBLE PERSON

The hospital must have an electronic or hard copy of the National guidelines for notifiable medical conditions that includes the flowchart of the notification process, case definitions and case investigation and notification forms. The hospital must report NMCs using the web-based application or using the paper-based system.

REVIEWER

Check that the National Guidelines for notifiable medical conditions are available. Review the notification forms (from the last 6 months) if available as hard copies. Ask a staff member to explain the notification process (both paper and web-based).

There is no checklist for this element

Element 58: SOP for the safe administration of medicines is adhered to

RESPONSIBLE PERSON

The hospital must have an SOP for the safe administration of medicines. The protocol detail the procedures for checking the correct dose, route, timing, frequency and the correct patient receiving the medication.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Randomly select ten inpatient records and review the prescription/medicines chart to see that the correct dose, timing, route and frequency of medicines were administered to the correct patient.

| ☑ Accident & emergency | ☑ Maternity ward | ☑ Medical ward | ☑ Ambulatory health services (acute, chronic, obstetric) |
| ☑ Paediatric ward | ☑ Nursery | ☑ Surgical ward | ☑ Oral health services |

CHECKLIST FOR ELEMENT 58	
SOP FOR THE SAFE ADMINISTRATION OF MEDICINES IS ADHERED TO	
Description	**Score**
Correct medicine is administered to correct patients	
Correct dose of medicine is administered	
Correct route of administration	
Correct time of administration	
Correct frequency of administration	
Total score	
Total maximum possible score	
Percentage score	%

Element 59: SOP for the management and use of blood and blood products is adhered to

RESPONSIBLE PERSON

The hospital must have an SOP for the safe management and use of blood and blood products. The protocol must detail the temperature for storing of blood, transporting blood to the ward, identification of the patient, administration of blood, monitoring of patient during administration of blood and the standard precautions to be adopted.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Verify that there is a SOP for the safe management and use of blood and blood products. Observe a patient receiving a blood or blood product or Interview a staff member in each ward and ask for an explanation of the safe management and use of blood and blood products. This should be checked in the following areas listed ibelow:

☑ Accident & emergency	☑ Nursery	☑ Intensive care/high Care	☑ Ambulatory health services (acute, chronic, obstetric)
☑ Paediatric ward	☑ Medical ward	☑ Theatre	☑ Oral health services
☑ Maternity ward	☑ Surgical ward		

CHECKLIST FOR ELEMENT 59

SOP FOR THE MANAGEMENT AND USE OF BLOOD AND BLOOD PRODUCTS IS ADHERED TO

Description	Score
Blood/blood product is stored at correct temperature	
Blood/blood product is transported to the ward maintaining cold chain	
Correct patient is identified	
Correct blood/blood product is administered	
Accurate documentation with patient details and details of blood/blood product to be administered	
Blood/blood product is administered at correct temperature	
Patients' vital signs are monitored before, during and after the administration of the blood/blood product	
Standard precautions practiced by healthcare worker administering the blood/blood product	
Total score	
Total maximum possible score	
Percentage score	%

Element 60: The emergency trolley is restored daily or after each use

RESPONSIBLE PERSON

The hospital must have a list of specifications for equipment and supplies needed for the emergency trolley. There must be a schedule to determine who is responsible for restoring the emergency trolley daily and after each use on the specific day.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Verify that the emergency trolley has been checked and restored at the beginning of every shift and after every use by reviewing the inventory list that has been signed off. Conduct a spot check to determine if the emergency trolley is restored.

There is no checklist for this element

☑ Accident & emergency unit	☑ Nursery	☑ Intensive Care/High Care	☑ Oral health services
☑ Paediatric ward	☑ Medical ward	☑ Theatre	
☑ Maternity ward	☑ Surgical ward	☑ Ambulatory health services (acute, chronic, obstetric)	

Element 61: SOP for refusal of treatment available

RESPONSIBLE PERSON

A patient may refuse treatment and such refusal can be verbal or in writing. The hospital must have an SOP for the management of patients refusing treatment that includes counselling of patient and the relevant forms to be signed by patients.

REVIEWER

Verify that the hospital has a SOP for refusal of treatment. Ask a staff member to explain the process to follow when a patient refuses treatment.

CHECK IN THESE FUNCTIONAL AREAS

There is no checklist for this element

☑ Accident & emergency unit	☑ Surgical ward	☑ Nutritional support (dietetics)	☑ Audiology
☑ Obstetrics unit	☑ Intensive Care/ High Care	☑ Oral health services	☑ Medical orthotics and prosthetics
☑ Paediatric ward	☑ Theatre	☑ Speech therapy	☑ Rehabilitative and Palliative Care
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Social work	☑ Radiology
☑ Nursery	☑ Physiotherapy	☑ Eye health	☑ Pharmacy
☑ Medical ward	☑ Occupational therapy	☑ Podiatry	

Element 62: SOP for handover between shifts is available

RESPONSIBLE PERSON

Patient care must be continuous. At the end of each shift, healthcare providers must handover each patient to the subsequent healthcare provider. Information regarding the patients mental state, vital signs, special requests by the doctor, any investigations outstanding or that are to be conducted, as well as any procedures that the patient may be booked for as well as if the patient will be nil per os.

REVIEWER

Verify that the hospital has a SOP on the handover of patients between shifts. Ask a staff member to explain the process to follow when handing over between shifts.

CHECK IN THESE FUNCTIONAL AREAS

There is no checklist for this element

☑ Accident & emergency unit	☑ Nursery	☑ Intensive Care/ High Care	☑ Outpatient (Acute/Chronic/ Obstetric)
☑ Paediatric ward	☑ Medical ward	☑ Theatre	
☑ Maternity ward	☑ Surgical ward		

⚠ **Element 63:** SOP for outbreak notification and response is available

RESPONSIBLE PERSON

The hospital should have a hard or electronic copy of the National Guidelines on Epidemic Preparedness and Response (available from **www.health.gov.za**). The hospital must have an SOP for outbreak notification and response that is aligned to the national guidelines.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Check for that the hospital has a copy of the National Guidelines and has an SOP for outbreak notification and response.

There is no checklist for this element

☑	Accident & emergency unit	☑	Nursery	☑	Intensive care/high Care	☑	Outpatient (Acute/Chronic/Obstetric)
☑	Paediatric ward	☑	Medical ward	☑	Theatre		
☑	Maternity ward	☑	Surgical ward				

⚠ **Element 64:** SOP for management of elderly, frail or patients with reduced mobility is adhered to

RESPONSIBLE PERSON

Ensure that the hospital has a SOP for the management of elderly, frail or patients with reduced mobility and assisted devices. This protocol will include process for identifying patients who are considered frail Elderly (patients over the age of 75 and who have medical problems relating to the ageing process, for example reduced mobility and/or incontinence) when they arrive at the hospital; coordination of patient care using a multidisciplinary team based approach and planning the patients discharge as well as home based care.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Request to see a copy of the protocol or SOP for management of the elderly, frail or patients with reduced mobility. Interview the staff and ask about the process followed for management of the elderly, frail or patients with reduced mobility.

There is no checklist for this element

☑	Accident & emergency unit	☑	Surgical ward	☑	Nutritional support (dietetics)	☑	Audiology
☑	Obstetrics unit	☑	Intensive Care/High Care	☑	Oral health services	☑	Medical orthotics and prosthetics
☑	Paediatric ward	☑	Theatre	☑	Speech therapy	☑	Rehabilitative and Palliative Care
☑	Maternity ward	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Social work	☑	Radiology
☑	Nursery	☑	Physiotherapy	☑	Eye health	☑	Pharmacy
☑	Medical ward	☑	Occupational therapy	☑	Podiatry		

Component 3: Clinical Governance

Sub-component 9: Clinical audits

COMMITMENT FOR SUB-COMPONENT 9:
Monitor clinical performance against defined standards of care.

Who is responsible for this sub-component?

Hospital Corporate Services – Executive Management and more specifically the Clinical Manager

		ELEMENTS	
⚠	65	National Clinical Audit Guideline is available	📖
⚠	66	Clinical audits are conducted quarterly	📖
⚠	67	80% of all assessed patient records fulfil the defined criteria for each condition	📖
⚠	68	Clinical audit meetings are held quarterly	📖
⚠	69	Drug utilisation reviews conducted quarterly	📖
⚠	70	Morbidity and mortality reviews are conducted monthly	📖

〰 **Vital**   ⚠ **Essential**   NB **Important**

⚠ Element 65: National Clinical Audit Guideline is available

RESPONSIBLE PERSON
Ensure that the hospital has a hard or electronic copy of the National Clinical Audit Guidelines (available from **www.health.gov.za**).

REVIEWER
Request to see a copy of the National Clinical Audit Guidelines.

There is no checklist for this element

Element 66: Clinical audits are conducted quarterly

RESPONSIBLE PERSON

Clinical audits should be conducted quarterly in line with the National guidelines on priority conditions and in each clinical and health support service discipline.

REVIEWER

Obtain reports of the clinical audits conducted for the past 12 months. Verify that all relevant conditions and disciplines (Checklist 66) are being audited. The reports should indicate plans to improve patient management.

CHECKLIST FOR ELEMENT 66	
CLINICAL AUDITS ARE CONDUCTED QUARTERLY ON PRIORITY HEALTH CONDITIONS	
Description	**Score**
HIV	
Tuberculosis	
Non communicable diseases- Hypertension	
Non communicable diseases- Diabetes	
Maternal health (ANC &PNC)	
Well baby	
Sick child (IMCI)	
Total score	
Maximum possible score	
Percentage score	%

Element 67: 80% of all assessed patient records fulfil the defined criteria for each condition

RESPONSIBLE PERSON

The results of the clinical audit should indicate that at least 80% of assessed patient records are compliant with the defined criteria as per the national guidelines.

REVIEWER

Obtain reports from the last 2 clinical audits for the HIV, TB, Hypertension, Diabetes, Antenatal and Post Natal care, well baby and sick child (Checklist 67) to assess if this target is being met.

CHECKLIST FOR ELEMENT 67	
80% OF ALL ASSESSED PATIENT RECORDS FULFIL THE DEFINED CRITERIA FOR EACH PRIORITY CONDITION	
Description	**Score**
HIV	
Tuberculosis	
Non communicable diseases- Hypertension	
Non communicable diseases- Diabetes	
Maternal health (ANC &PNC)	
Well baby	
Sick child (IMCI)	
Total score	
Maximum possible score	
Percentage score	%

Element 68: Clinical audit meetings are held quarterly

RESPONSIBLE PERSON

The hospital must conduct clinical audit meetings quarterly. These meetings can be discipline specific or combined.

REVIEWER

obtain registers and minutes of the clinical audit meetings held in the previous 12 months.

There is no checklist for this element

Element 69 : Drug utilisation reviews conducted quarterly

RESPONSIBLE PERSON

The hospital must conduct drug utilisation reviews quarterly. A multidisciplinary and include pharmacists, doctors, nurses, microbiologists (if available) and clinical management must be established for this purpose.

REVIEWER

Obtain registers and minutes of the drug utilisation review meetings held in the previous 12 months.

There is no checklist for this element

Element 70: Morbidity and mortality reviews are conducted monthly

RESPONSIBLE PERSON

The hospital must conduct monthly morbidity and mortality reviews. These reviews can be discipline specific of combined.

REVIEWER

Obtain register and minutes of the morbidity and mortality meetings from the previous 6 months.

There is no checklist for this element

Component 3: Clinical Governance

Sub-component 10: Clinical effectiveness

COMMITMENT FOR SUB-COMPONENT 10:
Monitor the outcome of evidence informed clinical practice to achieve optimum processes and outcomes of care for patients

Who is responsible for this sub-component?

The responsibility for this sub-component lies with the Hospital Corporate Services- Executive Management and more specifically the Clinical Manager.

NB	71	National target for control of communicable diseases is achieved	
NB	72	National target for control of non-communicable diseases is achieved	
NB	73	National target for maternal, child and women's health is achieved	
NB	74	The average length of stay is aligned to national average based on level of care	
NB	75	The average waiting time for elective procedures is monitored	
NB	76	Bed utilization rate is equal to or above national target for level of care	

ELEMENTS

 Vital   Essential   NB Important

85

NB **Element 71:** National target for control of communicable diseases is achieved

RESPONSIBLE PERSON The hospital should have a hard or electronic copy of the national targets for the control of tuberculosis, HIV and malaria. Extract the indicators as per the National Dataset from the Facility information system, Tier.net; ETR.net and/or the District Health Information system Results obtained should be in line with National targets.

REVIEWER Request to see the indicators calculated and submitted for the past 12 months for Tuberculosis, HIV and malaria. Assess to see whether the indicators are in line with National targets

CHECKLIST FOR ELEMENT 71	
NATIONAL TARGET FOR CONTROL OF COMMUNICABLE DISEASES IS ACHIEVED	
Description	**Score**
Tuberculosis	
HIV	
Malaria	
Total	
Maximum possible score	
Percentage score	%

NB **Element 72:** National target for control of non-communicable diseases is achieved

RESPONSIBLE PERSON The hospital should have a hard or electronic copy of the national targets for the control of priority non-communicable diseases such as Hypertension, Diabetes, Cancer and Blindness. Extract the indicators as per the National Dataset from the Facility information system, and/or the District Health Information system Results obtained should be in line with National targets.

REVIEWER Request to see the indicators calculated and submitted for the past 12 months for Hypertension, Diabetes, Cancer and Blindness. Assess to see whether the indicators are in line with National targets.

CHECKLIST FOR ELEMENT 72	
NATIONAL TARGET FOR CONTROL OF NON-COMMUNICABLE DISEASES IS ACHIEVED	
Description	**Score**
HPT	
Diabetes	
Cancer	
Blindness	
Total score	
Maximum possible score	
Percentage score	%

NB

Element 73: National target for maternal, child and women's health is achieved

RESPONSIBLE PERSON

The hospital should have a hard or electronic copy of the national targets for deworming, caesarean section rate, still birth rate and maternal mortality ratio. Extract the indicators as per the National Dataset from the Facility information system, and/or the District Health Information system Results obtained should be in line with National targets.

REVIEWER

Request to see the indicators calculated and submitted for the past 12 months for deworming, caesarean section rate, still birth rate and maternal mortality ratio. Assess to see whether the indicators are in line with National targets.

CHECKLIST FOR ELEMENT 73	
NATIONAL TARGET/AVERAGE FOR MATERNAL, CHILD AND WOMEN'S HEALTH IS ACHIEVED	
Description	**Score**
Deworming	
Caeserrian Section Rate	
Still birth rate in facility	
Maternal mortality ratio	
Total score	
Maximum possible score	
Percentage score	%

NB

Element 74: The average length of stay is aligned to national average based on level of care

RESPONSIBLE PERSON

Calculate the average length of stay at the hospital should be calculated (per discipline if possible).

Average length of stay = $\dfrac{\text{Total number of occupied hospital bed-days}}{\text{Total number of discharges}}$

Occupied bed days is calculated as the total Length of stay (LOS) of all patients based on date of discharge - date of admission. If these are the same dates, then LOS is set to one day. ALOS (Average length of stay) should preferably be provided to the accuracy of hundreds, i.e. 0.01. The hospital should be aware of the national average length of stay for the level of the hospital.

REVIEWER

 Check that hospital average length of stay has been calculated. If higher than national average, then check that a quality improvement plan has been developed.

There is no checklist for this element

NB **Element 75:** The average waiting time for elective procedures is monitored

RESPONSIBLE PERSON

The hospital management should set targets for the waiting time for specific elective procedures. The hospital should then monitor the waiting time for these specified elective procedures and develop action plans if the waiting times exceeds the target.

REVIEWER

Check for documentation that the hospital is monitoring the waiting times for specific elective procedures and that action plans are drawn up if the waiting time is above the target set by the hospital.

There is no checklist for this element

NB **Element 76:** Bed utilization rate is equal to or above national target for level of care

RESPONSIBLE PERSON

The bed utilisation rate refer to the percentage of beds or units that are occupied on a given night or on an average night over a period of time.

To calculate the overall bed utilization rate on a given night, take the number of people served on that night and divide it by the number of beds available on that night.

The average daily utilization rate is calculated by taking the average number of people served over a given time period (e.g., the 12-month reporting period) divided by the total number of beds.

The hospital should be aware of the national target for bed utilisation for the level of the hospital.

REVIEWER

Check for documentation that the hospital is monitoring the bed utilisation rate.

There is no checklist for this element

Component 3: Clinical Governance

Sub-component 11: Clinical risk management

COMMITMENT FOR SUB-COMPONENT 11:
Monitor the management of risks associated with clinical care

Who is responsible for this sub-component?

Hospital Corporate Services – Executive Management and more specifically the Clinical Manager.

			ELEMENTS	
NB	77	Clinical Governance structures are functional		? 📖
!	78	Quality improvement plans are implemented		? 📖
!	79	National Guideline for Patient Safety Incident Reporting and Learning is available		📖
!	80	Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning		? 📖
NB	81	An annual risk assessment for infection prevention and control compliance is conducted		? 📖
NB	82	Surveillance system for healthcare associated infections is implemented		? 📖
NB	83	Inpatient stay exceeding 10 days is investigated		? 📖

 Vital   **!** **Essential**   **NB** **Important**

NB

Element 77: Clinical Governance structures are functional

RESPONSIBLE PERSON

The hospital must have a clinical governance committee, and sub-committees are fully constituted; meet at least quarterly and develop and implement action plans to address issues relating to clinical effectiveness. This committee should receive inputs from the various sub-committees and make the necessary decisions.

REVIEWER

Obtain registers and minutes of meetings of the clinical governance committee for the past twelve months. Review whether the sub-committee reports are included in all minutes of meetings.

CHECKLIST FOR ELEMENT 77	
SOP FOR CLINICAL GOVERNANCE IS ADHERED TO	
Description	**Score**
There are terms of reference for the clinical governance committee	
There are terms of reference for each sub-committees	
Pharmaceutical and therapeutics	
Maternal morbidity and mortality	
Infection prevention and control	
Clinical risk	
Multidisciplinary meetings occur as per schedule	
Total score	
Maximum possible score	
Percentage score	%

Element 78: Quality improvement plans for clinical services are implemented

RESPONSIBLE PERSON

The hospital should have a hard or electronic copy of the National Quality Improvement Guideline (available from **www.health.gov.za**). Quality improvement plans must be developed according to deficiencies identified in clinical effectiveness and governance.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

request documentation pertaining to all quality improvement initiatives. These reports should contain a baseline analysis, identification of deficiencies, root cause analysis, implementation of intervention and evaluation of the intervention.

☑	Accident & emergency unit	☑	Intensive Care/High Care	☑	Nutritional support (dietetics)	☑	Medical orthotics and prosthetics
☑	Paediatric ward	☑	Theatre	☑	Oral health services	☑	Radiology
☑	Maternity ward	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Speech therapy	☑	Pharmacy
☑	Nursery	☑	Physiotherapy	☑	Social work	☑	Laboratory
☑	Medical ward	☑	Occupational therapy	☑	Eye health	☑	Mental health
☑	Surgical ward			☑	Audiology		

CHECKLIST FOR ELEMENT 78	
QUALITY IMPROVEMENT PLANS FOR CLINICAL SERVICES ARE IMPLEMENTED	
Description	**Score**
There is a designated individual responsible for co-ordination of quality improvement plans	
Clinical services	
Clinical audit	
Patient complaints	
Patient Waiting times	
Patient safety incidents	
Patient experience of care	
Referrals	
Waiting times for elective procedures	
Infection Control	
Occupational health & safety	
Healthcare risk waste management'	
Total score	
Maximum possible score	
Percentage score	**%**

Element 79: National Guideline for Patient Safety Incident Reporting and Learning is available

RESPONSIBLE PERSON

The hospital must have a hard or electronic copy of the National Guideline for Patient Safety Incident Reporting and Learning (available from **www.health.gov.za**).

REVIEWER

Verify that the hospital has a copy of the National Guideline for Patient Safety Incident Reporting and Learning.

There is no checklist for this element

Element 80: Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning

RESPONSIBLE PERSON

Document all incidents involving patient safety using a standardised template as per the National guideline. Record all incidents in the patient safety incident register. Analyse the patient safety incidents based on type, root causes and outcomes. All service areas should be included.

REVIEWER

Verify that patient safety incident reports comply with the National guideline.
Checklist 80

CHECKLIST FOR ELEMENT 80	
PATIENT SAFETY INCIDENT RECORDS COMPLY WITH THE NATIONAL GUIDELINE FOR PATIENT SAFETY INCIDENT REPORTING AND LEARNING	
Description	**Score**
The facility/district Standard Operating Procedure for Patient Safety Incident Reporting and Learning is available	
Patient Safety Incident Register	
Statistical data on classifications of agents involved	
Statistical data on classifications of incident type	
Statistical data on classifications of incident outcome	
Indicators for patient safety incidents	
The register must include reports of incidents from all service areas	
Total score	
Maximum possible score	
Percentage score	%

NB Element 81: An annual risk assessment for infection prevention and control compliance is conducted

RESPONSIBLE PERSON

A comprehensive infection prevention and control risk assessment must be conducted across all clinical and non-clinical service areas annually. This risk assessment must be conducted by a multidisciplinary team including the infection control manager, the quality assurance manager, the monitoring and evaluation manager, systems and maintenance, occupational health, health and safety officer, waste management officer, pharmacist and a clinical representative. All possible infection risks must be identified and plans put in place to mitigate these risks.

REVIEWER

request documentation pertaining to the previous infection prevention and control risk assessment. These reports should contain a baseline analysis, identification of infection risks, root cause analysis, and plan for implementation of interventions to mitigate the risks identified.

There is no checklist for this element

NB

Element 82: Surveillance system for healthcare associated infections is implemented

RESPONSIBLE PERSON

The hospital should have a surveillance system in place for the identification and monitoring of healthcare-associated infections in patients. The following infections should be monitored (depending on the level of the hospital): surgical site infections, catheter-associated urinary tract infections, central line-associated bloodstream infection, peripheral line-associated infection, hospital-acquired pneumonia, ventilator-associated pneumonia. The surveillance must include a standardised form to collect data including date the patient had a device inserted and removed, microbiological results, and temperature of the patient.

REVIEWER

Check that the hospital has a surveillance system for the monitoring of healthcare-associated infections.

There is no checklist for this element

NB

Element 83: Inpatient stay exceeding 10 days is investigated

RESPONSIBLE PERSON

Inpatient stay that exceeds 10 days should be identified. A daily list should be provided to the quality assurance manager indicating the reason/s for the extended stay. The quality assurance manager should develop an appropriate plan based on a case-to-case basis.

REVIEWER

Check for reports that patient stays exceeding 10 days are investigated.

There is no checklist for this element

Component 3: Clinical Governance

Sub-component 12: Infection prevention and control

COMMITMENT FOR SUB-COMPONENT 12:
Monitor adherence to prescribed infection prevention and control policies and procedures

Who is responsible for this sub-component?

The responsibility for this sub-component lies with the Hospital Corporate Services- Executive Management and more specifically the Clinical Management (Medical and Nursing).

!	84	National Policy on Infection Prevention and Control is available	📖
NB	85	SOP for Infection Prevention and Control practices is adhered to	?☺
!	86	Hand hygiene practices are monitored	📖
!	87	Poster on cough etiquette is displayed	?☺
!	88	Staff wear appropriate personal protective gear	?☺
NB	89	Linen in use is clean	?☺
!	90	SOP for handling linen in use is adhered to	?☺
!	91	Waste is properly segregated	?☺
!	92	Sharps are managed appropriately	?☺
!	93	Sterile Milk kitchen adheres to infection prevention and control practices	?☺

ELEMENTS

🫀 **Vital**   ! **Essential**   NB **Important**

Element 84: National Policy on Infection Prevention and Control is available

RESPONSIBLE PERSON

Ensure that the hospital has a hard or electronic copy of the N**ational Policy on** Infection Prevention and Control (available from **www.health.gov.za**).

REVIEWER

Verify that the hospital has a copy of the National Policy on Infection Prevention and Control.

There is no checklist for this element

Element 85: SOP for Infection Prevention and Control practices is adhered to

RESPONSIBLE PERSON

Develop a hospital specific SOP for infection prevention control that is aligned to the national policy. This SOP must include amongst others the standard precautions to be adhered to, management and transport of patients with suspected communicable diseases; as well as the procedure to be followed for needle stick injuries. The infection control practitioner must regularly monitor that infection prevention and control practices in all clinical and non-clinical service areas.

REVIEWER

Obtain reports of IPC. Interview staff and ask them to explain how standard precautions are applied; how patients with suspected communicable diseases are managed and transported and procedures for needle stick injuries.

CHECKLIST FOR ELEMENT 85	
SOP FOR INFECTION CONTROL PRACTICES IS ADHERED TO	
Description	**Score**
Standard precautions adhered to	
Management of patients with communicable diseases (including transport)	
Needle stick injuries	
Total score	
Maximum possible score	
Percentage score	%

Element 86: Hand hygiene practices are monitored

RESPONSIBLE PERSON

Healthcare practitioners must comply to the five moments for hand hygiene- before patient contact; before aspetic task; after body fluid exposure or risk; after patient contact and after contact with patients surrounding. The infection control practitioner must ensure that hand hygiene is practiced correctly by all healthcare workers; and that patients are educated on hand hygiene.

REVIEWER

Obtain for reports of hand hygiene audits conducted in the previous 6 months. The reports must indicate the compliance and action plan to improve compliance.

There is no checklist for this element

Element 87: Poster on cough etiquette is displayed

RESPONSIBLE PERSON

Ensure that the hospital has posters on cough etiquette (available from **www. health,gov.za**). The poster should be displayed in all waiting areas and in wards.

REVIEWER

Observe if the posters are displayed in all waiting areas and wards.

CHECK IN THESE FUNCTIONAL AREAS

> **There is no checklist for this element**

☑	Accident & Emergency unit	☑	Surgical ward	☑	Nutritional support (dietetics)	☑	Audiology
☑	Obstetrics unit	☑	Intensive Care/ High Care	☑	Oral Health Services	☑	Medical orthotics and prosthetics
☑	Paediatric ward	☑	Theatre	☑	Speech therapy	☑	Rehabilitative and Palliative Care
☑	Maternity ward	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Social work	☑	Radiology
☑	Nursery	☑	Physiotherapy	☑	Eye health	☑	Pharmacy
☑	Medical ward	☑	Occupational therapy	☑	Podiatry	☑	Laboratory

Element 88: Staff wear appropriate personal protective gear

RESPONSIBLE PERSON

Personal protective clothing (gloves; disposable gown or aprons; protective face shields and safety boots) are an important aspect of infection prevention. It is important that staff wear the necessary personal protective gear to reduce their risk of acquiring an infection.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Randomly select 5 doctors or nurses, 2 radiographers, 2 mortuary staff and check if staff are using appropriate personal protective gear.

☑	Accident & Emergency unit	☑	Intensive Care/ High Care	☑	Speech therapy	☑	Radiology
☑	Obstetrics unit	☑	Theatre	☑	Social work	☑	Pharmacy
☑	Paediatric ward	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Eye health	☑	Laboratory
☑	Maternity ward	☑	Physiotherapy	☑	Podiatry	☑	Food Services
☑	Nursery	☑	Occupational therapy	☑	Audiology	☑	CSSD
☑	Medical ward	☑	Nutritional support (dietetics)	☑	Medical orthotics and prosthetics	☑	Laundry
☑	Surgical ward	☑	Oral Health Services	☑	Rehabilitative and Palliative Care	☑	Mortuary

CHECKLIST FOR ELEMENT 88	
STAFF WEAR APPROPRIATE PROTECTIVE CLOTHING	
Description	**Score**
Gloves – non sterile	
Gloves – sterile	
Disposable gowns OR aprons	
Protective face shields OR goggles with surgical face masks	
Safety boots	
Score	
Maximum possible score	
Total score for all stock available and worn by staff	

NB **Element 89:** Linen in use is clean

RESPONSIBLE PERSON

Ensure that the hospital has a hard or electronic copy of the National Cleanliness Guideline that has a chapter on the management of linen (available from **www.health. gov.za**). The linen in use must be clean; used for its intended purpose at all times and should not be torn.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe that linen in use in all clinical and health support service areas, wards, theatres and emergency services are clean, appropriately used and not torn.

There is no checklist for this element

☑	Accident & Emergency unit	☑	Nursery	☑	Theatre	☑	Nutritional support (dietetics)
☑	Obstetrics unit	☑	Medical ward	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Oral Health Services
☑	Paediatric ward	☑	Surgical ward	☑	Physiotherapy	☑	Rehabilitative and Palliative Care
☑	Maternity ward	☑	Intensive Care/ High Care	☑	Occupational therapy	☑	Radiology

Element 90: SOP for handling linen in use is adhered to

Ensure that the hospital must have an SOP for the handling of linen in use that is aligned to the National Cleanliness Guidelines and Infection Prevention and Control Policy. Linen include mattresses; bed covers; pillow covers; bed sheets; towels; blankets; doctors coat; table covers blanket screens. The SOP must include the following:

All clean linen must be:

- stored in a clean, closed cupboard (either a dedicated linen cupboard or dedicated, fully enclosed mobile linen trolley)
- stored off the floor
- stored with the linen cupboard/trolley doors closed to prevent airborne contamination
- stored in a clean, dust free environment
- segregated from used / soiled linen
- At ward level no more than 24 hours supply of linen should be stored
- Clean linen must not be stored in unsuitable areas e.g. the sluice, bathrooms, in bed spaces.

REVIEWER

Observe the process for handling clean linen. Verify that the hospital has a procedure for handling linen. Ask a staff member to explain how linen is use is handled to verify implementation of the SOP.

CHECK IN THESE FUNCTIONAL AREAS

	There is no checklist for this element		

☑	Accident & Emergency unit	☑	Nursery	☑	Theatre	☑	Nutritional support (dietetics)
☑	Obstetrics unit	☑	Medical ward	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Oral Health Services
☑	Paediatric ward	☑	Surgical ward	☑	Physiotherapy	☑	Rehabilitative and Palliative Care
☑	Maternity ward	☑	Intensive Care/High Care	☑	Occupational therapy	☑	Radiology

Element 91: Waste is properly segregated

The hospital must have an SOP for the management of waste. The SOP must include segregation of general waste, infectious, hazardous and radioactive medical waste. Waste segregation posters should be displayed in a prominent position at all waste generation points.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER
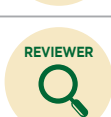
Observe if waste is segregated correctly in all clinical service areas.

☑	Accident & Emergency unit	☑	Nursery	☑	Theatre	☑	Occupational therapy
☑	Obstetrics unit	☑	Medical ward	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Nutritional support (dietetics)
☑	Paediatric ward	☑	Surgical ward	☑	Physiotherapy	☑	Oral Health Services
☑	Maternity ward	☑	Intensive Care/High Care			☑	Pharmacy

CHECKLIST FOR ELEMENT 91	
WASTE IS PROPERLY SEGREGATED	
Description	**Score**
General health-care waste should join the stream of domestic refuse for disposal	
Sharps should be collected in yellow puncture-proof containers	
Bags and containers for infectious waste should be marked with the international infectious substance symbol	
Cytotoxic waste, most of which is produced in major hospital or research facilities, should be collected in strong, leak-proof containers clearly labelled "Cytotoxic wastes"	
Chemical or pharmaceutical waste may be collected together with infectious waste	
Other infectious waste, pathological and anatomical waste should be collected in Leak-proof plastic bag or conatiners	
Score	
Maximum possible score (sum of all scores minus the ones marked NA)	
Total score for all stock available and worn by staff	

Element 92: Sharps are managed appropriately

RESPONSIBLE PERSON

Ensure that sharps are disposed of in an impenetrable tamperproof container and the containers are placed on work surface or wall-mounted. The sharp containers must be disposed off when they reach the limit mark. Green containers are available for pharmaceutical waste.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Assess if sharps are being managed appropriately in all clinical service areas (Sharp 92).

☑	Accident & Emergency unit	☑	Medical ward	☑	Physiotherapy	☑	Radiology
☑	Obstetrics unit	☑	Surgical ward	☑	Occupational therapy	☑	Pharmacy
☑	Paediatric ward	☑	Intensive Care/ High Care	☑	Nutritional support (dietetics)		
☑	Maternity ward	☑	Theatre	☑	Oral Health Services		
☑	Nursery	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Rehabilitative and Palliative Care		

CHECKLIST FOR ELEMENT 92	
SHARPS ARE MANAGED APPROPRIATELY	
Description	**Score**
Sharps are disposed of in impenetrable, tamperproof containers	
Sharps containers are disposed of when they reach the limit mark	
Sharps containers are placed on work surface or in wall mounted brackets	
Green waste recepticles for pharmaceutical waste ae available	
Score	
Maximum possible score	
Total score for all stock available and worn by staff	

Element 93: Sterile Milk kitchen adheres to infection prevention and control practices

The SOP on infection prevention and control must include the sterile milk kitchen. It is important that the milk kitchen is designed in accordance with infection control principles and that staff adhere to infection prevention and control practices such as a clean and dirty area separated by a physical barrier; hand basin with elbow operated taps; kettle or urn; covered trolley for transporting feeds and separate cleaning equipment for use in milk kitchen.

RESPONSIBLE PERSON

REVIEWER

Assess if the milk kitchen adheres to infection prevention and control principles.

CHECKLIST FOR ELEMENT 93	
STERILE MILK KITCHEN ADHERES TO INFECTION PREVENTION AND CONTROL PRACTICES	
Description	**Score**
The milk kitchen must have two functional areas- clean and dirty separated by a physical barrier	
Hand basin with elbow operated taps in each areas	
A kettle or urn for boling water	
A losed or covered trolley for transporting feeds	
Separate cleaning equipment for use in milk kitchen only	
Score	
Maximum possible score	
Total score for all stock available and worn by staff	

Component 4: Diagnostic and Therapeutic Services

Sub-component 13: Therapeutic services

COMMITMENT FOR SUB-COMPONENT 13:
Monitor consistent availability and management of medicines, blood and blood products, consumables and assistive devices.

Who is responsible for this sub-component?

The responsibility for this sub-component lies with the executive management and the pharmacy manager.

!	94	Licence for Pharmacy issued by the Director-General of the National Department of Health is visibly displayed	
!	95	Certificate of registration of the pharmacy with the South African Pharmacy Council and proof that payment of the annual fee is up- to- date is visibly displayed	
!	96	Certificate of registration of the responsible pharmacist of the hospital with the South African Pharmacy Council is visibly displayed	
NB	97	SLA between the hospital and the provincial depot/service supplier for the provision of medicines is available	
NB	98	Good Pharmacy Practice Guidelines is available	
⩗	99	Minimum GPP standards for pharmacy premises, facilities and equipment are adhered to	
!	100	Minimum GPP standards for services offered in a Pharmacy adhered to	
!	101	An electronic stock management system is used to manage medicine inventory	
!	102	90% of the medicines on the hospital tracer medicine list are available	
⩗	103	Essential medication for accident and emergency unit is available	
⩗	104	Cold chain pr ocedure for vaccines is maintained	
!	105	Basic medical supplies (consumables) are available	
⩗	106	Emergency blood supplies are available	
!	107	Clinicians have access to blood products	
NB	108	Patients have access to assistive devices, orthotics and prosthetics	

ELEMENTS

⩗ **Vital**   ! **Essential**   NB **Important**

Element 94: Licence for Pharmacy issued by the Director-General of the National Department of Health is visibly displayed

RESPONSIBLE PERSON

Ensure that the hospital has a licence for the Pharmacy issued by the Director General; certificate of registration with the Pharmacy council with annual fees paid and the certificate of registration of the responsible pharmacist. All three certificates must be displayed in the Pharmacy manager's office or a suitable place within the pharmacy

REVIEWER

Observe if the licence certificate; certificate of registration with payment of the annual fee and the certificate of registration of the responsible pharmacist is displayed and current.

There is no checklist for this element

Element 95: Certificate of registration of the pharmacy with the South African Pharmacy Council and proof that payment of the annual fee is up- to- date is visibly displayed

RESPONSIBLE PERSON

Ensure that the hospital has a licence for the Pharmacy issued by the Director General; certificate of registration with the Pharmacy council with annual fees paid and the certificate of registration of the responsible pharmacist. All three certificates must be displayed in the Pharmacy manager's office or a suitable place within the pharmacy

REVIEWER

Observe if the licence certificate; certificate of registration with payment of the annual fee and the certificate of registration of the responsible pharmacist is displayed and current.

There is no checklist for this element

Element 96: Certificate of registration of the responsible pharmacist of the hospital with the South African Pharmacy Council is visibly displayed

RESPONSIBLE PERSON

Ensure that the hospital has a licence for the Pharmacy issued by the Director General; certificate of registration with the Pharmacy council with annual fees paid and the certificate of registration of the responsible pharmacist. All three certificates must be displayed in the Pharmacy manager's office or a suitable place within the pharmacy

REVIEWER

Observe if the licence certificate; certificate of registration with payment of the annual fee and the certificate of registration of the responsible pharmacist is displayed and current.

There is no checklist for this element

NB

Element 97: SLA between the hospital and the provincial depot/ service supplier for the provision of medicines is available

RESPONSIBLE PERSON

Ensure that the hospital has a signed service level agreement with the provincial medicines depot and/or other service supplier that is current and signed for the provision of medicines. The pharmacy manager should have a copy of this SLA.

REVIEWER

Verify that there is copy of the SLA in the pharmacy.

There is no checklist for this element

NB **Element 98:** Good Pharmacy Practice Guidelines is available

RESPONSIBLE PERSON

Ensure that a hard or electronic copy of Good Pharmacy Practice (GPP) Guidelines (available from **www.pharmcouncil.co.za**) is available at the hospital

REVIEWER

Verify that the pharmacy has a copy of the GPP guidelines.

There is no checklist for this element

Element 99: Minimum GPP standards for pharmacy premises, facilities and equipment are adhered to

RESPONSIBLE PERSON

The hospital pharmacy should comply with standards stipulated in the Good Pharmacy Practice Guidelines. There are specific standards applicable to the pharmacy premises that include layout of the pharmacy; location of the pharmacy and storage areas. The temperature of the pharmacy should be controlled at 25°C; areas for equipment washing; storage of thermolabile medicines; calibration of refrigerators; protection of products from adverse effects of lighting and temperature extremes.

REVIEWER

Assess if the pharmacy meets the GPP standards for pharmacy premises, facilities and equipment.

CHECKLIST FOR ELEMENT 99	
MINIMUM GPP STANDARDS FOR PHARMACY PREMISES, FACILITIES AND EQUIPMENT ARE ADHERED TO	
Description	**Score**
The design and layout of the pharmacy must permit a logical flow of work and must minimise the risk of errors and cross-contamination	
Storage of thermolabile medicines must be in accordance with the storage instructions of the manufacturer.	
Refrigerators used for the storage of thermolabile medicine must be calibrated regularly	
Products must be protected from the adverse effects of light, freezing or other temperature extremes and dampness	
There must be an area where equipment and other utensils can be washed which has a source of hot and cold tap water.	
The pharmacy must be located in an area easily accessible to patients and staff of the hospital	
Storage areas must be large enough to allow for orderly arrangement of stock and proper stock rotation	
The temperature in the dispensing area must be maintained below 25°C and there must be an air-conditioner installed in the dispensary that is in good working order.	
There must be suitable dispensing equipment	
Total score	
Total maximum possible score	
Percentage score	**%**

Element 100: Minimum GPP standards for services offered in a Pharmacy adhered to

RESPONSIBLE PERSON

Ensure that the hospital adheres to standards for services offered at the pharmacy. These standards are to ensure that medicines are stored and dispensed appropriately and to ensure a constant supply of the required medicines. The standards include that the distribution of medicines takes place under the control of a pharmacist, attendance of a pharmacist on ward rounds and the establishment and maintenance of stock-lists.

REVIEWER

Observe that the distribution of medicines is under control of pharmacist. Verify a stock list exits for all wards and theatres. Request a copy of the stock monitoring index for all areas where medicines are stored. Ask doctors if pharmacist accompany them on ward rounds.

CHECKLIST FOR ELEMENT 100	
MINIMUM GPP STANDARDS FOR SERVICES OFFERED IN A PHARMACY ARE ADHERED TO	
Description	**Score**
Distribution of medicines must take place under the direction and control of a pharmacist	
A stock list must be available for wards and theatres	
A copy of the stock list must be made available to nursing staff who will be responsible for obtaining supplies of stock, and to prescribers servicing the ward	
Regular stock checking by pharmacy personnel must be undertaken at least monthly to ensure that stock rotation is maintained in all medicine storage areas in the hospital/	
Pharmacist must attend ward rounds	
Total score	
Total maximum possible score	
Percentage score	%

Element 101: An electronic stock management system is used to manage medicine inventory

RESPONSIBLE PERSON

The hospital pharmacy must have a functional electronic stock management system. Update the electronic networked system at minimum on a weekly basis. Access to the capturing device should be restricted.

REVIEWER

Observe that the hospital has an electronic medicine stock management system. Verify that the capturing system is in good working order and has access control. Requets to see the last date of report that submitted.

CHECKLIST FOR ELEMENT 101	
AN ELECTRONIC STOCK MANAGEMENT SYSTEM IS USED TO MANAGE MEDICINE INVENTORY	
Description	**Score**
The facility has functional electronic networked system for monitoring the availability of medicines	
The approved list of medicines to be updated is visible in the medicine room.	
The facility updates the electronic networked system at least weekly	
The capturing device and its accessories are in good working order.	
The capturing device and its accessories are stored in a lockable unit.	
Access to the keys for the unit where the capturing device is kept is restricted.	
The facility has not been marked as non-reporting for two weeks (10 working days) or more (at the point of assessment).*	
Total score	
Total maximum possible score	
Percentage score	%

Element 102: 90% of the medicines on the hospital tracer medicine list are available

RESPONSIBLE PERSON

The pharmacy should keep a list of the medicines that are required based on the defined package of services offered at the hospital. Obtain the list of medicines for district hospitals, from the Essential Drug List (EDL). Monitor the Stock of tracer medicines weekly.

REVIEWER

Conduct a spot check to determine the availability of tracer medicines.

CHECKLIST FOR ELEMENT 102

90% OF THE MEDICINES ON THE DISTRICT HOSPITAL TRACER MEDICINE LIST ARE AVAILABLE

MEDICINE ROOM/DISPENSARY	
Oral formulations/inhalers	**Score**
Abacavir 20mg/mL (240 ml) syrup	
Abacavir 60mg tablets	
Amlodipine 5mg tablets	
Amoxicillin 250mg OR 500mg capsules	
Amoxicillin suspension 125mg/5ml OR 250mg/5mL	
Aspirin 300mg tablets	
Azithromycin 250mg OR 500mg tablets	
Beclomethasone 100mcg or 200 mcg inhaler	
Carbamazepine 200mg tablets OR lamotrigine 25mg tablets	
Co-trimoxazole 200/40mg per 5ml 50ml OR 100ml suspension	
Co-trimoxazole 400/80mg tablets	
Efavirenz 200 mg capsules	
Efavirenz 50mg capsules	
Enalapril 10mg tablets	
Ferrous lactate/gluconate suspension	
Ferrous sulphate/fumarate tablets providing ± 65mg elemental iron	
Folic acid 5 mg tablets	
Hydrochlorothiazide 12.5mg OR 25mg tablets	
Ibuprofen 200 mg OR 400mg tablets	
Isoniazid 100mg OR 300mg tablets	
Lamivudine 10mg/mL (240ml) syrup	
Lamivudine 150mg tablets	

CHECKLIST FOR ELEMENT 102	
90% OF THE MEDICINES ON THE DISTRICT HOSPITAL TRACER MEDICINE LIST ARE AVAILABLE	
MEDICINE ROOM/DISPENSARY	
Lopinavir, Ritonavir 200/50mg tablets	
Lopinavir, Ritonavir 80/20mg/mL (60 ml)	
Metformin 500mg OR 850mg tablets	
Methyldopa 250 mg tablets	
Metronidazole 200mg OR 400mg tablets	
Nevirapine 200mg tablets	
Nevirapine 50mg/5ml suspension	
Oral rehydration solution	
Paracetamol 120mg/5ml syrup	
Paracetamol 500mg tablets	
Prednisone 5mg tablets	
Pyrazinamide 500mg tablets	
Pyridoxine 25mg tablets	
Rifampicin + Isoniazid (RH) 300mg/150mg OR 150/75mg tablets	
Rifampicin + Isoniazid (RH) 60/60 tablets	
Rifampicin + Isoniazid + pyrazinamide + ethambutol (RHZE) (150/75/400/275) tablets	
Salbutamol inhaler	
Simvastatin 10mg tablets	
Tenofovir, Emtricitabine 300/200 mg tablets	
Tenofovir/emtricitabine/efavirenz 300/200/600mg tablets	
Vitamin A 50 000U OR 100 000U OR 200 000U capsule	
Zidovudine 50mg/5mL, 200 ml suspension	
Injections	
Benzathine benzylpenicillin 2.4MU vial	
Ceftriaxone 500mg OR 1g ampoules	
Medroxyprogesterone acetate 150mg/ml injection OR norethisterone 200mg/ml	
Topicals	
Chloramphenicol 1%, ophthalmic ointment	
Fridge	
BCG vaccine	
Insulin, short acting	
Measles vaccine	
Hexavalent: DTaP-IPV-HB-Hib vaccine	
Oxytocin 5 OR 10 IU/ml OR oxytocin/ergometrine combination)	
Pneumococcal Conjugated Vaccine (PCV)	
Polio vaccine (oral)	
Rotavirus vaccine	
Tetanus toxoid (TT) vaccine	

CHECKLIST FOR ELEMENT 102	
90% OF THE MEDICINES ON THE DISTRICT HOSPITAL TRACER MEDICINE LIST ARE AVAILABLE	
MEDICINE ROOM/DISPENSARY	
Emergency trolley	
Adrenaline Injection 1mg/ml (Epinephrine)	
Amlodipine 5 OR 10mg tablets	
Dextrose 10% OR 50% intravenous solution	
Furosemide 20mg ampoule	
Hydrocortisone sodium succinate 100mg/ml	
Isosorbide dinitrate, sublingual, 5 mg tablets	
Magnesium sulphate 50%, 2ml ampoule	
Midazolam (1mg/ml OR 5mg/ml) OR Diazepam 5mg/ml	
Nifedipine 10mg capsules	
Promethazine HCl 25mgampoule	
Sodium chloride 0.9% 1L	
Total score /67	
Percentage score	%

Element 103: Essential medication for accident and emergency unit is available

Essential medication is a pre-requisite for effective patient management. A list of minimum medication required for the accident and emergency unit must be available based on the Standard Treatment Guidelines.

Assess whether essential medication is available at the accident and emergency unit.

CHECKLIST FOR ELEMENT 103	
ESSENTIAL MEDICATION FOR ACCIDENT AND EMERGENCY UNIT IS AVAILABLE	
Description	**Score**
Adrenaline Injection 1mg/ml	
Furosemide 20 mg injection	
Gentamicin 80mg injection	
Haloperidol injection	
Halothane	
Heparin (unfractionated) injection	
Hydrocortisone injection	
Ibuprofen tablets 200mg	
Insulin soluble 100iu/ml	
Lopinavir/ritonavir syrup or paediatric tablets	
Magnesium sulphate injection	
Budesonide or Beclomethasone inhaler	
Metformin tablets 500mg or 850mg	
Morphine injection	
Moxifloxacin 400mg tablet	
Omeprazole tablets	
Oxytocin injection 5iu or 10iu	
Paracetamol 50ml or 100ml syrup 120mg/5ml	
Paracetamol tabs 500mg	
Prednisone 5mg tablets	
Salbutamol UDV	
Simvastatin 10mg	
Carbamazepine 200 mg tablets	
Sodium Chloride 0.9% 1L	
Tenofovir + emtricitabine/lamivudine + efavirenz as FDCs	
Ceftriaxone 250 mg or 500 mg or 1000mg injection	
Dextrose 50% 20 ml injection	
Diazepam injection 10mg/2ml	
Dobutamine or dopamine injection	
Enalapril or Perindopril tablets	
Fluoxetine 20 mg capsule	
Total Score for all	
Percentage score	**%**

Element 104: Cold chain procedure for vaccines is maintained

RESPONSIBLE PERSON

Maintaining the correct temperature of vaccines is a fundamental component of vaccine efficacy. It is therefore important that vaccines are transported and maintained at the correct temperature from the time of dispatch to the hospital until the vaccine is administered to the patient.

REVIEWER

Check that there is a refrigerator for storing vaccines with the temperature recorded twice daily, and that there is a cooler box and ice packs for storage or transportation if needed.

There is no checklist for this element

Element 105: Basic medical supplies (consumables) are available

RESPONSIBLE PERSON

A list of basic medical supplies required for the level of hospital must be available and re-order levels for each item must be determined. The stock must be monitored weekly.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Conduct a spot check to assess whether basic medical supplies (consumables) are available.

☑ Accident & Emergency unit	☑ Surgical ward	☑ Nutritional support (dietetics)	☑ Audiology
☑ Obstetrics unit	☑ Intensive Care/ High Care	☑ Oral Health Services	☑ Medical orthotics and prosthetics
☑ Paediatric ward	☑ Theatre	☑ Speech therapy	☑ Rehabilitative and Palliative Care
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Social work	☑ Radiology
☑ Nursery	☑ Physiotherapy	☑ Eye health	☑ Pharmacy
☑ Medical ward	☑ Occupational therapy	☑ Podiatry	

CHECKLIST FOR ELEMENT 105	
BASIC MEDICAL SUPPLIES (CONSUMABLES) ARE AVAILABLE	
SURGICAL SUPPLIES	
Item	**Score**
Admin set 20 drops/ml 1.8m /pack	
Admin set paeds 60 drops/ml 1.8m /pack	
Blade stitch cutter sterile/pack	
Blood collecting vacutainer (holding barrel/bulldog)	
Blood lancets (haemolance)	
Urinary (Foley's) catheter silicone/latex 8f	
Urinary (Foley's) catheter silicone/latex 10f	
Urinary (Foley's) catheter silicone/latex 12f	
Urinary (Foley's) catheter silicone/latex 14f	
Urinary (Foley's) catheter silicone/latex 16f	
Urinary (Foley's) catheter silicone/latex 18f	
Urinary (Foley's) catheter silicone/latex 20f	
Urinary (Foley's) catheter silicone/latex 22f	

CHECKLIST FOR ELEMENT 105

BASIC MEDICAL SUPPLIES (CONSUMABLES) ARE AVAILABLE

SURGICAL SUPPLIES

Item	Score
Catheter suction resp 500mm 06f	
Catheter suction resp 500mm 08f	
Catheter suction resp 500mm 10f	
Catheter suction resp 500mm 12f	
Catheter suction resp 500mm 14f	
Catheter thoracic silicone st20	
Catheter thoracic silicone st24	
Catheter thoracic silicone st28	
Catheter thoracic silicone st30	
Catheter thoracic silicone st32	
Drainage sys chest u/water adult	
Urine drainage bag	
Simple face mask OR reservoir mask OR nasal cannula (prongs) for oxygen, adults	
Simple face mask OR reservoir mask OR nasal cannula (prongs) for oxygen, paediatric	
Gloves exam n/sterile large /box	
Gloves exam n/sterile medium /box	
Gloves exam n/sterile small /box	
Gloves surg sterile latex sz 6 OR6.5 OR Small/box	
Gloves surg sterile latex sz 7OR 7.5 OR medium/box	
Gloves surg sterile latex sz 8 OR large/box	
Endotracheal tubes – uncuffed size 2mm OR 2.5mm	
Endotracheal tubes – uncuffed size 3mm OR 3.5mm	
Endotracheal tubes – uncuffed size 4.0mm OR 4.5mm	
Endotracheal tubes – cuffed size 5.0mm	
Endotracheal tubes – cuffed size 6.0mm	
Tube stomach washout 24fg	
Tube,stomach washout 26fg	
Tube,stomach washout 28fg	
Tube stomach washout 30fg	
Sheath incontinence 25mm	
Sheath incontinence 30mm	
Sheath incontinence 35mm	
Infusion set 19g	
Infusion set 21g	
Infusion set 23g	
Infusion set ivac 590	
Intravenous cannula(Jelco)*18g* green/box	
Intravenous cannula(Jelco)*20g* pink/box	
Intravenous cannula (Jelco)22g blue/box	
Intravenous cannula (Jelco)24g yellow/box	
Face mask for nebuliser OR face mask with nebuliser chamber for adult	
Face mask for nebuliser OR face mask with nebuliser chamber for paediatric	

CHECKLIST FOR ELEMENT 105	
BASIC MEDICAL SUPPLIES (CONSUMABLES) ARE AVAILABLE	
SURGICAL SUPPLIES	
Item	Score
Nasogastric feeding tube 600mm fg5	
Nasogastric feeding tube 600mm fg8	
Nasogastric feeding tube 1000mm fg10 OR 12	
Disposable aprons	
Eye patches (disposable)	
Disposable razors	
Disposable Amnihook	
Ultrasound gel medium viscosity	
Dental syringe and needle for LA	
Needles: 18 (pink) OR 20 (yellow)/box	
Needles: 21 (green)/box	
Needles: 22 (black)/box	
Needles: 23 (blue)/box	
Needles: 25 /box	
* Syringes 3-part 2ml/box	
* Syringes 3-part 5ml/box	
* Syringes 3-part 10 ml/box	
* Syringes 3-part 20ml/box	
Insulin syringe with needle /box	
Suture chromic g0/0 or g1/0 1/2 75cm	
Suture nylon g2/0 or g3/0 3/8 45cm	
Suture nylon g4/0 3/8 45cm	
Self-retaining 4-wing catheters (de Pezzer), sizes 8, 14, 16, and 18 Ch.	
Self-retaining balloon catheters (Foley), sizes 8, 14, 16, 18, and 22 Ch.	
Urethral catheters (Nelaton), solid-tip, sizes 8, 10, 12, and 14 Ch.	
Urethral catheters, coudé, sizes 8, 10, 12, 14, and 16 Ch.	
Urinary bags	
Graduated drainage (collecting) bottles, glass, 1.5 litre	
Colostomy bags	
Washable footwear, antistatic	
Drapes	
Gowns	
Surgeon's handbrushes with nylon bristles	
Regular-eye needles, assortment of different types and sizes	
Scalpel blades, No. 10, 11,17, 15,21, 22, 23	
Aneurysm needles:	
Stitch removal scissors	
Heavy-duty "counter" scissors	
Cannulas: stainless-steel	
Disposable scalp-vein infusion sets	
Polythene tubing, 0.86 mm inner diameter, 1.27 mm outer diameter	
Polythene tubing, 1.40 mm inner diameter, 1.90 mm outer diameter	
Polythene tubing, 1.67 mm inner diameter, 2.42 mm outer diameter	

CHECKLIST FOR ELEMENT 105	
BASIC MEDICAL SUPPLIES (CONSUMABLES) ARE AVAILABLE	

SURGICAL SUPPLIES	
Item	**Score**
Gauze bandage:	
Absorbent gauze (for dressings, swabs, abdominal packs, petrolatum gauze, etc.):	
Linen tape:	
Surgical adhesive tape, 25 mm ×10 m	
Adhesive zinc oxide tape, 75 mm ×5 m	
Non-adhesive elastic bandage, 7 5 mm × 5m	
Absorbent cotton wool	
Eye pads	
Eye shields	
Umbilical tape, 3 mm wide	
Indelible pencils	
Safety pins, medium size	
Rubber bands, assorted	
Garters, elasticated	
Manually operated hair clippers, narrow	
Clipboards, 23 ×32 cm	
All-metal safety razors, 3-piece	
Double-edged safety-razor blades	
Battery-operated wall clock, with hands showing time in seconds, minutes, and hours	
Replacement pads for AED - adult (Only applicable if facility uses an Automatic External Defibrillator (AED))	
Replacement pads for AED - paediatric (Only applicable if facility uses an Automatic External Defibrillator (AED))	
Plaster roll	
Bandage crepe	
Gauze paraffin 100x100 /box	
Gauze swabs plain n/s 100x100x8ply/pack	
* Gauze abs grade 1 burn 225x225x16 /pack	
Basic disposable dressing pack(should contain as a minimum cotton wool balls, swabs, 2 forceps, disposable drape)	
Cotton wool balls 1g 500`s	
* Padding cast ortho 50mmx3m /roll	
* Padding cast ortho 100mmx3m /roll	
* Padding cast ortho 150mmx3m /roll	
* Plaster of paris bandage 100mm /roll	
* Plaster of paris bandage 150mm /roll	
* Plaster of paris bandage 200mm /roll	
* Skin traction kit - adult (elast 0468)	
* Skin traction kit - child (elast 0469)	
* Sodium carboxymethylcel (intrasite) 15g	
Sanitary towels maternity /pack	
Stockinette 100mm OR150mm/roll	
Adhesive micro-porous surgical tape 24/25mm or 48/50mm	
70% isopropyl alcohol prep Pads 24x30 1ply OR 2 ply /box	
Gauze abs grade 1 burn /pack	
Gauze bandages, 10 cm and 15 cm wide	

113

CHECKLIST FOR ELEMENT 105	
BASIC MEDICAL SUPPLIES (CONSUMABLES) ARE AVAILABLE	
SURGICAL SUPPLIES	
Item	**Score**
Crepe bandages	
Stockinet, assorted sizes	
Plaster of Paris powder (anhydrous calcium sulfate)	
Triangular cloth bandages (for arm slings)	
Thomas splints:	
Pearson attachments for Thomas splints:	
Half-ring Thomas splints:	
Multi-purpose board splints, 3 sizes	
Cramer wire splints: narrow, medium, and wide	
Total score for surgical and dressing supplies	
Total maximum score for surgical supplies (sum of all scores minus those marked NA) and dressing supplies	
Percentage score	**%**

Element 106: Emergency blood supplies are available

RESPONSIBLE PERSON The hospital must maintain a supply of blood for emergencies. This blood must be available on-site and stored in a designated refrigerator.

REVIEWER Conduct a spot check to assess whether emergency blood supplies are available and stored correctly.

CHECKLIST FOR ELEMENT 106	
EMERGENCY BLOOD SUPPLIES ARE AVAILABLE	
Description	**Score**
Emergency blood supplies are available on site	
Emergency blood is stored in a designated refrigerator which is accessible 24 hours	
Total Score for all	
Percentage score	**%**

Element 107: Clinicians have access to blood products

RESPONSIBLE PERSON The hospital should have a process for clinicians to access blood products. The hospital may have a blood bank office on-site or contact details for the local SANBS office.

REVIEWER Check for documentation of the process to follow to access blood products. Ask a clinician to explain the process of accessing blood products.

There is no checklist for this element

NB **Element 108:** Patients have access to assistive devices, orthotics and prosthetics

RESPONSIBLE PERSON

The hospital must have a referral pathway for patients to access assistive devices, orthotics and prosthetics that are not available on-site.

REVIEWER

Assess whether patients have access to assistive devices, orthotics and prosthetics.
Checklist 108

CHECKLIST FOR ELEMENT 108		
PATIENTS HAVE ACCESS TO ASSISTIVE DEVICES, ORTHOTICS AND PROSTHESES		
Patients are issued with assistive devices	**Onsite**	**Referred**
Wheel chairs		
Glasses		
Walking Aids		
Orthotics		
Prosthetics		
Total Score for all		
Percentage score	%	

Component 4: Diagnostic and Therapeutic Services

Sub-component 14: Diagnostic services

COMMITMENT FOR SUB-COMPONENT 14:
Monitor consistent availability, safety and use of laboratory and imaging services

Who is responsible for this sub-component?

Executive Management, shared with Laboratory Services and Radiology

NB	109	The servicing NHLS laboratory is accredited	📖
!	110	The National NHLS Handbook is available	📖
NB	111	Essential laboratory list for hospitals based on level of care is available	📖
NB	112	90% of tests requested comply with the ELL	? 📖
!	113	Required functional diagnostic equipment and concurrent consumables for point of care testing are available	☺
!	114	Required specimen collection materials and stationery are available	☺
!	115	Specimens are collected, packaged, stored and prepared for transportation according to the National NHLS Handbook	☺
!	116	Laboratory results are received from the laboratory within the specified turnaround times	📖
!	117	The imaging services is accredited	📖 ☺
!	118	Emergency imaging services are available for 24 hours on site	☺
!	119	Functional portable x-ray unit available 24 hours	☺
!	120	Basic imaging services are available for a minimum of 8 hours, 5 days a week on site	☺
!	121	Access to specialist imaging reporting services	☺
!	122	Required functional diagnostic equipment and concurrent consumables for radiography services are available	☺
!	123	Required functional diagnostic equipment and concurrent consumables for ultrasonography services are available	☺
!	124	Required functional diagnostic equipment and concurrent consumables for health support services are available	☺
!	125	Appropriate radiography signage is visibly displayed	☺

(ELEMENTS)

🔴 **Vital**   ! **Essential**   NB **Important**

NB

Element 109: The servicing NHLS laboratory is accredited

RESPONSIBLE PERSON

Laboratory services are an important component of patient care. A laboratory must be accredited to ensure that proper quality assurance mechanism are in place and to facilitate the good laboratory practice.

REVIEWER

Verify that NHLS laboratory that services the hospital is accredited- Request the NHLS to provide the certificate or letter.

There is no checklist for this element

!

Element 110: The National NHLS Handbook is available

RESPONSIBLE PERSON

Ensure that the hospital and servicing laboratory must have a hard or electronic copy of the National NHLS handbook (available from www.health.gov.za).

REVIEWER

Verify that the hospital laboratory has the National NHLS Handbook.

There is no checklist for this element

NB

Element 111: Essential laboratory list for hospitals based on level of care is available

RESPONSIBLE PERSON

Ensure that there is an essential list of laboratory tests available for the hospital based on the level of care

REVIEWER

Verify that the hospital has a list of essential laboratory tests for the level of the hospital.

There is no checklist for this element

NB

Element 112: 90% of tests requested comply with the ELL

RESPONSIBLE PERSON

An electronic monitoring system should be in place to capture all laboratory tests carried out per hospital. This monitoring system must be able to identify the proportion of tests that are on the ELL.

REVIEWER

Request reports for the last 3 months of all laboratory tests conducted by the hospital with a report on non-ELL tests to assess whether at least 90% of laboratory test comply with the ELL.

There is no checklist for this element

Element 113: Required functional diagnostic equipment and concurrent consumables for point of care testing are available

RESPONSIBLE PERSON

An essential set of diagnostic equipment such as Hb meters; blood glucometer, malaria rapid test; HIV rapid test and Rhesus factor test and its concurrent consumables to conduct point of care testing must be available at the hospital.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Verify whether the facility has the required equipment and concurrent consumables to conduct point of care testing as listed in Checklist 113.

☑ Accident & Emergency unit	☑ Surgical ward	☑ Occupational therapy	☑ Podiatry
☑ Obstetrics unit	☑ Intensive Care/ High Care	☑ Nutritional support (dietetics)	☑ Audiology
☑ Paediatric ward	☑ Theatre	☑ Oral Health Services	☑ Medical orthotics and prosthetics
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Speech therapy	☑ Rehabilitative and Palliative Care
☑ Nursery	☑ Physiotherapy	☑ Social work	☑ Laboratory
☑ Medical ward		☑ Eye health	

CHECKLIST FOR ELEMENT 113	
REQUIRED FUNCTIONAL DIAGNOSTIC EQUIPMENT AND CONCURRENT CONSUMABLES FOR POINT OF CARE TESTING ARE AVAILABLE	
Item	**Score**
Laboratory equipment and consumables	
Hb meter	
Blood glucometer	
Spare batteries for blood glucometer	
Glass slides for cervical smears	
Lancets	
Blood glucose strips	
Urine dipsticks	
Urine specimen jar OR flask	
Malaria rapid test (where applicable in facilities in KZN, GP, MP and LP)	
Rapid HIV test	
Rh 'D' (Rhesus factor) test	
Total score for all (Total score laboratory equipment + consumables + stationery)	
Total maximum possible score	
Percentage score	**%**

Element 114: Required specimen collection materials and stationery are available

RESPONSIBLE PERSON

Ensure that the hospital has a list of all specimen collection material and stationery required. Monitor the stock of these items weekly and re-order the items from the NHLS laboratory when the stock falls below minimum order quantity.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Assess that required specimen collection materials and stationery are available in all clinical service areas.

☑ Accident & Emergency unit	☑ Surgical ward	☑ Occupational therapy	☑ Podiatry
☑ Obstetrics unit	☑ Intensive Care/ High Care	☑ Nutritional support (dietetics)	☑ Audiology
☑ Paediatric ward	☑ Theatre	☑ Oral Health Services	☑ Medical orthotics and prosthetics
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Speech therapy	☑ Rehabilitative and Palliative Care
☑ Nursery	☑ Physiotherapy	☑ Social work	☑ Laboratory
☑ Medical ward		☑ Eye health	

CHECKLIST FOR ELEMENT 114	
REQUIRED SPECIMEN COLLECTION MATERIALS AND STATIONERY ARE AVAILABLE	
Item	**Score**
Vacutainer tube: Blue Top (Sodium Citrate)	
Vacutainer tube: Red OR Yellow Top (SST)	
Vacutainer tube: Yellow Top (SST-Paeds)	
Vacutainer tube: Grey Top (Sodium Fluoride)	
Vacutainer tube: White Top	
Vacutainer tube: Purple Top (EDTA)	
Vacutainer tube: Purple Top (EDTA Paeds)	
Sterile specimen jars	
Swabs with transport medium (Score NA if there is not a permanent doctor)	
Sterile Tubes (without additive) for MCS (Microscopy, culture and sensitivity)(Score NA if there is not a permanent doctor)	
Venipuncture needles (Green)	
Specimen Plastic Bags	
Pap smear collection materials	
Fixative	
Wooden spatula	
Slide holder OR brown envelope	
Microscope slides	
Early Infant diagnosis (EID) collection material	
DBS PCR Kit	
NHLS STATIONERY	
Request Form	
Cytology Request Form	
Order Book Material for specimen collection	
Facility Specimen Register	
Total Score	
Percentage score	%

119

Element 115: Specimens are collected, packaged, stored and prepared for transportation according to the National NHLS Handbook

RESPONSIBLE PERSON

The process for collection, packaging, storage and transportation of specimens is specified in the National NHLS Handbook. There are three different categories of specimens. Ensure that for each category of specimen, the specimens are collected, packaged, stored and prepared according to the NHLS guidelines. It is important that all staff involved in specimen collection and transport are trained on the handling of specimens as this can affect the quality of the specimen.

REVIEWER

Conduct an assessment on three randomly selected samples from the three different category of samples to assess whether specimens are collected, packaged, stored and prepared for transportation correctly in all clinical service areas. Observe whether the specimens are labelled correctly, the correct requisition form is completed, specimens are kept away from sunlight; stored at room temperature or refrigerator if temperature exceeds 25°C. The appropriate transport medium must be used.

CHECKLIST FOR ELEMENT 115

SPECIMENS ARE COLLECTED, PACKED, STORED AND PREPARED FOR TRANSPORTATION ACCORDING TO THE PRIMARY HEALTH CARE LABORATORY HANDBOOK									
Item	Group A			Group B			Group C		
	Score sample 1	Score sample 2	Score sample 3	Score sample 1	Score sample 2	Score sample 3	Score sample 1	Score sample 2	Score sample 3
GENERAL									
Specimens are clearly labelled									
Each laboratory request form is correctly completed									
There is at least one functional wall mounted thermometer in area for lab specimens are stored for courier collection									
The temperature of the storage area for lab specimens is recorded daily									
Samples are kept away from direct sunlight				■	■	■			
Where the room temperature exceeds 25°C, samples are stored in the fridge (+- 5°C)				■	■	■			
Length of storage does not exceed 24 hours, stored at room temperature 20-25°C				■	■	■			
Stored at room temperature	■	■	■				■	■	■
Stored inside a slide carrier (envelope)	■	■	■				■	■	■
Samples placed into the transport medium provided (where appropriate)	■	■	■	■	■	■			
Total score for all samples									
Total maximum possible score									
Percentage									
Total score for element (Percentage/9)									

Element 116: Laboratory results are received from the laboratory within the specified turnaround times

There are designated turnaround tests for laboratory tests as specified in the National NHLS handbook. A delegated staff member should be responsible for monitoring the time taken to receive laboratory results.

Assess the records of three patients who have had recent laboratory tests and identify the average time taken to receive laboratory results. All routine blood, sputum, urine and stool test results must be obtained within 24 hours whether delays are identified and implementations planned to rectify this.

CHECKLIST FOR ELEMENT 116

THE LABORATORY RESULTS ARE RECEIVED FROM THE LABORATORY WITHIN THE SPECIFIED TURNAROUND TIMES

Item	Turnaround time	Score record 1	Score record 2	Score record 3
All Blood routine blood test results	24 hours			
Blood results: Cholesterol, CRP (C-reactive protein),	24 to 48 hours			
FT4 (Free Throxine 4), HbA1c (Glycated Haemoglobin), Phenytoin, lipase, PSA (Prostate specific hormone), Red Cell Folate, Triglycerides, TSH (Thyroid stimulating hormone), Vitamin B12, CD4 Count, RPR(Rapid Plasma Reagin test for syphilis), Hepatitis A, B or C	48- 120 hours			
Blood results: HIV PCR for infants, Viral Load	48- 120 hours			
Pap smear	Variable depending on the result (4-6 weeks)			
MCS (Microscopy, culture band sensitivity)	24-72 hours			
Sputum: TB	Between 5 days and 6 weeks			
Sputum: Xpert MTB/RIF	24 hours			
Stool	24 hours			
Urine	24 hours			
Total score for all samples				
Total maximum possible score				
Percentage				
Total score for element (Percentage/3)				

Element 117: The imaging services is accredited

Ensure that the imaging services (at district level this includes radiography and ultrasound) must have a valid accreditation certificate. Obtain this certificate from the Provincial authority

Verify that the hospital has an accreditation certificates for the imaging services at the hospital.

There is no checklist for this element

Element 118: Emergency imaging services are available for 24 hours on site

RESPONSIBLE PERSON

The hospital must provide emergency imaging services for the level of care 24 hours on site.

REVIEWER

Check the roster for imaging services to verify that emergency imaging services is offered 24 hours. Interview the radiology staff to confirm that emergency imaging service are offered for 24 hours.

There is no checklist for this element

Element 119: Functional portable x-ray unit available 24 hours

RESPONSIBLE PERSON

Ensure that the hospital has a functional portable x-ray unit that is available 24 hours an dcan provide radiology services for emergency patients and inpatients based on request from clinicians for bedside X rays.

REVIEWER

Observe whether that a functional portable x-ray unit is available at the hospital. Interview inpatient staff and whether the portable x-ray unit is functional.

There is no checklist for this element

Element 120: Basic imaging services are available for a minimum of 8 hours, 5 days a week on site

RESPONSIBLE PERSON

The hospital must provide basic imaging services during the day from Mondays to Fridays. These imaging services will vary depending on the level of care provided at the hospital.

REVIEWER

Check for a roster to that shows that the basic imaging services are staffed for 8 hours a day from Monday to Friday.

There is no checklist for this element

Element 121: Access to specialist imaging reporting services

RESPONSIBLE PERSON

District hospitals must have access to reporting services by a radiologist. Regional, tertiary and central hospitals should have a radiologist/s employed at the hospital.

REVIEWER

Ask radiology staff if they have a specialist onsite and if not how do they access reporting services by a radiologist.

There is no checklist for this element

Element 122: Required functional diagnostic equipment and concurrent consumables for radiography services are available

RESPONSIBLE PERSON

Ensure that the hospital has a list of all radiology services provided and the required equipment and consumables to offer such services. Based on service utilisation and the defined package of services provided procure all the required equipment and concurrent consumables.

REVIEWER

Assess whether the required diagnostic equipment and consumables are available and functional for radiography services(Checklist 122).

CHECKLIST FOR ELEMENT 122	
REQUIRED FUNCTIONAL DIAGNOSTIC EQUIPMENT AND CONCURRENT CONSUMABLES FOR RADIOGRAPHY SERVICES ARE AVAILABLE	
Description	**Score**
General X-ray unit/s	
Screening unit/s	
Drip stand, mobile/fixed	
Mobile unit/s	
Radiation Monitoring badges	
X-ray Mobile Shield	
Shield X-ray gloves	
Shield- gonad-Male and Female	
Spirometer-adult and Paeds	
C-Arms	
Protective Aprons, X-ray, set, lead with hanger	
Daylight processors	
Marker x-ray –L-R ,chromeplated,AP	
Examination table	
Darkrooms	
Laser cameras	
Oxygen-cylinder or piped with suitable regulator and flow meter –ready for use	
Teleradiology	
Film digitizer/s	
Computer/s	
X-ray Viewing Boxes	
Total score for all	
Total maximum possible score	
Percentage score	**%**

Element 123: Required functional diagnostic equipment and concurrent consumables for ultrasonography services are available

RESPONSIBLE PERSON

Ensure that the hospital has a list of all ultrasonography services provided and the required equipment and consumables to offer such services. Based on service utilisation and the defined package of services provided procure all the required equipment and concurrent consumables.

REVIEWER

Assess whether the required diagnostic equipment and consumables for ultrasonography are available and functional.

CHECKLIST FOR ELEMENT 123	
REQUIRED FUNCTIONAL DIAGNOSTIC EQUIPMENT AND CONCURRENT CONSUMABLES FOR ULTRASONOGRAPHY SERVICES ARE AVAILABLE	
Description	**Score**
Ultrasound scanner	
Ultrasound gel	
Scanner bed	
Operator seating	
Disposable tissue paper	
Total score	
Maximum possible score	

Element 124: Required functional diagnostic equipment and concurrent consumables for health support services are available

RESPONSIBLE PERSON

Ensure that the hospital has a list of all health support services provided and the required equipment and consumables to offer such services. Based on service utilisation and the defined package of services provided procure all the required equipment and concurrent consumables.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Assess whether the required diagnostic equipment and consumables are available for health support services- Optometry, Physiotherapy, Occupational therapy, Oral Health, Speech and Audiology.

☑	Physiotherapy	☑	Oral Health Services	☑	Eye health	☑	Medical orthotics and prosthetics
☑	Occupational therapy	☑	Speech therapy	☑	Podiatry		
☑	Nutritional support (dietetics)	☑	Social work	☑	Audiology		

CHECKLIST FOR ELEMENT 124				
REQUIRED FUNCTIONAL DIAGNOSTIC EQUIPMENT AND CONCURRENT CONSUMABLES FOR HEALTH SUPPORT SERVICES SERVICES ARE AVAILABLE				
Description	**Physiotherapy**	**Occupational therapy**	**Speech & Audiology**	**Optometry**
Arm- and leg baths				
Assorted toys for play therapy and distraction				
Blood pressure unit				
Bobath – plinth wooden (platform)				
Bobath roll				
Crutches – aluminium and wooden				
Dumbbells of various weights (0.5-10kg)				
Exercise mats – light weight				
Foot mat for balance (Wobble board)				
Goniometer - small, med, large, finger goniometer				
Gym mat				
Hand exercisers (power web, theraballs,therapy putty, cones, digifix)				
Hotpack heater with hot packs				
Ice packs				
Massager (vibrator) – large and small				
Measuring tape				
Quadrupod				
Re-education board				
Stethoscope				
Tilt table				
Walking frame-adult				
Walking frame-child				
Walking frames				
Weights/sandbags				
Wheelchairs				
Wrist/ankle weights				
Diagnostic set				
Blood pressure monitor, electronic or manual				
Instrument set, dressing				
Parallel bars-adjustable fixed/portable				
Patella hammer				
Physiotherapy balls				
Posture Mirror				
Quadrupod				
Treatment plinths – adjustable backrest				
6m Snellen Chart, Literate/ Alphabets x 01,6m Snellen Chart, Tumbling				
Oculus Trial Frame Adult x 01,				
Oculus Trial Frame Paediatric x 01				
Test Of Visual Perceptual Skills (TVPS) x 04				
Horizontal Optometry/ Ophthalmic Prism Bar x 01				
Optometry Trial Case x 01				
Optometry Chair Adjustable x 01				
Total score for all samples				
Total maximum possible score				
Percentage				
Total score for element (Percentage/4)				

CHECKLIST FOR ELEMENT 124	
REQUIRED FUNCTIONAL DIAGNOSTIC EQUIPMENT AND CONCURRENT CONSUMABLES FOR HEALTH SUPPORT SERVICES SERVICES ARE AVAILABLE	
Oral Health Services	
Consumables	
Exodontia (tooth extraction) and minor oral surgery	**Score**
Surgical blades	
Cotton wool balls	
Dry socket alveolar paste	
Ethyl chloride	
Haemostat sponge	
Hydrogen peroxide	
Hypodermic needles (disposable)	
Saline solution	
Saliva ejectors (disposable)	
Sutures surgical	
Topical anaesthetic	
Local anaesthetic (with vasoconstrictor)	
Local anaesthetic (without vasoconstrictor)	
Conservative (preventive) dentistry	
Fissure sealants	
Amalgam capsules	
Composite	
Fluoride gel	
Varnish cavity liner	
Prophylaxis paste	
Cements /liners (kalzinol, Dycal etc.)	
Articulating paper	
Cotton wool pellets	
Polyster strips (composite)	
Haemostatic liquid	
Glass ionomers	
Matrix band (narrow & wide)	
Polishing strips	
Gingival cord	
Polishing brushes	
Dental floss	
Fluoride trays	
Saliva ejectors	
Acid etch	
Dentin bonding agents	
School outreach	
Toothpaste	
Toothbrushes	
Instrument steriliser	
Available	
Functional	
Dental LED light	
Available	
Functional	
Digital X-Ray Sensor System	
Available	
Intact	
Lockable medicine trolley	
Available	
Intact	

CHECKLIST FOR ELEMENT 124		
REQUIRED FUNCTIONAL DIAGNOSTIC EQUIPMENT AND CONCURRENT CONSUMABLES FOR HEALTH SUPPORT SERVICES SERVICES ARE AVAILABLE		
Equipment	**Quantity**	**Score**
Air motor		
Contra angle with ball bearing latch head	1	
Straight handpiece	1	
High speed air handpiece	1	
3-in-one syringe	1	
Aspi-Jet 6 mobile suction	1	
Curing light with 11mm tip	1	
Digital amalgamator		
Ultrasonic scaler	1	
Water distiller	1	
X-ray aprons	2	
Dental elevators		
Periosteal Elevator	2	
Straight elevator Large	4	
Straight elevator Medium	4	
Straight elevator small	4	
Coleman root elevator right	4	
Coleman root elevator left	4	
Coleman elevator straight	4	
Warwick-James elevator left	2	
Warwick-James elevator right	2	
Cryers elevator right	4	
Cryers elevator left	4	
Dental extraction forceps		
Upper anterior forceps Adult	6	
Upper anterior forceps Paedodontic	6	
Upper root forceps	2	
Lower anterior forceps Adult	6	
Lower anterior forceps Paedodontic	6	
Lower root forceps	2	
Upper pre-molar forceps	6	
Upper pre-molar root forceps	2	
Lower premolar forceps	6	
Lower pre-molar root forceps	2	
Upper left molar forceps Adult	6	
Upper left molar forceps Paedodontic	6	
Upper right molar forceps Adult	6	
Upper right molar forceps Paedodontic	6	
Conservative Instruments		
Amalgam carrier plastic straight	2	
Amalgam carrier plastic right angle	2	
Amalgam carrier steel straight	2	
Amalgam carrier steel right angle	2	
Excavator 121/122	4	

CHECKLIST FOR ELEMENT 124		
REQUIRED FUNCTIONAL DIAGNOSTIC EQUIPMENT AND CONCURRENT CONSUMABLES FOR HEALTH SUPPORT SERVICES SERVICES ARE AVAILABLE		
Excavator 161/162	4	
Handle Mouth Mirror	30	
Mouth Mirrors to fit Handle Mouth Mirror	30	
Dental Explorers/Probes Straight	30	
Cotton and Dressing Tweezers	30	
Needle holder	2	
Ball burnisher 2.5-3.0mm	6	
Amalgam carver	6	
Flat plastic	6	
Amalgam plugger	4	
Thymozin	4	
Gingival marginal trimmer	4	
Bur Blocks	2	
Bur brushes	2	
Dappen dishes	6	
Bib holders	2	
Cotton pellet holder	2	
Kidney dishes large	4	
Kidney dishes small	4	
Cotton wool holder	2	
Waste receiver	2	
Matrix retainer Siqueland Narrow	4	
Matrix retainer Siqueland Wide	4	
Cement spatula	2	
Dental syringe Aspirating	20	
Artery forceps	2	
Tongue forceps	2	
Wire ligature forceps	2	
Needle holder	2	
Scissors ligature	2	
Scissors dissecting	1	
Mouth gag	4	
Protective glasses	4	
Handle scalpel	2	
Wax carver	2	
Total score for all samples		
Total maximum possible score		
Percentage score		
Total score for element (Percentage a (LINE 49)+ Percentage B (Line 183)/2		%

Element 125: Appropriate radiography signage is visibly displayed

RESPONSIBLE PERSON

Ensure that the radiography unit has appropriate warning signs in place to notify patients and visitors of the risks of radiation.

REVIEWER

Assess that radiography signage to check whether it is appropriate and is visibly displayed.

CHECKLIST FOR ELEMENT 125	
APPROPRIATE RADIOGRAPHY SIGNAGE IS VISIBLY DISPLAYED	
Signage for the following:	**Score**
Pregnant patients	
Radioactive imaging	
Do not enter	
Total Score for all	
Percentage score	%

Component 5: Human Resources for Health

Sub-component 15: Human Resources Organisation

COMMITMENT FOR SUB-COMPONENT 15:
Monitor HRH capacity and utilisation

Who is responsible for this sub-component?

Executive management, shared between the Chief Executive Officer; Clinical Management and Human Resources Management

		ELEMENTS	
NB	126	An approved organogram is available	
!	127	Critical management positions in the organogram are filled	
!	128	Critical clinical positions in the organogram are filled	
NB	129	Specific support services have designated managers	
NB	130	Clinical Staffing needs have been determined in line with WISN	
NB	131	Non clinical staff component is determined according to service needs	
NB	132	All clinical post are filled according to service needs	
NB	133	All non-clinical post are filled according to service needs	
!	134	Duty roster for all clinical and non-clinical service areas are available	

Vital   **!** **Essential**   **NB** **Important**

NB **Element 126:** An approved organogram is available

RESPONSIBLE PERSON

Ensure that the hospital has an up-to-date, approved and signed organogram for the hospital. The organogram should be based on the level of the hospital and defined package of services offered.

REVIEWER

Verify that the hospital has an up-to-date signed organogram.

There is no checklist for this element

Element 127: Critical management positions in the organogram are filled

RESPONSIBLE PERSON

Ensure that the post for the hospital corporate management services that includes amongst others - Chief Executive Officer; Medical manager, Nursing manager, HR manager, Support Systems manager and Finance and Supply chain manager are available in the organogram and have managers with the appropriate qualifications for their positions.

REVIEWER

Verify whether the critical management hospital corporate management services that includes amongst others - Chief Executive Officer; Medical manager, Nursing manager, HR manager, Support Systems manager and Finance and Supply chain manager posts are appropriately filled.

CHECKLIST FOR ELEMENT 127	
CRITICAL MANAGEMENT POSITIONS IN THE ORGANOGRAM ARE FILLED	
Description	**Score**
Chief Executive Officer	
Medical manager	
Nursing manager	
HR manager,	
Support systems manager,	
Finance and Supply chain manager	
Total score	
Maximum possible score	
Percentage score	%

Element 128: Critical clinical positions in the organogram are filled

RESPONSIBLE PERSON

The critical clinical position swill be dependent on level of care and package of service offered. At a district hospital, the organogram must include the following clinical positions: Medical officer with Diploma in Child health, Medical officer with Diploma in Obstetrics, Medical Officer with Diploma in Anaesthetics, Family physician, advanced midwife, Pharmacist, and Infection Control Prevention Practitioner.

REVIEWER

Verify whether the critical clinical posts for Paediatrics, Anaesthetics, Obstetrics, Family physicians are filled.

CHECKLIST FOR ELEMENT 128	
CRITICAL CLINICAL POSITIONS IN THE ORGANOGRAM ARE FILLED	
Description	Score
Medical officer with Diploma in Child health	
Medical officer with Diploma in Obstetrics	
Medical Officer with Diploma in Anaesthetics	
Family physician	
Advanced midwife	
Pharmacist	
Infection Control Prevention Practitioner	
Paediatrician	
Obstetrician & Gynaecologist	
General Surgeon	
Physician	
Orthopaedic Surgeon	
Anaesthetist	
Radiologist	
Total score	
Maximum possible score	
Percentage score	%

Element 129: Specific support services have designated managers

RESPONSIBLE PERSON

Ensure that support services (mortuary, laundry, CSSD, and food services) have suitably qualified designated managers

REVIEWER

Verify that Mortuary, Laundry, CSSD, Food Services have designated managers.

CHECKLIST FOR ELEMENT 129	
SPECIFIC SUPPORT SERVICES HAVE DESIGNATED MANAGERS	
Description	Score
CSSD	
Laundry	
Food services	
Mortuary	
Total score	
Maximum possible score (sum of all scores minus the ones marked NA)	
Percentage score	%

Elements 130: Clinical Staffing needs have been determined in line with WISN

RESPONSIBLE PERSON

The hospital executive management in consultation with the district office or provincial office (depending on level of hospital) conduct a WISN assessment. All the information on the staff and clinic services required must be prepared. Use the modified Implementation Guideline of Health Workforce Normative Guides and Standards. Generate a report based on the findings of the WISN assessment to inform staffing needs.

REVIEWER

Verify that the clinical staff reflected on the organogram is aligned to the WISN report.

There is no checklist for this element

Element 131: Non-clinical staff component is determined according to service needs

RESPONSIBLE PERSON

The hospital executive management, should in consultation with the district office or provincial office (depending on level of hospital), conduct an assessment of the non-clinical staffing needs based on the package of services offered, clinical staffing and hospital catchment population. A report should be generated based on the findings of this assessment.

REVIEWER

Verify that the non-clinical staff reflected on the organogram is aligned to the report.

There is no checklist for this element

Element 132: All clinical post are filled according to service needs

RESPONSIBLE PERSON

The hospital should fill all clinical posts based on the WISN assessment.

REVIEWER

Check whether all clinical posts according the WISN report have been filled.

CHECKLIST FOR ELEMENT 132	
ALL CLINICAL POST ARE FILLED ACCORDING TO SERVICE NEEDS	
Description	**Score**
Full time medical officer- level 1	
Full time medical officer- level 2	
Full time medical officer- level 3	
Sessional medical officer- private gp	
Community medical officer	
Intern	
Dentists- full time	
Community dental officer	
Dentist intern	
Dental therapist	
Oral hygienist	

CHECKLIST FOR ELEMENT 132	
ALL CLINICAL POST ARE FILLED ACCORDING TO SERVICE NEEDS	
Description	**Score**
Pharmacist	
Pharmacy assistants	
Dietician	
Physiotherapist	
Occupational therapist	
Psychologist	
Social workers	
Optometrist	
Professional nurses	
Grade 1	
Grade 2	
Grade 3	
Midwife	
Mental health nurse	
Opthalmic nurse	
Clinical associates	
Radiographer	
Ultrasonographer	
Enrolled nurses	
Grade 1	
Grade 2	
Grade 3	
Nursing assistants	
Grade 1	
Grade 2	
Grade 3	
Paediatrician	
Obstetrician & gynaecologist	
General surgeon	
Physician	
Orthopaedic surgeon	
Anaesthetist	
Radiologist	
Total score	
Maximum possible score	
Percentage score	**%**

NB Element 133: All non-clinical post are filled according to service needs

RESPONSIBLE PERSON

The hospital should fill all non-clinical posts based on the service needs assessment.

REVIEWER

Check that all non-clinical posts that have been identified according service needs assessment have been filled.

CHECKLIST FOR ELEMENT 133	
ALL NON-CLINICAL POST ARE FILLED ACCORDING TO SERVICE NEEDS	
Description	**Score**
Administrative clerks	
Grade 1	
Grade 2	
Grade 3	
Data capturers	
Grade 1	
Grade 2	
Grade 3	
Lay counsellors	
Health promoters	
General assistants	
Gardener	
Porters	
Cleaners	
Laundry assistants	
Mortuary assistants	
Drivers	
Human resource officers	
Finance officers	
Procurement officers	
Food services	
Cssd	
Electrician	
Boiler maker	
Total score	
Maximum possible score	
Percentage score	**%**

Element 134: Duty roster for all clinical and non-clinical service areas are available

RESPONSIBLE PERSON

Compile a monthly roster for all clinical and non-clinical service areas.

REVIEWER

Verify that there is a duty roster for all clinical and non-clinical service areas.

CHECK IN THESE FUNCTIONAL AREAS

There is no checklist for this element

☑	Accident & Emergency unit	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Audiology	☑	Mortuary
☑	Obstetrics unit	☑	Physiotherapy	☑	Medical orthotics and prosthetics	☑	Executive management
☑	Paediatric ward	☑	Occupational therapy	☑	Rehabilitative and Palliative Care	☑	Administration/ reception services
☑	Maternity ward	☑	Nutritional support (dietetics)	☑	Radiology	☑	Systems management
☑	Nursery	☑	Oral Health Services	☑	Pharmacy	☑	Supply chain management
☑	Medical ward	☑	Speech therapy	☑	Laboratory	☑	Financial management
☑	Surgical ward	☑	Social work	☑	Food Services	☑	Human resource management
☑	Intensive Care/ High Care	☑	Eye health	☑	CSSD	☑	Infrastructure
☑	Theatre	☑	Podiatry	☑	Laundry		

Component 5: Human Resources for Health

Sub-component 16: Human Resources Development

COMMITMENT FOR SUB-COMPONENT 16:
Monitor whether staff receive development training

		Who is responsible for this sub-component?
		Human Resource Management

			ELEMENTS	
ELEMENTS	NB	135	Planned in-service training is conducted	📖
	NB	136	Planned continuous professional development (CPD) is conducted	📖
	❗	137	All staff have received in-service training in the last two years on infection control standard precautions that is in-line with the SOP	📖
	❗	138	Staff are trained on the use of equipment necessary for performance of their duties	📖

🔴 **Vital** ❗ **Essential** NB **Important**

NB **Element 135:** Planned in-service training is conducted

RESPONSIBLE PERSON

Provide In-service training to all staff on all hospital policies and guidelines, and all SOP relevant to each category of staff.

REVIEWER

Verify that there is a schedule of planned in-service training. Check the registers of all such trainings that have taken place in the previous 12 months.

CHECKLIST FOR ELEMENT 135	
PLANNED IN-SERVICE TRAINING IS CONDUCTED	
Topics included	**Score**
Leadership	
Disaster management	
Outbreak management	
Workplace skills development	
Total Score	
Maximum possible score	
Percentage score	%

NB **Element 136:** Planned continuous professional development (CPD) is conducted

RESPONSIBLE PERSON

Continuous professional development is an important component for all healthcare workers to maintain their registration with the relevant statutory bodies. The hospital should offer continuous professional development activities to support their staff in maintaining their registration.

REVIEWER

Check that there is a schedule of planned continuous professional development training for all categories of healthcare workers. The registers of all such trainings that have taken place in the previous 12 months.

There is no checklist for this element

Element 137: All staff have received in-service training in the last two years on infection control standard precautions that is in-line with the SOP

RESPONSIBLE PERSON

All clinical and non-clinical staff must receive in-service training on infection control standard precautions.

REVIEWER

Check that there is a schedule of planned in-service training on infection control standard precautions for all staff. Randomly select five clinical and five non-clinical staff and check the registers of all such trainings that have taken place in the previous 24 months. Verify whether staff have received training on all areas listed in checklist 137.

There is no checklist for this element

Element 138: Staff are trained on the use of equipment necessary for performance of their duties

RESPONSIBLE PERSON

All staff must receive training on how to use equipment that is required for them to perform their daily duties.

REVIEWER

check that there is a schedule of training on the use of equipment for each clinical and non-clinical area and registers of such training in the previous 12 months.

CHECKLIST FOR ELEMENT 137											
ALL STAFF HAVE RECEIVED IN-SERVICE TRAINING IN THE LAST TWO YEARS ON INFECTION CONTROL STANDARD PRECAUTIONS THAT IS IN-LINE WITH THE SOP											
Topics included in training	Score	Clinical 1	Clinical 2	Clinical 3	Clinical 4	Clinical 5	Non Clinical 1	Non Clinical 2	Non Clinical 3	Non Clinical 4	Non Clinical 5
Healthcare professionals received training on:											
· Hand washing and hand hygiene											
· Personal Protective Equipment											
· Prevention of respiratory infections											
· Safe injection practises											
· Sharps safety											
· Waste management and disposal											
· Environmental cleanliness											
· Patient Care equipment											
· Handling of linen											
· Wound care											
Total Score											
Maximum possible score											
Percentage score	%										

CHECKLIST FOR ELEMENT 137B					
ALL STAFF HAVE RECEIVED IN-SERVICE TRAINING IN THE LAST TWO YEARS ON INFECTION CONTROL STANDARD PRECAUTIONS THAT IS IN-LINE WITH THE SOP					
	Cleaner 1	Cleaner 2	Cleaner 3	Cleaner 4	Cleaner 5
Cleaners received training on:	-	-	-	-	-
· Hand washing and hand hygiene	-	-	-	-	-
· Personal Protective Equipment	-	-	-	-	-
· Prevention of respiratory infections	-	-	-	-	-
· Waste management and disposal	-	-	-	-	-
· Environmental cleanliness	-	-	-	-	-
· Handling of linen	-	-	-	-	-

Component 5: Human Resources for Health

Sub-component 17: Human Resources Management

COMMITMENT FOR SUB-COMPONENT 17:
Monitor the conformance with relevant human resources legislations and policies

Who is responsible for this sub-component?

Human Resource Management

⚠	139	All healthcare workers have current registration with relevant professional bodies	📖
⚠	140	Non clinical staff have appropriate registration if applicable	📖
⚠	141	All relevant human resource management legislation, policies and procedures available	📖
NB	142	Staff members demonstrate that incoming policies and notices have been read	📖
NB	143	All employees details are recorded on PERSAL	📖
NB	144	Record of staff induction is available	📖
NB	145	There is an individual Performance Management Agreement for each staff member	📖
NB	146	Continued staff development needs are determined for the current financial year and submitted to the HR manager	📖
NB	147	An annual leave schedule is available	📖
NB	148	Staff satisfaction survey is conducted annually	📖
NB	149	Exit interviews are conducted for all staff that exit the hospital	📖
NB	150	Occupational Health and Safety annual audit conducted	📖
⚠	151	Occupational Health and Safety incidents are managed and recorded in a register	📖
NB	152	Quality improvement plans for human resource management are implemented	📖
NB	153	Functional employee wellness programme (EWP) in place	📖
NB	154	Medical surveillance for all employees is conducted	📖

(ELEMENTS)

🔴 **Vital**　⚠ **Essential**　NB **Important**

Element 139: All healthcare workers have current registration with relevant professional bodies

RESPONSIBLE PERSON

On an annual basis, all healthcare professionals must renew their registration with the relevant professional bodies. The human resource department should keep a copy of the registration certificate on file.

REVIEWER

Verify that all health professionals have current registration with the relevant professional bodies.

CHECKLIST FOR ELEMENT 139	
ALL HEALTHCARE WORKERS HAVE CURRENT REGISTRATION WITH RELEVANT PROFESSIONAL BODIES	
	Score
Family physician	
Full time medical officer-	
Sessional medical officer- private gp	
Community medical officer	
Intern	
Dentists- full time	
Community dental officer	
Dentist intern	
Dental therapist	
Oral hygienist	
Pharmacist	
Pharmacy assistants	
Dietician	
Physiotherapist	
Occupational therapist	
Psychologist	
Social workers	
Optometrist	
Professional nurses	
Clinical associates	
Radiographer	
Ultrasonographer	
Enrolled nurses	
Nursing assistants	
Paediatrician	
Obstetrician & gynaecologist	
General surgeon	
Physician	
Orthopaedic surgeon	
Anaesthetist	
Radiologist	
Score	
Maximum possible score	
Percentage score	%

Element 140: Non-clinical staff have appropriate registration if applicable

RESPONSIBLE PERSON

Ensure that non-clinical staff such as electricians, boilermakers, plumbers and water engineers are certified and have registration with the relevant professional bodies. The human resource department should keep a copy of the registration certificate on file.

REVIEWER

Verify that all non-clinical staff have certification/registration with the relevant professional bodies.

CHECKLIST FOR ELEMENT 140	
NON CLINICAL STAFF HAVE APPROPRIATE REGISTRATION IF APPLICABLE	
	Score
Electrician	
Boiler makers	
Plumbers	
Water engineers	
Score	
Maximum possible score	
Percentage score	

Element 141: All relevant human resource management legislation, policies and procedures available

RESPONSIBLE PERSON

Ensure that all human resource policies, procedures and legislation are available at the facility and accessible for every staff member. Download the relevant policies from **www.labour.gov.za** and **www.dpsa.gov.za**

REVIEWER

Verify that all the policies are available at the facility and accessible for staff members.

CHECKLIST FOR ELEMENT 141	
ALL RELEVANT HUMAN RESOURCE MANAGEMENT LEGISLATION, POLICIES AND PROCEDURES AVAILABLE	
	Score
Basic Conditions of Employment	
Occupational Health and Safety Act	
Labour Relation Act	
Leave Policy	
Disciplinary Process	
Injury on Duty	
Recruitment and retention policy	
Management of absenteeism	
RWOP	
Score	
Maximum possible score	
Percentage score	%

NB

Element 142: Staff members demonstrate that incoming policies and notices have been read

RESPONSIBLE PERSON

Discuss the new policies and notices that are received with staff immediately. Ensure that the relevant staff members understand the changes and determine if further training may be required. If training is required, request this using the district training protocol. Staff members that must implement and/or have knowledge of the policies/ guidelines and notices must sign the acknowledgement form for the specific policies/ guidelines and notices. Attach this to the back of the new policy/guidelines or notice and file the document.

REVIEWER

Request the human resources official to explain the process for dissemination new policies or notices to staff. Ask to see proof that staff have read and understood the policy.

There is no checklist for this element

NB

Element 143: All employees' details are recorded on PERSAL

RESPONSIBLE PERSON

PERSAL is the database for all human resources in the public sector. Ensure that all employee's details must be entered on PERSAL soon after employment.

REVIEWER

Interview the human resource officer and ask if PERSAL is updated. Assess a sample of employees to determine whether the system is updated.

There is no checklist for this element

NB

Element 144: Record of staff induction is available

RESPONSIBLE PERSON

All newly appointed staff. Staff should receive induction training within the first three months of being appointment. The training must cover at a minimum the following:

- Vision and mission of the hospital
- Batho Pele Principles; Patients Right Charter
- Operational policies and procedures
- Health and Safety of patients and staff (non-clinical risk)
- Quality improvement methodology
- Infection Prevention and Control
- Patient safety (clinical risk)

Keep attendance registers of the training conducted.

REVIEWER

Verify which staff members have been appointed in the past 12 months. Check on the training register whether these staff members have received induction training.

There is no checklist for this element

143

NB **Element 145:** There is an individual Performance Management Agreement for each staff member

RESPONSIBLE PERSON Staff members in consultation with their line manager must sign a performance management agreement.

REVIEWER Randomly select 5 clinical and non-clinical staff members and verify whether the performance agreement is up to date; line manager is identified and the assessment is conducted bi-annually (Checklist 145).

	SCORE	Clinical					Non-clinical				
		Staff member 1	Staff member 2	Staff member 3	Staff member 4	Staff member 5	Staff member 6	Staff member 7	Staff member 8	Staff member 9	Staff member 10
Performance agreement is up-to-date											
Line manager identified											
Performance agreement to be assessed bi-annually											
Score											
Maximum possible score											
Percentage score	%										

CHECKLIST FOR ELEMENT 145

THERE IS AN INDIVIDUAL PERFORMANCE MANAGEMENT AGREEMENT FOR EACH STAFF MEMBER

NB **Element 146:** Continued staff development needs are determined for the current financial year and submitted to the HR manager

RESPONSIBLE PERSON Each line manager should identify their staff development needs based on the performance management agreements. Submit a list of the development to the HR manager. The HR manager should collate these lists and plan staf developmental training appropriately.

REVIEWER Request to see that the HR manager has developed a list of staff developmental needs.

There is no checklist for this element

NB

Element 147: An annual leave schedule is available

RESPONSIBLE PERSON

Each line manager must draw up an annual leave schedule for their staff, taking into account service needs. This list must be printed and be available on the staff notice board or in a file.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

check that each clinical and non-clinical department has an annual leave schedule.

There is no checklist for this element

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology	☑ Mortuary
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics	☑ Executive management
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care	☑ Administration/ reception services
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology	☑ Systems management
☑ Nursery	☑ Oral Health Services	☑ Pharmacy	☑ Supply chain management
☑ Medical ward	☑ Speech therapy	☑ Laboratory	☑ Financial management
☑ Surgical ward	☑ Social work	☑ Food Services	☑ Human resource management
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD	☑ Infrastructure
☑ Theatre	☑ Podiatry	☑ Laundry	

NB

Element 148: Staff satisfaction survey is conducted annually

RESPONSIBLE PERSON

The hospital must in conjunction with the district/provincial office, conduct an annual staff satisfaction survey. Quality assurance and the human resource unit must analyse the results and present to hospital executive management and DHMT with recommendations for improvement. An action plan to address relevant weaknesses highlighted in the staff satisfaction survey report must be developed.

REVIEWER

Request the report of staff satisfaction survey conducted in the previous 12 months and that the action plan is being implemented.

There is no checklist for this element

NB

Element 149: Exit interviews are conducted for all staff that exit the hospital

RESPONSIBLE PERSON

The HR department must offer any staff member that is terminating their employment with the hospital na opportunity to complete an exit interview. This can be done electronically or on a hard copy. The human resource unit must analyse the results and present to hospital executive management with recommendations for improving staff retention.

REVIEWER

Request to see reports of exit interviews conducted in the previous 12 months and that an action plan has been developed to improve staff retention.

There is no checklist for this element

145

NB

Element 150: Occupational Health and Safety annual audit conducted

RESPONSIBLE PERSON

The hospital must conduct an annual OHS audit. The results of the audit must be presented to the hospital executive management with action plans to manage any risks identified.

REVIEWER

Request to see reports of OHS audit conducted in the previous 12 months and that the action plan is being implemented.

There is no checklist for this element

Element 151: Occupational Health and Safety incidents are managed and recorded in a register

RESPONSIBLE PERSON

All occupational health and safety incidents must be reported by completing the WCL1 or WCL 2 forms for all staff that was involved in an occupational health and safety incident. These forms should be submitted to the Province or District human resources unit. All the occupational health and safety incidents must be recorded in a register, together with the actions taken to manage the incident.

REVIEWER

Verify that the OHS incident register is completed accurately and includes the action plan for each incident.

There is no checklist for this element

NB

Element 152: Quality improvement plans for human resource management are implemented

RESPONSIBLE PERSON

The HR manager must develop a QIP based on the results of the staff satisfaction survey, exit interviews, occupational health and safety audits and any other audits/ surveys conducted amongst staff. These reports should contain a baseline analysis, identification of deficiencies, root cause analysis, implementation of intervention and evaluation of the intervention.

REVIEWER

request documentation pertaining to all quality improvement initiatives. These reports should contain a baseline analysis, identification of deficiencies, root cause analysis, implementation of intervention and evaluation of the intervention.

There is no checklist for this element

NB

Element 153: Functional employee wellness programme (EWP) in place

RESPONSIBLE PERSON

The HR manage is responsible for the implementation of an EWP for all staff. The EWP must be aligned to the Employee Health and Wellness Strategic Framework for the Public Service. The EWP must include the 4 priority areas: (i) HIV&AIDS, STI and TB Management; (ii) Health and Productivity Management; (iii) Safety, Health, Environment, Risk and Quality Management (SHERQ); and (iv) Wellness Management.

REVIEWER

Request for documentation of EWP activities conducted in the previous 12 months.

There is no checklist for this element

NB **Element 154** Medical surveillance for all employees is conducted

RESPONSIBLE PERSON

All employees must undergo a baseline clinical examination at the time of employment. The initial assessment may include biological monitoring. In addition, regular follow-up examinations and biological monitoring must be arranged accordingly.

REVIEWER

Check medical surveillance records to establish whether pre-placement medical examination are conducted; immunizations are offered and regular examinations are conducted on healthcare workers.

CHECKLIST FOR ELEMENT 154	
MEDICAL SURVEILLANCE FOR ALL EMPLOYEES IS CONDUCTED	
Description	**Score**
Pre-placement examination performed	
Healthcare workers are offered relevant immunisations	
Regular medical examination for all healthcare workers	
Score	
Maximum possible score	
Percentage score	**%**

Component 6: Support Services

Sub-component 18: Hygiene and cleanliness

COMMITMENT FOR SUB-COMPONENT 18:
Monitor whether the required procedures and resources are available to ensure

Who is responsible for this sub-component?

Shared across all service areas, patient support services and hospital corporate services

❗	155	Exterior of the hospital is clean and tidy	❓🙂
❗	156	All cleaners are trained on cleaning protocols and procedures	📖
NB	157	Cleaning schedules are available	📖
NB	158	All work completed is signed off by cleaners and verified by manager or delegated staff member	📖
❗	159	Clinical Service areas are clean	❓🙂
❗	160	Support service areas are clean	❓🙂
❗	161	Clean running water, toilet paper, liquid hand wash soap and disposable hand paper towels are available	❓🙂
❗	162	Toilets are clean, intact and functional in all service areas	❓🙂
❗	163	Bathrooms are clean, intact and functional in all service areas	❓🙂
❗	164	Portable warning signs indicating wet areas are used	❓🙂
❗	165	Disinfectant, cleaning materials and equipment are available	❓🙂

ELEMENTS

🔴 **Vital**　❗ **Essential**　NB **Important**

Element 155: Exterior of the hospital is clean and tidy

RESPONSIBLE PERSON

The systems manager is responsible for ensuring that the exterior of the hospital is clean and tidy. Ensure that the facility is free of litter, the corridors, external walls and windows are clean. Use in-house services or external service providers to neaten the flower beds and cut the grass

REVIEWER

Observe whether the exterior of the facility is free from dirt and litter; walls and corridors are clean; grass is cut; paving and flower beds are free from weeds (Checklist 155)

CHECKLIST FOR ELEMENT 155	
EXTERIOR OF THE HOSPITAL IS CLEAN AND TIDY	
Description	**Score**
The facility's premises are clean(e.g. free from dirt and litter)	
Exterior walls of the facility are clean	
Corridors are clean	
Grass is cut	
Paving is free of weeds	
Flower beds are well kept and free of weeds	
Total score	
Total maximum possible score	
Percentage score	%

Element 156: All cleaners are trained on cleaning protocols and procedures

RESPONSIBLE PERSON

Appropriately train the cleaners and ensure that they are fully aware of their duties. If the facility has contract cleaners, meet with the contractor, ensure that the cleaners in your facility have been trained, and have a clear understanding of their duties. Identify and record additional training needs of cleaners. Maintain records of training of each cleaner.

REVIEWER

Request to see the training schedule for cleaners and interview a few trainers to establish if they are trained.

NB

Element 157: Cleaning schedules are available

RESPONSIBLE PERSON
Compile daily, weekly and monthly cleaning schedules for all areas in the facility. Keep a copy of the schedules in the cleanliness file.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER
Request to see the cleaning schedule for each service area.

☑	Accident & Emergency unit	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Audiology	☑	Mortuary
☑	Obstetrics unit	☑	Physiotherapy	☑	Medical orthotics and prosthetics	☑	Executive management
☑	Paediatric ward	☑	Occupational therapy	☑	Rehabilitative and Palliative Care	☑	Administration/ reception services
☑	Maternity ward	☑	Nutritional support (dietetics)	☑	Radiology	☑	Systems management
☑	Nursery	☑	Oral Health Services	☑	Pharmacy	☑	Supply chain management
☑	Medical ward	☑	Speech therapy	☑	Laboratory	☑	Financial management
☑	Surgical ward	☑	Social work	☑	Food Services	☑	Human resource management
☑	Intensive Care/ High Care	☑	Eye health	☑	CSSD	☑	Infrastructure
☑	Theatre	☑	Podiatry	☑	Laundry		

NB

Element 158: All work completed is signed off by cleaners and verified by manager or delegated staff member

RESPONSIBLE PERSON
Ensure that cleaning is in line with expected standards and that cleaners take responsibility for their allocated areas through appropriate supervision and sign-off on check lists for toilets. The manager or the professional health care staff member delegated by the manager to supervise the cleanliness of areas must also sign the checklist schedule and indicate on the schedule whether he/she is satisfied with the cleanliness of the areas. File the checklist in the cleanliness file and should be used to guide performance evaluation of cleaners.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER
Request to see the cleanliness file and the signed off work schedule forms in terms of cleanliness of the specific area listed below.

☑	Accident & Emergency unit	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Audiology	☑	Mortuary
☑	Obstetrics unit	☑	Physiotherapy	☑	Medical orthotics and prosthetics	☑	Executive management
☑	Paediatric ward	☑	Occupational therapy	☑	Rehabilitative and Palliative Care	☑	Administration/ reception services
☑	Maternity ward	☑	Nutritional support (dietetics)	☑	Radiology	☑	Systems management
☑	Nursery	☑	Oral Health Services	☑	Pharmacy	☑	Supply chain management
☑	Medical ward	☑	Speech therapy	☑	Laboratory	☑	Financial management
☑	Surgical ward	☑	Social work	☑	Food Services	☑	Human resource management
☑	Intensive Care/ High Care	☑	Eye health	☑	CSSD	☑	Infrastructure
☑	Theatre	☑	Podiatry	☑	Laundry		

Element 159: Clinical Service areas are clean

RESPONSIBLE PERSON

Ensure that the windows, walls, floors, mirrors, doors are clean in all clinical areas. The cleanliness in these areas is in line with expected standards and that cleaners take responsibility for their allocated areas. Bins must not be overflowing and the area must be odour free.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Review: Conduct a walk through the facility and observe whether the windows, windowsills, floor; countertops; door handles and mirrors are clean.

☑ Accident & Emergency unit	☑ Surgical ward	☑ Nutritional support (dietetics)	☑ Audiology
☑ Obstetrics unit	☑ Intensive Care/ High Care	☑ Oral Health Services	☑ Medical orthotics and prosthetics
☑ Paediatric ward	☑ Theatre	☑ Speech therapy	☑ Rehabilitative and Palliative Care
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Social work	☑ Radiology
☑ Nursery	☑ Physiotherapy	☑ Eye health	☑ Pharmacy
☑ Medical ward	☑ Occupational therapy	☑ Podiatry	☑ Laboratory

CHECKLIST FOR ELEMENT 159	
CLINICAL SERVICE AREAS ARE CLEAN	
Description	**Score**
Windows clean	
Window sills clean	
Floor is clean	
Wall skirting are free of dust	
The countertops are clean	
The door handles are clean	
Mirrors are clean	
Walls are clean	
Bins are not over flowing	
Bins are clean	
The areas are odour-free	
All areas free of cobwebs	
Waiting areas are clean	
Staff rooms are clean	
Score	
Maximum possible score	
Percentage score	**%**

Element 160: Support service area are clean

RESPONSIBLE PERSON

Ensure that the windows, walls, floors, mirrors, doors are clean in all support service areas. The cleanliness in these areas is in line with expected standards and that cleaners take responsibility for their allocated areas. Bins must not be overflowing and the area must be odour free.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Review: Conduct a walk through the facility and observe whether the windows, windowsills, floor; countertops; door handles and mirrors are clean in all support service areas (Checklist 160).

☑	Food Services	☑	Mortuary	☑	Systems management	☑	Human resource management
☑	CSSD	☑	Executive management	☑	Supply chain management	☑	Infrastructure
☑	Laundry	☑	Administration/ reception services	☑	Financial management		

CHECKLIST FOR ELEMENT 160	
SUPPORT SERVICE AREAS ARE CLEAN	
Description	**Score**
Windows clean	
Window sills clean	
Floor is clean	
Wall skirting are free of dust	
The countertops are clean	
The door handles are clean	
Mirrors are clean	
Walls are clean	
Bins are not over flowing	
Bins are clean	
The areas are odour-free	
All areas free of cobwebs	
Waiting areas are clean	
Staff rooms are clean	
Score	
Maximum possible score	
Percentage score	%

Element 161: Clean running water, toilet paper, liquid hand wash soap and disposable hand paper towels are available

RESPONSIBLE PERSON

Ensure that all toilets across all clinical and service areas have clean running water, toilet paper, liquid hand wash soap and disposable hand paper towels. In addition all consultation rooms should have liquid hand wash soap and disposable hand paper towels

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Conduct a walk through the facility and observe whether all clinical and support service areas clean running water, toilet paper, liquid hand wash soap and disposable hand paper towels. Assess whether there is should have liquid hand wash soap and disposable hand paper towels all consultation rooms and vital signs rooms.

✓ Accident & Emergency unit	✓ Intensive Care/ High Care	✓ Oral Health Services	✓ Medical orthotics and prosthetics
✓ Obstetrics unit	✓ Theatre	✓ Speech therapy	✓ Rehabilitative and Palliative Care
✓ Paediatric ward	✓ Ambulatory health services (acute, chronic, obstetric)	✓ Social work	✓ Radiology
✓ Maternity ward	✓ Physiotherapy	✓ Eye health	✓ Pharmacy
✓ Nursery	✓ Occupational therapy	✓ Podiatry	✓ Laboratory
✓ Medical ward	✓ Nutritional support (dietetics)	✓ Audiology	
✓ Surgical ward			

CHECKLIST FOR ELEMENT 161	
CLEAN RUNNING WATER, TOILET PAPER, LIQUID HAND WASH SOAP AND DISPOSABLE HAND PAPER TOWELS ARE AVAILABLE	
Item	**Score**
Toilet	
Running water	
Toilet paper	
Liquid hand wash soap	
Disposable hand paper towels	
Consultation room	
Liquid hand wash soap	
Disposable hand paper towels	
Vital signs room	
Liquid hand wash soap	
Disposable hand paper towels	
Score	
Maximum possible score	
Total score for all areas	
Total maximum possible score	
Percentage score	**%**

Element 162: Toilets are clean, intact and functional in all service areas

RESPONSIBLE PERSON

Ensure that the windows, walls, floors, urinals are clean in all toilets. The cleanliness in these areas is in line with expected standards and that cleaners take responsibility for their allocated areas. Sanitary bins must not be overflowing and the area must be odour free. The toilet bowel cover must be intact and the seat stain free. The flush mechanism must be operational.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Conduct a spot check for the toilets in all clinical and service areas and check whether the windows, walls, floors, urinals are clean in all toilets. Sanitary bins must not be overflowing and the area must be odour free. The toilet bowel cover must be intact and the seat stain free. The flush mechanism must be operational.

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology	☑ Mortuary
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics	☑ Executive management
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care	☑ Administration/ reception services
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology	☑ Systems management
☑ Nursery	☑ Oral Health Services	☑ Pharmacy	☑ Supply chain management
☑ Medical ward	☑ Speech therapy	☑ Laboratory	☑ Financial management
☑ Surgical ward	☑ Social work	☑ Food Services	☑ Human resource management
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD	☑ Infrastructure
☑ Theatre	☑ Podiatry	☑ Laundry	

CHECKLIST FOR ELEMENT 162	
TOILETS ARE CLEAN, INTACT AND FUNCTIONAL IN ALL SERVICE AREAS	
ITEM	**Score**
Cleanliness of toilets	
Windows clean	
Window sills clean	
Floor is clean	
Basins are clean	
Walls are clean	
Toilets/urinals are clean	
Sanitary bins clean and not overflowing	
The areas are odour-free	
All areas free of cobwebs	
Intact and functional	
The toilet bowl seat and cover/squat pan is intact	
The toilet bowl is stain free	
The toilet flush/sensor flush is functional	
The toilet cistern cover is complete and in place	
The urinals are intact and functional	
The urinal/flush sensor is functional	
Score	
Maximum possible score	
Total score for all 3 toilets	
Total maximum possible score	
Percentage score	%

Element 163: Bathrooms are clean, intact and functional in all service areas

RESPONSIBLE PERSON

Ensure that the windows, walls, floors, urinals are clean in all bathrooms. The cleanliness in these areas is in line with expected standards and that cleaners take responsibility for their allocated areas. Sanitary bins must not be overflowing and the area must be odour free. The bath/shower cubicle must be intact and stain free. The taps must be intact and the drains free flowing.

REVIEWER

Conduct a spot check for the bathrooms in all clinical and service areas and check whether the windows, walls, floors, urinals are clean in bathrooms in all service areas.

CHECK IN THESE FUNCTIONAL AREAS

- ☑ Accident & Emergency unit
- ☑ Obstetrics unit
- ☑ Paediatric ward
- ☑ Maternity ward
- ☑ Nursery
- ☑ Medical ward
- ☑ Surgical ward
- ☑ Intensive Care/ High Care
- ☑ Theatre

- ☑ Ambulatory health services (acute, chronic, obstetric)
- ☑ Physiotherapy
- ☑ Occupational therapy
- ☑ Nutritional support (dietetics)
- ☑ Oral Health Services
- ☑ Speech therapy
- ☑ Social work
- ☑ Eye health
- ☑ Podiatry

- ☑ Audiology
- ☑ Medical orthotics and prosthetics
- ☑ Rehabilitative and Palliative Care
- ☑ Radiology
- ☑ Pharmacy
- ☑ Laboratory
- ☑ Food Services
- ☑ CSSD
- ☑ Laundry

- ☑ Mortuary
- ☑ Executive management
- ☑ Administration/ reception services
- ☑ Systems management
- ☑ Supply chain management
- ☑ Financial management
- ☑ Human resource management
- ☑ Infrastructure

CHECKLIST FOR ELEMENT 163	
BATHROOMS ARE CLEAN, INTACT AND FUNCTIONAL IN ALL SERVICE AREAS	
ITEM	
Cleanliness of bathrooms	**Score**
Windows clean	
Window sills clean	
Floor is clean	
Basins are clean	
Walls are clean	
Toilets/urinals are clean	
Sanitary bins clean and not overflowing	
The areas are odour-free	
All areas free of cobwebs	
Intact and functional	
The bathtub/shower cubicle is intact	
The bathtub/shower cubicle is stain free	
The taps are functional	
The bathtub/shower drain is free flowing	
Score	
Maximum possible score	
Total score for all 3 toilets	
Total maximum possible score	
Percentage score	**%**

155

Element 164: Portable warning signs indicating wet areas are used

RESPONSIBLE PERSON

South African regulations made under the **Occupational Health and Safety Act, 1993** as well as by-laws require employers to provide and maintain safety signs where there is significant risk to health and safety. Crucial in any work environment, the purpose is to prevent injury and ensure staff and visitors are well aware of the possible dangers and hazards ahead in certain situations and/or environments.

Wet floor signs are used to notify and/or remind people of slip and fall hazards in the immediate area. These hazards include the presence of liquid or other slippery substance on the walking surface as a result of routine cleaning, accidental spills, product leaks, or presence of inclement weather conditions.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe whether during the cleaning process of any clinical or service areas these warning signs are displayed until the area is dry.

✓	Accident & Emergency unit	✓	Ambulatory health services (acute, chronic, obstetric)	✓	Audiology	✓	Mortuary
✓	Obstetrics unit	✓	Physiotherapy	✓	Medical orthotics and prosthetics	✓	Executive management
✓	Paediatric ward	✓	Occupational therapy	✓	Rehabilitative and Palliative Care	✓	Administration/ reception services
✓	Maternity ward	✓	Nutritional support (dietetics)	✓	Radiology	✓	Systems management
✓	Nursery	✓	Oral Health Services	✓	Pharmacy	✓	Supply chain management
✓	Medical ward	✓	Speech therapy	✓	Laboratory	✓	Financial management
✓	Surgical ward	✓	Social work	✓	Food Services	✓	Human resource management
✓	Intensive Care/ High Care	✓	Eye health	✓	CSSD	✓	Infrastructure
✓	Theatre	✓	Podiatry	✓	Laundry		

Element 165: Disinfectant, cleaning materials and equipment are available

RESPONSIBLE PERSON

Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains specifications for cleaning equipment from **www.health.gov.za**. Verify that the facility has the prescribed list of non-negotiable disinfectant, cleaning materials and equipment. and ensure that facility has disinfectant, cleaning materials and equipment at all times.

Obtain material safety data sheets for all cleaning material used in the facility.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Conduct a spot check to assess if the disinfectant, cleaning materials and equipment is available at the facility.

✓	Accident & Emergency unit	✓	Ambulatory health services (acute, chronic, obstetric)	✓	Audiology	✓	Mortuary
✓	Obstetrics unit	✓	Physiotherapy	✓	Medical orthotics and prosthetics	✓	Executive management
✓	Paediatric ward	✓	Occupational therapy	✓	Rehabilitative and Palliative Care	✓	Administration/ reception services
✓	Maternity ward	✓	Nutritional support (dietetics)	✓	Radiology	✓	Systems management
✓	Nursery	✓	Oral Health Services	✓	Pharmacy	✓	Supply chain management
✓	Medical ward	✓	Speech therapy	✓	Laboratory	✓	Financial management
✓	Surgical ward	✓	Social work	✓	Food Services	✓	Human resource management
✓	Intensive Care/ High Care	✓	Eye health	✓	CSSD	✓	Infrastructure
✓	Theatre	✓	Podiatry	✓	Laundry		

CHECKLIST FOR ELEMENT 165	
DISINFECTANT, CLEANING MATERIALS AND EQUIPMENT ARE AVAILABLE	
Description	**Score**
High level disinfection for medical equipment (e.g Sodium Perborate PowderOR Phthalaldehyde)	
Chlorine compounds (e.g Biocide D or Clorox)	
Sanitary all- purpose cleaner	
Detergent-based solutions	
Wet polymer (floor polish)	
Protective polymer(strippers)	
All cleaning materials clearly labelled	
Materials Safety Data Sheets for all cleaning products	
Cleaning equipment	
Two way bucket system for mopping floors (bucket for clean water and bucket for dirty water) OR Janitor trolley	
Colour labelled mop – Red for toilets and bathrooms	
Colour labelled mop – Blue for clinical areas and non-clinical service areas	
Mop labelled for cleaning exterior areas	
Green bucket and cloths for bathroom and consulting room basins	
Red bucket and cloths for toilet	
Yellow bucket and cloth for biohazardous waste (blood and body fluid spills)	
White cloths for kitchen	
Blue bucket and cloths for clinical areas and non-clinical service areas	
Spray bottle for disinfectant solution	
Window cleaning squeegee	
Mop sweeper or soft-platform broom	
Floor polisher	
Total score	
Total maximum possible score	
Percentage score	%

Component 6: Support services

Sub-component 19: Healthcare waste management

COMMITMENT FOR SUB-COMPONENT 19:
Monitor whether the required procedures for healthcare waste management are available and appropriately utilised

Who is responsible for this sub-component?

Systems Management

NB	166	SOP for managing general and health care risk waste is available	📖
❗	167	Health care waste is managed appropriately in all service areas	❓ 🙂
❗	168	Storage area for health care waste is appropriate	❓ 🙂
❗	169	A signed healthcare risk waste removal service level agreement between the health department and the service provider is available	📖
❗	170	Healthcare risk waste is removed in line with the contract	❓ 📖
❗	171	Register for all anatomical waste disposal is completed	❓ 📖

ELEMENTS

🔴 **Vital** ❗ **Essential** **NB** **Important**

NB **Element 166:** SOP for managing general and health care risk waste is available

RESPONSIBLE PERSON

Ensure that the facility has a SOP for managing general and healthcare risk waste is available. The SOP mujst be in conformance with the Regulations issued by the Department of Health.

REVIEWER

Review: Request to see a copy of the SOP for managing general and healthcare risk waste.

There is no checklist for this element

Element 167: Health care waste is managed appropriately in all service areas

RESPONSIBLE PERSON

Display on notice board in all service areas the instructions for the correct use of coloured bin liners to be used for sanitary disposal and general waste management.

- Medical waste disposal bins//boxes must be lined with red plastic
- General bins and sanitary disposal bins/boxes must be lined with the appropriate coloured bin liners
- All disposal bins/boxes must be clean and intact
- Broken disposal bins/boxes must be replaced with new ones

Place the sanitary, health care risk waste and general disposal bins in the appropriate areas. Disposal bins/boxed must never be more than three quarters full and disposal bins/boxes must be emptied as needed.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Use checklist 167 to ascertain whether healthcare risk is appropriately managed in all service areas.

☑ Accident & Emergency unit	☑ Surgical ward	☑ Nutritional support (dietetics)	☑ Audiology
☑ Obstetrics unit	☑ Intensive Care/ High Care	☑ Oral Health Services	☑ Medical orthotics and prosthetics
☑ Paediatric ward	☑ Theatre	☑ Speech therapy	☑ Rehabilitative and Palliative Care
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Social work	☑ Radiology
☑ Nursery	☑ Physiotherapy	☑ Eye health	☑ Pharmacy
☑ Medical ward	☑ Occupational therapy	☑ Podiatry	☑ Laboratory

CHECKLIST FOR ELEMENT 167	
HEALTH CARE WASTE IS MANAGED APPROPRIATELY IN ALL SERVICE AREAS	
	Score
Sanitary disposal bins with functional lids OR health care risk waste box	
Sanitary disposal bins/boxes lined with appropriate colour plastic bags	
Sanitary disposal bins/boxes are clean and not overflowing	
Health care risk waste disposal bins with functional lids OR health care risk waste box	
Health care waste disposal bins/boxes lined with red colour plastic bags	
Health care waste disposal bins/boxes contain only health care waste	
Health care waste disposal bins/boxes are not overflowing	
Bins available for general waste	
Bins for general waste are lined with appropriate coloured bags	
Total score	
Total maximum possible score	
Percentage score	%

159

Element 168: Storage area for health care waste is appropriate

RESPONSIBLE PERSON

Clearly demarcate storage area for general and healthcare risk. The healthcare risk management area must be accessed control, clean and rodent free, well ventilated and have adequate drainage.

REVIEWER

Use checklist 168 and assess whether storage for healthcare risk is appropriate.

CHECKLIST FOR ELEMENT 168	
STORAGE AREA FOR HEALTH CARE WASTE IS APPROPRIATE	
General waste storage area	**Score**
General waste is stored in a designated area	
General waste is stored in appropriate containers which are neatly packed or stacked	
Healthcare risk waste storage area	
Healthcare risk waste is stored in an access-controlled area	
Health care waste storage area is clean and free from rodents	
Healthcare storage area is well ventilated	
Healthcare risk waste containers must be stored on shelves	
Area has access to water to hose the area	
Area has adequate drainage for the water	
Total score	
Total maximum possible score	
Percentage score	**%**

Element 169: A signed healthcare risk waste removal service level agreement between the health department and the service provider is available

RESPONSIBLE PERSON

Ensure that there is a signed healthcare risk waste removal service level agreement between the health department and a reliable service provider.

REVIEWER

Request a copy of the signed healthcare risk waste removal service level agreement between the health department and a service provider.

There is no checklist for this element

Element 170: Healthcare risk waste is removed in line with the contract

RESPONSIBLE PERSON

The service level agreement between the health department and the service provider should stipulate frequency of healthcare risk removal. The healthcare risk must be weighed and an appropriate record must be kept at the facility.

REVIEWER

Request to see records of healthcare risk being removed and assess whether this is in line with the contract.

There is no checklist for this element

Element 171: Register for all anatomical waste disposal is completed

RESPONSIBLE PERSON

Records of all anatomical waste disposed must be available. The records must include name of patient, date of placement and disposal.

REVIEWER

Request to see register for anatomical waste disposed. The register must contain include name of patient, date of placement and date of disposal (Checklist 171)

CHECKLIST FOR ELEMENT 171	
REGISTER FOR ALL ANATOMICAL WASTE DISPOSAL IS COMPLETED	
Patient identification	
Date of placement	
Date of removal	
Total score	
Total maximum possible score	
Percentage score	%

Component 6: Support services

Sub-component 20: Centralised sterilization Services and distribution:

COMMITMENT FOR SUB-COMPONENT 20:
Monitor whether the procedures are in place and appropriately applied for the decontamination and sterilisation of medical instruments

Who is responsible for this sub-component?

Patient support services – Centralised sterilisation services and distribution

ELEMENT	NB	172	SOP for the decontamination and sterilisation of surgical and obstetric instruments is available
	NB	173	Process for the decontamination and sterilisation of surgical and obstetric instruments is adhered to
	NB	174	All sterilisation equipment is validated / licensed
	NB	175	Planned maintenance of sterlisation equipment is according to the schedule
	!	176	Sterile surgical packs are available
	!	177	Sterile obstetric packs are available

Vital   **Essential**   **Important**

NB

Element 172: SOP for the decontamination and sterilisation of surgical and obstetric instruments is available

RESPONSIBLE PERSON

Ensure that the facility has a SOP for decontamination and sterilisation of surgical and obstetric instruments

The SOP must cover at a minimum:

- Decontamination of reusable devices and surgical instruments
- Procedures on single use device
- Handling of potentially infectious instruments and materials.
- Hazardous chemicals and their use
- Procedures of packing and assembly of instruments
- Testing and use of equipment for disinfecting
- Tracking system for product sterilization, identification, recording and recalls
- Safe handling of used instruments, including their checking and transport to CSSD
- When to perform manual cleaning

REVIEWER

Request to see a copy of the SOP for and sterilisation of surgical and obstetric instruments.

There is no checklist for this element

NB

Element 173: Process for the decontamination and sterilisation of surgical and obstetric instruments is adhered to

RESPONSIBLE PERSON

Surgical and obstetric instruments must be decontaminated prior to cleaning. There is a separation of areas for decontaminating cleaned and soiled equipment. Assess the success of sterilisation for each cycle using Chemical and biological indicators.

REVIEWER

Interview the CSSD manager and understand the process followed for decontamination of surgical and obstetric instruments. Ask questions pertaining to the checklist item.

CHECKLIST FOR ELEMENT 173	
PROCESS FOR THE DECONTAMINATION AND STERILISATION OF SURGICAL AND OBSTETRIC INSTRUMENTS IS ADHERED TO	
Description	**Score**
Soiled instruments are decontaminated before cleaning	
Soiled and cleaned items are processed in separate areas	
Items for sterilisation are packaged	
Biological and/or chemical indicators are used to monitor the success of sterilisation for every cycle	
Total score	
Total maximum possible score	
Percentage score	%

NB

Element 174: All sterilisation equipment is validated / licensed

RESPONSIBLE PERSON

Procure all sterilisation equipment from authorised sellers using the procurement procedures. Ensure that all equipment have appropriate certification.

REVIEWER

Request to see validation/licences for all CSSD equipment.

There is no checklist for this element

NB

Element 175: Planned maintenance of sterlisation equipment is according to the schedule

RESPONSIBLE PERSON

Ensure that there is a planned maintenance schedule for all CSSD equipment. These should be in line with manufacturer guidelines.

REVIEWER

Request a copy of the maintenance schedule and register to assess whether planned maintenance is according to the schedule.

There is no checklist for this element

Element 176: Sterile surgical packs are available

RESPONSIBLE PERSON

A standardised list of essential surgical instruments required for surgical procures for the designated level of hospital is required. Ensure that the facility has sufficient surgical packs based on utilisation rate at the facility. Conduct quarterly audits to ensure that the facility has sufficient quantity and quality.

REVIEWER

Obtain a sample of surgical packs and audit whether the required instruments are present.

CHECKLIST FOR ELEMENT 176		
STERILE SURGICAL PACKS ARE AVAILABLE		
Description	**Quantity**	**Score**
Small stitch tray	1	
Stitch scissor	1	
Toothed Forcep	1	
Non – toothed Forcep	1	
Bard- Parkersurgical blade handle to fit accompanying blades (blades do not form part of sterilised pack but must be available)	1	
Mosquito straight	2	
Mosquito curved	2	
Artery forceps straight	2	
Artery forceps curved	2	
Needle holder	1	
Swab holder	1	

CHECKLIST FOR ELEMENT 176		
STERILE SURGICAL PACKS ARE AVAILABLE		
Description	**Quantity**	**Score**
Vasectomy kit	**Size**	
Instrument tray, covered, 22.5 × 12.5 × 5 cm		
Towel clips (Backhaus)		
Forceps, haemostatic		
straight, 14 cm		
curved, 12.5 cm		
Tissue forceps (Allis), 15 cm		
Surgical knife handle, No. 3		
Surgical blades, size 10		
Hypodermic needles, 22-gauge		
Hypodermic needles (Luer), 25-gauge		
Needles, suture, straight		
Needles, suture, for catgut (Mayo) ½circle		
Scissors, suture, angled on flat, 14 cm		
Syringe, anaesthetic (control) (Luer), 5 ml		
Syringes, hypodermic, 5 ml		
Sterilizer, instrument, 20 × 10 × 6 cm		
Forceps (Cheatle), 26.5 cm		
Mini-laparotomy kit	**Size**	
Tissue forceps (Allis), 19 cm		
Towel clips (Backhaus)		
Syringe, anaesthetic (control), 10 ml		
Hypodermic syringes, 10 ml		
20-gauge hypodermic needles, 4 cm		
Dressing forceps, 14 cm		
Tissue forceps, standard, 14 cm		
Mosquito forceps, curved, 13 cm		
Artery forceps, straight, 15.5 cm		
Tissue forceps (Babcock), 19.5 cm		
Artery forceps, curved, 20 cm		
Dressing forceps, 25 cm	size 14	
Surgical knife handle, No. 4	size 16	
Surgical blades, size 10	size 18	
Needle holder (Mayo), 17.5 cm		
Straight triangular point suture needles, 5.5 cm		
Taper point needles (Mayo), size 6		
Urethral catheters (French gauge)		
Tenaculum forceps		
Uterine elevator (Ramathibodi)		
Tubal hook (Ramathibodi)		
Proctoscope		
Stainless steel sponge bowl		
Retractors (Richardson-Eastman)		
Abdominal retractor		

CHECKLIST FOR ELEMENT 176		
STERILE SURGICAL PACKS ARE AVAILABLE		
Description	**Quantity**	**Score**
Vaginal speculum, medium (Graves)		
Suture scissors		
Operating scissors, straight, 15 cm		
Scissors, curved, 17.5 cm		
Instrument pan with lock lid		
Total score		
Percentage Score		%

Element 177: Sterile obstetric packs are available

RESPONSIBLE PERSON

A standardised list of essential obstetric instruments required for normal deliveries, episiotomies, and vacuum deliveries, insertion of intra-uterine devices, dilatation and curettage and termination of pregnancy for the designated level of hospital is required. Ensure that the facility has sufficient sterile obstetric packs based on utilisation rate at the facility. Conduct quarterly audits to ensure that the facility has sufficient quantity and quality.

REVIEWER

Obtain a sample of obstetric packs and audit whether the required instruments are present.

CHECKLIST FOR ELEMENT 177		
STERILE OBSTETRIC PACKS ARE AVAILABLE		
ITEM	**QUANTITY**	**SCORE**
NON-NEGOTIABLE ITEMS		
Stitch scissor	1	
Episiotomy scissor	1	
Cord scissor	1	
Dissecting forcep non-toothed (plain)	1	
Dissecting forcep toothed	1	
Artery forceps straight long	2	
Needle holder	1	
Small bowl	2	
Kidney dishes OR Receivers (big)	2	
EXTRAS (not part of sterilised pack)	**Quantity**	
Basin	1	
Stainless steel round bowl large	1	
Green towels	4	
Disposable apron	2	
Gauzes	5	
Vaginal tampons	1	
Sanitary Towels	2	
Round cotton wool balls	1 pack	
Umbilical cord clamps	2	

CHECKLIST FOR ELEMENT 177		
STERILE OBSTETRIC PACKS ARE AVAILABLE		
ITEM	**QUANTITY**	**SCORE**
Instruments for vacuum extraction or forceps delivery (including instruments for episiotomy and repair*)	Quantity	
Vacuum extractor (Malmstrom)	1	
Obstetric outlet forceps (Wrigley)	1	
Obstetric forceps, midcavity (Neville Barnes)	1	
Obstetric forceps, breech delivery (Piper)	1	
*Sponge forceps	1	
*Artery forceps (Spencer Wells) large		
*Artery forceps (Spencer Wells) large	1	
*Needle holder x 1	1	
*Stitch scissors x 1	1	
*Episiotomy scissors x 4	4	
*Dissecting forceps, toothed	1	
*Dissecting forceps, non-toothed	2	
Urethral catheter, rubber or latex	2	
Urethral catheters (Foley) gauges 12-21	1	
Towel clips	1	
Vaginal speculum, large (Sims)	1	
Vaginal speculum (Hamilton Bailey)	1	
Kidney dish	1	
Gallipot	1	
DILATATION AND CURETTAGE SET		
Dilators		
Dilators sizes 3/4	1	
Dilators sizes 5/6	1	
Dilators sizes7/8	1	
Dilators sizes 9/10	1	
Dilators sizes 11/12	1	
Dilators sizes 13/14	1	
Dilators sizes 15/16	1	
Forceps		
Ramples	4	
Vulsellum	2	
Polypi	2	
Cervix holding	2	
Rotunder/ urine catheter	1	
Sound	1	
Curettes sizes		
Curettes sizes 1	1	
Curettes sizes 2	1	
Curettes sizes 3	1	
Curettes sizes 4	1	
Curettes sizes 5	1	
Curettes sizes 6	1	

CHECKLIST FOR ELEMENT 177		
STERILE OBSTETRIC PACKS ARE AVAILABLE		
ITEM	**QUANTITY**	**SCORE**
Curettes sizes 7	1	
Jug	1	
Retractors	1	
Auvard	1	
Sims	1	
TERMINATION OF PREGNANCY SET		
Medium bowl with gauze		
Big receiver	1	
Vusselum clamp	1	
Short sponge		
Steri- paper		
Sterile hand paper towel	2	
CAESAREAN SECTION SET		
Dissecting forceps/ tissue holding		
Forceps	**Quantity (Minimum per set)**	
1 ramsey toothed	1	
1 bonney toothed	1	
1 gillies forceps	1	
1 mc indoe plain	1	
1 russian forceps	1	
2 lanes forceps	2	
2 allis forceps	2	
2 babcock forceps	2	
Artery forceps		
5 spencer wells (curved)	5	
5 spencer wells (straight)	5	
5 criles/mosquitoes curved/straight	5	
knockers	2	
Retractors		
1 doyens retractor	1	
2 czerneys	2	
1 morrison	1	
5 green armitages (for holding the uterus)	5	
2 roberts	2	
2 size 4	2	
Bp handles		
1 size 3	1	
1 size 5/7	1	
Scissors		
2 mayo curved scissors	2	
2 straight scissors	2	
1metzenbaum	1	

CHECKLIST FOR ELEMENT 177		
STERILE OBSTETRIC PACKS ARE AVAILABLE		
ITEM	**QUANTITY**	**SCORE**
Needle holders		
2 needle holders	2	
1 diathermy knife	1	
1 wriggles forceps	1	
1 cheatle forceps	1	
1 pool's suction	1	
1 suction tubing	1	
ramples	5	
receiver for the placenta	1	
Total score		
Total maximum possible score		
Percentage score		%

Component 6: Support services

Sub-component 21: Security

COMMITMENT FOR SUB-COMPONENT 21:
Monitor whether systems processes, procedures are in place to protect the safety of assets, infrastructure, patients and staff of the hospital

Who is responsible for this sub-component?

Systems manager

NB	178	There is a standard operating procedure for safety and security for staff and patients
NB	179	There is a signed Service Level agreement in accordance with the SOP with the outsourced service provider
NB	180	Perimeter fencing is intact
NB	181	Secure Parking for staff is provided
NB	182	There is a standard security guard room at the entrances of the hospital
NB	183	There are security guards on duty at all times
NB	184	Security breaches are managed and recorded in a register
!	185	There is access control to specified areas

Vital   **!** **Essential**   **NB** **Important**

NB

Element 178: There is a standard operating procedure for safety and security for staff and patients

Ensure that the facility has a safety and security SOP for staff and patients. The SOP must cover at a minimum the following:

- High risk areas and the specific security needs for these areas
- Access control within the facility
- Reporting of security incidents (see register for security breaches)
- Training of personnel on the management of alarms (where applicable), provision of guarding services and patrolling
- Equipment for personnel
- Maintenance and replacement of security equipment

REVIEWER

Request to see a copy of the SOP for safety and security for staff and patients.

There is no checklist for this element

NB

Element 179: There is a signed Service Level agreement in accordance with the SOP with the outsourced service provider

Establish a service agreement with a reliable security guarding service in accordance with procurement guidelines. The service level agreement must stipulate nature of service sto be provided, number of guards to be provided, shift change procedures, key daily activities and security vetting of guards

REVIEWER

Request to see a copy of the contract and/or service level agreement with the service provider.

There is no checklist for this element

NB

Element 180: Perimeter fencing is intact

Ensure that the perimeter fence is intact and the gates are functioning. Conduct a monthly walk about to ensure that perimeter fencing is intact, and gates are functioning

REVIEWER

Conduct a walk about to assess whether the perimeter fencing is intact and ask the systems manager of the nature of any breaches in the fence and if they were repaired.

There is no checklist for this element

NB

Element 181: Secure Parking for staff is provided

Ensure that the facility has onsite secured parking for the staff. If the capacity of the hospital grounds is inadequate to provide secured parking then additional space nearby the hospital must be leased via procurement practices.

REVIEWER

Observe whether there is onsite/off site secured staff parking.

There is no checklist for this element

NB **Element 182:** There is a standard security guard room at the entrances of the hospital

RESPONSIBLE PERSON

Ensure that the facility has a standard security guard room at the entrances of the hospital. The security guard room should have an alarm system linked to armed response; or safety officers should have a baton, handcuffs, cable ties, metal detectors; incident register; vehicle entrance registers.

REVIEWER

Assess the security guard room whether the guard room has an alarm system linked to armed response; or safety officers have a baton, handcuffs, cable ties, metal detectors; incident register; vehicle entrance registers (Checklist 182).

CHECKLIST FOR ELEMENT 182					
THERE IS A STANDARD SECURITY GUARD ROOM AT THE ENTRANCES OF THE HOSPITAL					
Description	**Entrance 1**	**Entrance 2**	**Entrance 3**	**Entrance 4**	**Entrance 5**
Does the facility have an alarm system linked to armed response (if Yes, checklist for security guardroom and security equipment must not be assessed. If No, assess checklist for security guardroom and security equipment)					
Security guard room	**Entrance 1**	**Entrance 2**	**Entrance 3**	**Entrance 4**	**Entrance 5**
Kitchenette – sink with cupboard underneath					
Table					
Chair					
Functioning lights					
Access to toilet					
Security equipment for security officer(s)and accompanying stationery	**Entrance 1**	**Entrance 2**	**Entrance 3**	**Entrance 4**	**Entrance 5**
Baton					
Handcuffs OR Cable ties					
Incident book					
Metal detector					
Telephone OR two-way radio OR dedicated cell phone					
Vehicle entrance register					
Total score					
Total maximum possible score					
Percentage score	%	%	%	%	%

NB **Element 183:** There are security guards on duty at all times

RESPONSIBLE PERSON

A duty roster of security guards that monitor the facility for 24 hours is available at the facility.

REVIEWER

Review the duty roster for security guards and assess whether they are present on duty.

There is no checklist for this element

NB **Element 184:** Security breaches are managed and recorded in a register

RESPONSIBLE PERSON

Record all security breaches in a Register/Incident book. All incidents must be investigated and measures taken to rectify the security breaches should be recorded in the incident book. Sign off the incident after all necessary investigations and remedial actions are implemented.

REVIEWER

Review the security breaches incident book. Assess whether security breaches are investigated and remedial action implemented.

There is no checklist for this element

Element 185: There is access control to specified areas

RESPONSIBLE PERSON

Control access to high-risk areas such as Maternity wards, Nursery, Pharmacy, Food storage areas via a digital or biometric system. Place Cameras strategically to record entry and exit.

REVIEWER

Observe whether there is access control, to Maternity wards, Nursery, Pharmacy, Food storage areas via a digital or biometric system.

CHECKLIST FOR ELEMENT 185	
THERE IS ACCESS CONTROL TO SPECIFIED AREAS	
Description	**Score**
Maternity ward	
Nursery	
Pharmacy	
Accident and Emergency	
Food storage areas	
Total score	
Total maximum possible score	
Percentage score	%

Component 6: Support services

Sub-component 22: Food Services

COMMITMENT FOR SUB-COMPONENT 22:
Monitor whether systems, processes and procedures are in place to provide adequate food services for patients

Who is responsible for this sub-component?

Patient Support Services – Food Services

		ELEMENTS		
NB	186	A valid contract and Service Level Agreement for out sourced food services is available	?	📖
NB	187	SOP for food services management is adhered to	?	📖
NB	188	All equipment in the kitchen is functional	?	🙂
NB	189	Guidelines for storage, preparing and serving of food are adhered to	?	📖
NB	190	A menu cycle of 8-12 days is available for all normal and therapeutic diets	?	📖
NB	191	Schedule for meal times is adhered to	🙂	📖
NB	192	Food parcels are provided to patients referred to other hospitals	?	📖

Vital   Essential   **NB** Important

NB **Element 186:**   A valid contract and Service Level Agreement for out sourced food services is available

RESPONSIBLE PERSON
If the food services are outsourced- Establish a service agreement with a reliable food service provider in accordance with procurement guidelines. The service level agreement must stipulate daily meal schedules, daily rations, and menu and hygiene practices.

REVIEWER
Request to see a copy of the contract and/or service level agreement with the service provider.

There is no checklist for this element

Element 187: SOP for food services management is adhered to

RESPONSIBLE PERSON

Ensure that the facility has hot water for washing dishes, clean and appropriate trolleys for transporting of meals and hand washing facilities for staff preparing food.

REVIEWER

Verify whether the SOP for food management is adhered to by assessing whether there is hot water for dishwashing; dedicated trolleys for food deliveries; clean food trolleys and appropriate handwashing facilities are available (Checklist 187)

CHECKLIST FOR ELEMENT 187	
SOP FOR FOOD SERVICES MANAGEMENT IS ADHERED TO	
Desciption	**Score**
Hot water is available for dishwashing	
There are dedicated trolleys for delivery of food	
Food trolleys are clean	
Appropriate handwashing facilities are available	
Total score	
Total maximum possible score	
Percentage score	%

Element 188: All equipment in the kitchen is functional

RESPONSIBLE PERSON

All the equipment in the kitchen must be functional. The food services manager must conduct fortnightly checks and any non-functional equipment must be repaired.

REVIEWER

Request the food services for information about the functionality of equipment within the kitchen and documentary proof of checks and request for repairs.

There is no checklist for this element

NB **Element 189:** Guidelines for storage, preparing and serving of food are adhered to

RESPONSIBLE PERSON

Download the Guidelines for the storage, preparation and serving of food from the Department of Health website. Ensure that copy of these guidelines are available in the kitchen and conduct training of staff on the guideline.

REVIEWER

evaluate whether the guidelines for storage, preparation and serving of food is adhered to.

CHECKLIST FOR ELEMENT 189	
GUIDELINES FOR STORAGE, PREPARING AND SERVING OF FOOD ARE ADHERED TO	
Desciption	**Score**
Food services staff have received training on storage, preparing and food safety	
Standardised therapeutic recipes posted in the food preparation and tray line areas to ensure correct, consistent meal preparation and portion size	
Menus options to cater for patients' religious and cultural needs	
Storage	
The temperatures on the fridges and freezers are monitored and recorded twice a day	
Milk and meat stored at 4 degrees and frozen vegetables at – 18 degrees)	
Dry goods must be stored off the floor	
Dry goods must be protected from moisture	
Raw and ready to eat food should be stored in separate cold stores	
If no separate freezes or fridges then raw meat should be stred at the bottom of refrigerator	
Food preparation areas are divided and separated according to the following food:	
Raw meat	
Fish	
Vegetables	
Infant's feeds (if the hospital admits infants)	
There is designated preparation equipment for raw meat ,fish and vegetables. OBS	
(Guidance: These should be coloured coded, e.g. red for raw, brown for cooked meat, green for vegetables, etc.)	
Serving of food	
Food is kept covered when leaving the kitchen until served; either wrapped or in containers with fitted lids.	
Heated trolleys must maintain a temperature of at least 63C	
Total score	
Total maximum possible score	
Percentage score	%

NB Element 190: A menu cycle of 8-12 days is available for all normal and therapeutic diets

RESPONSIBLE PERSON

Develop a menu for breakfast, lunch and supper for normal as well as therapeutic diets. This menu must be developed for a 8-12 day cycle.

REVIEWER

Request a copy of the menu for 8-12 days for both normal and therapeutic diets. Ask the food services manager if the above is adhered to or there are any deviations.

CHECKLIST FOR ELEMENT 190	
A MENU CYCLE OF 8-12 DAYS IS AVAILABLE	
Description	**Score**
Normal diet	
Therapeutic diet	
Total score	
Total maximum possible score	
Percentage score	**%**

NB Element 191: Schedule for meal times is adhered to

RESPONSIBLE PERSON

Develop a daily mealtime schedule for breakfast, lunch and supper for patients. Serve meals on schedule.

REVIEWER

Request a copy of the daily schedule for meal times. Ask patients if they receive their meals as per schedules and if there are any delays.

There is no checklist for this element

NB Element 192: Food parcels are provided to patients referred to other hospitals

RESPONSIBLE PERSON

Ensure that the hospital has a process for supplying meals for patients referred to other hospitals to cater for the duration of transport. Record this in the daily register where number of meals served is recorded.

REVIEWER

Request to see records of register where number of meals served daily is recorded. Assess whether any patients referred are recorded in the register.

There is no checklist for this element

Component 6: Support services

Sub-component 23: Laundry

COMMITMENT FOR SUB-COMPONENT 23:
Monitor whether systems, processes and procedures are in place to ensure clean linen for patients

Who is responsible for this sub-component?

Patient support services – Laundry

NB	193	A valid contract and Service Level Agreement for out sourced laundry services is available
NB	194	SOP for the management of laundry is adhered to
NB	195	Guidelines for management linen is adhered to
NB	196	Planned maintenance of laundry equipment is according to the schedule

ELEMENTS

 Vital   **!** Essential   **NB** Important

NB **Element 193:** A valid contract and Service Level Agreement for out sourced laundry services is available.

RESPONSIBLE PERSON
If the laundry services is not insourced than establish a service agreement with a reliable laundry service in accordance with procurement guidelines. A schedule for laundry collection and return must be part of the Service level agreement and this must be adhered to.

REVIEWER
Request to see a copy of the contract and/or service level agreement with the service provider.

There is no checklist for this element

NB

Element 194: SOP for the management of laundry is adhered to

RESPONSIBLE PERSON

Ensure that the facility has the correct SOP for the design, layout of the laundry. Demarcate the various areas with the laundry. Compile and inventory of all usable stock.

REVIEWER

Conduct a walk through and assess the design and layout of the laundry.

CHECKLIST FOR ELEMENT 194	
SOP FOR THE MANAGEMENT OF LAUNDRY IS ADHERED TO	
Description	**Score**
The layout of the Laundry must be unidirectional (avoid mixing up of dirty linen and clean linen)	
The following areas should be demarcated:	
reception	
sorting	
scrub area	
machine area	
storage	
There is an inventory list showing stock purchased, available, usable and due for disposal	
Where an outsourced service provider is contracted, there is proper reconciliation of laundry stock by the contractor.	
Total score	
Total maximum possible score	
Percentage score	%

NB

Element 195: Guidelines for management linen is adhered to

RESPONSIBLE PERSON

Sort the linen at the source into clean, soiled or infectious waste. The laundry must be sealed and transported on a wheeled trolley. Label the Clean laundry and transport to the relevant wards. The storage cupboard must be appropriately labelled.

REVIEWER

Observe whether the laundry in the relevant wards are managed in accordance to the guidelines.

CHECKLIST FOR ELEMENT 195	
GUIDELINES FOR MANAGEMENT LINEN IS ADHERED TO	
Description	**Score**
Clean, dirty, soiled and infectious linen is separated	
Dirty, soiled and infectious linen are collected on a wheeled cart or trolley which is labelled, clean and covered	
Clean linen are issued wheeled cart or trolley which is labelled, clean and covered	
Storage cupboards are locked, well-organised and labelled	
Total score	
Total maximum possible score	
Percentage score	%

NB **Element 196:** Planned maintenance of laundry equipment is according to the schedule

RESPONSIBLE PERSON

Sign a service level agreement with an appropariate company for the maintenance of laundry equipment. Ensure that the schedule of planned maintenance s adhered to.

REVIEWER

Request the schedule for planned maintenance of laundry equipment enquire whether this has been adhered to.

There is no checklist for this element

Component 6: Support services

Sub-component 24: Environmental health

COMMITMENT FOR SUB-COMPONENT 24:
Monitor whether there are systems, processes and procedures in place to identify, mitigate and manage environmental health risks

Who is responsible for this sub-component?
System Manager

ELEMENT	NB 197	Rodent and pest control is done according to schedule	? 📖
	NB 198	Portable water supply is sampled and tested according to schedule	? 📖
	NB 199	Stored water supply is sampled and tested according to schedule	? 📖
	NB 200	Air quality is tested according to schedule	? 📖
	NB 201	Environmental Health inspections conducted six monthly	? 📖
	NB 202	Quality Improvement plans for identified environmental health risks are implemented	? 📖

Vital   **Essential**   NB **Important**

NB **Element 197:** Rodent and pest control is done according to schedule.

RESPONSIBLE PERSON

Establish a service agreement with a reliable rodent and pest control company in accordance with procurement guidelines. A schedule for rodent and pest control must be part of the Service level agreement and this must be adhered to.

REVIEWER

Request the schedule for rodent and pest control and enquire whether this has been complied with.

There is no checklist for this element

NB **Element 198:** Portable water supply is sampled and tested according to schedule

RESPONSIBLE PERSON

Establish contact with the Water Department at the local municipality. Develop a schedule together with the Water Department for testing of portable water at the facility. Ensure that this schedule is adhered to.

REVIEWER

Request the schedule for testing of portable water at the facility and enquire whether this has been complied with.

There is no checklist for this element

NB **Element 199:** Stored water supply is sampled and tested according to schedule

RESPONSIBLE PERSON

Establish contact with the Water Department at the local municipality. Develop a schedule together with the Water Department for testing of stored water at the facility. Ensure that this schedule is adhered to.

REVIEWER

Request the schedule for testing of stored water at the facility and enquire whether this has been complied with.

There is no checklist for this element

NB **Element 200:** Air quality is tested according to schedule

RESPONSIBLE PERSON

Establish contact with the Air Quality Management Department at the local municipality. Develop a schedule together with the Air Quality Management Department for testing of air quality at the facility. Ensure that this schedule is adhered to.

REVIEWER

Request the schedule for testing of air quality at the facility and enquire whether this has been complied with.

There is no checklist for this element

NB **Element 201:** Environmental Health inspections conducted six monthly

RESPONSIBLE PERSON

Establish contact with the Environmental Health Department at the local municipality. Ensure that the Environmental Health Practitioners conduct six monthly inspects for Rodents, Pest, Air quality, waste and healthcare waste.

REVIEWER

Request the certificate or report on environmental inspections for Rodents, Pest, Air quality, waste and healthcare waste.

CHECKLIST FOR ELEMENT 201	
ENVIRONMENTAL HEALTH INSPECTIONS ARE CONDUCTED SIX MONTHLY	
Description	**Score**
Rodents	
Water	
Air quality	
Pest control	
Health waste	
Total score	
Total maximum possible score	
Percentage score	%

Element 202: Quality Improvement plans for identified environmental health risks are implemented

RESPONSIBLE PERSON

Conduct an analysis of the environmental health risks based on inspection and other related reports. Prioritise the risk and develop risk mitigation strategies.

REVIEWER

Request the environmental health risks reports and inspect whether the action plans have been implemented

CHECKLIST FOR ELEMENT 202	
QUALITY IMPROVEMENT PLANS FOR IDENTIFIED ENVIRONMENTAL HEALTH RISKS ARE IMPLEMENTED	
Description	**Score**
Rodents	
Water	
Air quality	
Pest Control	
Health waste	
Total score	
Total maximum possible score	
Percentage score	%

183

Component 6: Support services

Sub-component 25: Mortuary

COMMITMENT FOR SUB-COMPONENT 25:
Monitor whether there are systems, process and procedures in place to manage mortal remains

Who is responsible for this sub-component?

Mortuary Services

			ELEMENTS	
NB	203	A functional mortuary is onsite		
NB	204	The temperature of the refrigerators is recorded twice daily		
NB	205	Cleaning materials used in the mortuary have been approved by the relevant authority.		
NB	206	SOP for management of mortal remains are adhered to		

🔴 **Vital**   ❗ **Essential**   NB **Important**

Element 203: A functional mortuary is onsite

RESPONSIBLE PERSON

A functional mortuary must be available onsite at all hospitals in order to manage the mortal remains of patients.

REVIEWER

Assess whether onsite mortuary is functional.

CHECKLIST FOR ELEMENT 203	
A FUNCTIONAL MORTUARY IS ONSITE	
Description	**Score**
The mortuary is easily accessible to mortuary staff and related service providers	
Rerigerated rooms for Body-storage systems are available	
Body cabinets for Body-storage systems are available	
Single shelves available for storage of bodies	
Shelves are made of stainless steel	
Shelves are free from rust	
The long-term storage of bodies are to be kept at a lower temperature	
The following clearly marked areas are available within the mortuary:	
Reception area for members of the public	
Ablution areas for staff	
Visitors' admin space close to the reception area	
Staff admin space close to the point where a body is delivered to the mortuary	
Office space for pathologists to write up reports	
Waiting and circulation areas for visitors to the mortuary.	
Viewing room, from where a body can be viewed through a curtained glass window	
Body-display room, where a body is placed for identification purposes	
Body preparation area	
Shower facilities (staff) .	
Changing room (staff)	
Storage space for equipment and clothing that is worn in the body-preparation and autopsy spaces	
Body-storage facility (cold room or refrigerated cabinets),	
Total score	
Total maximum possible score	
Percentage score	**%**

NB **Element 204:** The temperature of the refrigerators is recorded twice daily

RESPONSIBLE PERSON

Temperature control is vital for the storage of mortal remains of patients. Record the temperature twice daily and address any potential deviations.

REVIEWER

Measure the temperature of the refrigerators in the mortuary and check whether the temperature is recorded twice daily.

There is no checklist for this element

NB **Element 205:** The relevant authority has approved cleaning materials used in the mortuary.

RESPONSIBLE PERSON

Cleaning material that is approved by the relevant authority is required for the mortuary. Obtain A list of approved cleaning material from Emergency Medical Services or Forensic Services and ensure that supply chain procures the specific cleaning material.

REVIEWER

Obtain a list of the approved cleaning material for mortuary. Request the items used for cleaning the mortuary and assess them against the approved list.

There is no checklist for this element

NB **Element 206:** SOP for management of mortal remains are adhered to.

RESPONSIBLE PERSON

Mortal remains should be placed in a polythene bag, sealed in an air tight container, embalmed and placed in a non-transparent coffin. Maintain a register for mortal

REVIEWER

Use checklist 206 to assess whether the SOP for management of mortal remains is adhered to.

CHECKLIST FOR ELEMENT 206	
SOP FOR MANAGEMENT OF MORTAL REMAINS ARE ADHERED TO	
SOP for management of mortal remains are adhered to	**Score**
Human remains are placed in a polythene bag, sealed in an airtight container, placed in a sturdy non-transparent sealed coffin, embalmed	
An updated register of mortal remains is available	
Total score	
Total maximum possible score	
Percentage score	

Component 7: Infrastructure

Sub-component 26: Physical space and non-medical equipment

COMMITMENT FOR SUB-COMPONENT 26:
Monitor whether the physical space is adequate and functional for the hospital workload, and whether timely maintenance is undertaken

Who is responsible for this sub-component?

Infrastructure, but each service and operational area is required to be compliant

ELEMENT	(!)	207	Hospital space accommodates all service and support areas
	(!)	208	There are approved plans for all buildings in the hospital
	(!)	209	All building(s)are compliant with safety regulations
	(!)	210	All building (s) are maintained according to a schedule
	(!)	211	Piped medical gas supply is available
	(!)	212	Piped and portable suction is available
	(!)	213	There is a process for emergency and adhoc repairs to non-medical equipment and infrastructure

Vital   **Essential**   **Important**

187

Element 207: Hospital space accommodates all service and support areas

RESPONSIBLE PERSON

Establish whether the facility has sufficient space to accommodate all service and support areas based on the category of hospital and package of services provided. If the space is insufficient then write a motivation to the relevant authority (District/ Province)

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Use checklist 207 to assess if the hospital space accommodates all service and support areas.

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology
☑ Nursery	☑ Oral Health Services	☑ Pharmacy
☑ Medical ward	☑ Speech therapy	☑ Laboratory
☑ Surgical ward	☑ Social work	☑ Food Services
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD
☑ Theatre	☑ Podiatry	☑ Laundry

☑ Mortuary
☑ Executive management
☑ Administration/ reception services
☑ Systems management
☑ Supply chain management
☑ Financial management
☑ Human resource management
☑ Infrastructure

CHECKLIST FOR ELEMENT 207	
HOSPITAL SPACE ACCOMMODATES ALL SERVICE AND SUPPORT AREAS	
General	**Score**
Main waiting area	
Help desk/Reception/patient registration	
Toilets	
Clinical Service Areas	**Accident & Emergency**
Triage	
Consulting room	
Counselling room	
Observation area	
Emergency/resuscitation room	
Support /administration areas	**Accident & Emergency**
Unit manager office	
Staff tea room with kitchenette	
Medicine store room/cupboard/trolley	
Surgical stores store-room	
Lockable cleaning material store room OR cupboard	
Dirty utility room	

CHECKLIST FOR ELEMENT 207	
HOSPITAL SPACE ACCOMMODATES ALL SERVICE AND SUPPORT AREAS	
General	**Score**
Linen room OR cupboard	
Disaster stores room	
Dr's rest room	
Exterior space	
Parking spaces	
Staff parking space	
Disabled parking space	
Ambulance parking space	
Total score	
Percentage score	**%**

Element 208: There are approved plans for all buildings in the hospital

RESPONSIBLE PERSON

Establish whether the facility has approved building plans. If the facility is unaware or do not have them a request should be made to the municipality for a copy of the building plans.

REVIEWER

Request to see a copy of the hospital building plans. Establish whether all buildings in the current structure are included in the plans.

There is no checklist for this element

Element 209: All building(s)are compliant with safety regulations

RESPONSIBLE PERSON

To be compliant with safety regulations, the facility requies an updated fire certificate, electrical compliance certificate, engineers certificate and plumbing certificate.

REVIEWER

Request to see a copy of the certificates listed in Checklist 209. Ensure that these certificates are current and not expired.

CHECKLIST FOR ELEMENT 209	
ALL BUILDING(S)ARE COMPLIANT WITH SAFETY REGULATIONS	
Description	**Score**
Fire compliance certificates	
Engineers certificate	
Plumbing compliance certificate	
Electrical compliance certificates	
Total score	
Percentage score	**%**

189

Element 210: All building (s) are maintained according to a schedule

RESPONSIBLE PERSON

Main the hospitals buildings according a schedule. The infrastructure department must develop a schedule for building maintenance and this should be available for all service and support areas.

REVIEWER

Request to see a copy of the maintenance schedule for the buildings. During the facility walk about enquire form staff if maintenance has been conducted in accordance with the schedule. Use checklist 210 to assess compliance

CHECKLIST FOR ELEMENT 210 A (APPLICABLE TO ALL BUILDINGS)	
ALL BUILDING (S) ARE MAINTAINED ACCORDING TO A SCHEDULE	
Area and measures	Scores
EXTERIOR OF BUILDING(S)	
Walls - paint in good condition	
Roof intact	
GUTTERS	
a. Intact	
b. Paint in good condition	
DOORS AND GATES	
a. Working condition	
b. Handles working	
c. Open and close	
LIGHTS	
a. Present	
b. Functional	
C. Paving is intact	
Total score	
Total maximum possible scor	
Percentage score	

CHECKLIST FOR ELEMENT 210B (INTERIOR OF BUILDINGS)	
Area and measures	Scores
INTERIOR OF BUILDING(S)	
Toilets present	
Wall mounted paper towel dispenser(s)	
Wall mounted hand soap dispenser(s)	
Wall tiles in good condition	
Walls - paint in good condition	
CEILING	
a. Present	
b. Paint in good condition	
c. Intact	

CHECKLIST FOR ELEMENT 210B (INTERIOR OF BUILDINGS)	
LIGHTS	
a. Present	
b. Functional	
WINDOWS	
a. Window panes intact (glass not broken)	
b. Handles working	
c. Windows can open and close	
DOORS	
a. Present	
a. Intact	
b. Handles working	
c. Open and close	
HAND WASH BASINS	
a. Present	
b. Intact	
c. Taps functional (with running water)	
VENTILATION	
Adequate natural (windows) OR mechanical ventilation (ceiling fans/air conditioner)	
Total score	
Total maximum possible scor	
Percentage score	

CHECKLIST FOR ELEMENT 210 C (APPLICABLE TO THEATRE, PHARMACY & ISOLATION WARD)	
Mechanical ventilation (must be present)	
Present	
Intact	
Functional	
Total score	
Total maximum possible scor	
Percentage score	
Total score for checklist 210 a + 210b + 210c	
Total maximum possible score (sum of all samples scores minus those marked NA) for checklist 210a +210b+210c	
Percentage score	

Element 211: Piped medical gas supply is available

RESPONSIBLE PERSON

Enter into a service level agreement with a reliable supplier for the provision of piped medical gas. This should be available in emergency department, theatre, high care/ICU, nursery and maternity/labour wards. Check The supply of piped medical gas daily. Main the hospitals buildings according a schedule.

REVIEWER

Assess whether piped medical gas is available by turning on the valves. Request a copy of the daily checklist and signature to see if has been checked daily.

There is no checklist for this element

CHECK IN THESE FUNCTIONAL AREAS

| ☑ | Accident & Emergency unit | ☑ | Maternity unit | ☑ | Intensive Care/ High Care | ☑ | Theatre |

Element 212: Piped and portable suction is available

RESPONSIBLE PERSON

Piped and portable suction should be available in emergency department, theatre, high care/ICU, and nursery and maternity/labour wards.

REVIEWER

Assess whether piped and portable suction. Test the suction units to assess whether the units are functional.

There is no checklist for this element

CHECK IN THESE FUNCTIONAL AREAS

☑	Accident & Emergency unit	☑	Nursery	☑	Intensive Care/ High Care	☑	Ambulatory health services (acute, chronic, obstetric)
☑	Paediatric ward	☑	Medical ward	☑	Theatre		
☑	Maternity ward	☑	Surgical ward				

Element 213: There is a process for emergency and adhoc repairs to non-medical equipment and infrastructure

RESPONSIBLE PERSON

Adhoc repairs and maintenance may be required at the facility. Establish a process for the emergency and adhoc repairs of non-medical equipment and infrastructure..

REVIEWER

Request a copy of the standard operating procedure if available. Interview staff and assess whether they are aware of the process for emergency and adhoc repairs of non-medical equipment and infrastructure.

There is no checklist for this element

Component 7: Infrastructure

Sub-component 27 : Bulk supplies

COMMITMENT FOR SUB-COMPONENT 27:
Monitor whether the required electricity supply, water supply and sewerage services are constantly available

Who is responsible for this sub-component?

Systems Management but each service and operational area is required to be compliant

		ELEMENTS		
!	214	Hospital has functional un-interrupted potable water supply	?	☺
!	215	Hospital has emergency water supply	?	☺
!	216	Hospital has a functional back-up electrical supply available in designated areas	?	☺
!	217	The sewerage system is functional	?	☺

🔴 **Vital**　　! **Essential**　　NB **Important**

! **Element 214:** Hospital has functional un-interrupted potable water supply

RESPONSIBLE PERSON — The facility in cooperation with the municipality ensure that there is piped water supply available at all times to the facility. The 24-hour contact number of the local municipality's water supply department must be prominently displayed on the facility's notice board together with other emergency numbers of essential services.

REVIEWER — Open the water taps in all service and operational areas to determine whether there is water supply. Ask the relevant manager about water supply interruptions.

There is no checklist for this element

Element 215: Hospital has emergency water supply

RESPONSIBLE PERSON

The facility manager must ensure that there is a backup supply of water in the event of interruptions to supply. Ensure that the municipality fills water tanks and these are checked on a fortnightly basis. Arrange water tankers when there is an interruption of water supply.

REVIEWER

Assess whether water tanks are available. Ask the relevant manager as to when these tankers are checked, process for re-filling and availability of water tankers.

There is no checklist for this element

Element 216: Hospital has a functional back-up electrical supply available in designated areas

RESPONSIBLE PERSON

Ensure that a generator is permanently stationed at the facility, or an Uninterrupted Power Supply (UPS) or Solar power is available for back-up in the event of an electrical failure. If a generator is present, assign a staff member to check the fuel levels on a monthly basis and after every use. Prominently display thee emergency contact number for the generator maintenance on the facility notice board.

REVIEWER

Assess whether back-up electricity supply is available in designated service areas. Ask the relevant manager as to the process for re-fuelling the generator.

There is no checklist for this element

Element 217: The sewerage system is functional

RESPONSIBLE PERSON

Ensure that the facility has a piped sewerage removal system or a septic tank system. Prominently display the emergency contact number for the district maintenance services and the local municipality on the facility notice board.

REVIEWER

Assess whether the piped sewage system is functional. There must also be no leaking drainpipes outside the building.

There is no checklist for this element

Component 7: Infrastructure

Sub-component 28: Health technology

COMMITMENT FOR SUB-COMPONENT 28:
Monitor whether essential equipment, instruments and required furniture are available

Who is responsible for this sub-component?

Systems Management, Supply chain management and Financial Management but each service and operational area is required to be compliant

NB	218	Furniture is available and intact in all service and support areas	😊
!	219	Essential medical equipment is available and functional	😊
!	220	All health technology is certified/licensed	📖
-\/-	221	Resuscitation room is equipped with functional basic equipment	❓😊
!	222	Essential equipment and instruments for surgery are available	❓😊
!	223	Intensive care units/High care unit is equipped with functional basic equipment	❓😊
-\/-	224	Essential instruments for obstetric are available	❓😊
!	225	Schedule for Planned maintenance of medical equipment is adhered to	📖
NB	226	SOP for reactive maintenance of medical equipment is available	📖
!	227	Piped medical gas supply is maintained	❓😊
-\/-	228	Oxygen cylinders with oxygen gauge are available	❓😊
NB	229	Redundant and non-functional equipment are removed from the hospital according to guidelines	❓📖

-\/- **Vital**   ! **Essential**   NB **Important**

NB **Element 218:** Furniture is available and intact in all service and support areas

RESPONSIBLE PERSON

Obtain a list of essential furniture required for each consulting room and operational area. Using the list conduct a quarterly audit to assess whether the furniture is available, intact and functional.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Request a copy of quarterly audit of furniture for each service and operational area.

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology	☑ Mortuary
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics	☑ Executive management
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care	☑ Administration/ reception services
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology	☑ Systems management
☑ Nursery	☑ Oral Health Services	☑ Pharmacy	☑ Supply chain management
☑ Medical ward	☑ Speech therapy	☑ Laboratory	☑ Financial management
☑ Surgical ward	☑ Social work	☑ Food Services	☑ Human resource management
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD	☑ Infrastructure
☑ Theatre	☑ Podiatry	☑ Laundry	

CHECKLIST FOR ELEMENT 218	
FURNITURE IS AVAILABLE AND INTACT IN ALL SERVICE AND SUPPORT AREAS	
Description	Score
WAITING AREAS	
Seating	
a. Adequate seating for all patients	
b. Chairs / benches intact	
Notice boards available	
Notice boards available	
CONSULTING ROOMS/INPATIENT WARDS	
Desk	
a. Available	
b. Intact (including the drawers)	
Chair (clinician)	
a. Available	
b. Intact	
At least 1x chair (patient)	
a. Available	
b. Intact	
Tilting examination couch	

CHECKLIST FOR ELEMENT 218	
FURNITURE IS AVAILABLE AND INTACT IN ALL SERVICE AND SUPPORT AREAS	
Description	**Score**
a. Available	
b. Intact	
Bedside footstool	
a. Available	
b. Intact	
Lockable medicine cupboards	
a. Available	
b. Intact	
Dressing trolley (at bedside for examination equipment)	
a. Available	
b. Intact (including the drawers)	
Lockable medicine trolley	
a. Available	
b. Intact	
Hospital Bed with side restraints	
a. Available	
b. Intact	
Drip stand	
a. Available	
Instrument trolley	
a. Available	
b. Intact	
Bar fridge	
a. Available	
b. Intact	
Total score	
Total maximum possible score	
Percentage score	%

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Element 219: Essential medical equipment is available and functional

RESPONSIBLE PERSON

Obtain a list of essential equipment required for services. Using the list conduct a monthly audit to assess whether the essential equipment is available, intact and functional in all consultation rooms.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Request a copy of monthly audit of essential equipment for each service area.

☑ Accident & Emergency unit	☑ Surgical ward	☑ Nutritional support (dietetics)	☑ Audiology
☑ Obstetrics unit	☑ Intensive Care/ High Care	☑ Oral Health Services	☑ Medical orthotics and prosthetics
☑ Paediatric ward	☑ Theatre	☑ Speech therapy	☑ Rehabilitative and Palliative Care
☑ Maternity ward	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Social work	☑ Radiology
☑ Nursery	☑ Physiotherapy	☑ Eye health	☑ Pharmacy
☑ Medical ward	☑ Occupational therapy	☑ Podiatry	

CHECKLIST FOR ELEMENT 219	
ESSENTIAL MEDICAL EQUIPMENT IS AVAILABLE AND FUNCTIONAL	
Item	**Score**
Stethoscope	
Non-invasive Baumanometer (wall mounted/ portable)	
Adult, paediatric and large cuffs (3) for Baumanometer	
Diagnostic sets -including ophthalmic pieces(wall mounted or portable)	
Patella hammer	
Tuning fork (only required in one consultation room)	
Tape measure	
Clinical thermometers	
Wall mounted or portable angle poise style examination lamp	
Blood glucometer	
Peak flow meter	
Adult clinical scale up to 150 kg	
HB meter	
Height measure	
Urine specimen jars	
Baby scale	
Bassinet	
Score for all rooms	
Maximum possible score	
Percentage score	%

Element 220: All health technology is certified/licensed

RESPONSIBLE PERSON

All health technology purchased must meet approved regulatory standards such as South African Bureau of Standards. If regulations require that the health technology be licenced the Licence should be available.

REVIEWER

Assess a sample of five major equipment and inspect whether the equipment has standards specification/licence and approval.

There is no checklist for this element

Element 221: Resuscitation room is equipped with functional basic equipment

RESPONSIBLE PERSON

Equip the resuscitation rooms in emergency areas, obstetrics, inpatient wards and consultations areas with the necessary equipment to attend to emergencies. Restock the resuscitation room, trolley, and audit daily.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Request a daily record of the audit and restock of the resuscitation room.

☑	Accident & Emergency unit	☑	Maternity ward	☑	Surgical ward	☑	Ambulatory health services (acute, chronic, obstetric)
☑	Obstetrics unit	☑	Nursery	☑	Intensive Care/ High Care		
☑	Paediatric ward	☑	Medical ward	☑	Theatre		

CHECKLIST FOR ELEMENT 221	
RESUSCITATION ROOM IS EQUIPPED WITH FUNCTIONAL BASIC EQUIPMENT	
Item	Score
Emergency trolley with lockable medicine drawer and accessories	
Examination couch	
Wall or ceiling mounted angle poise style examination lamp	
Nebuliser OR face mask with nebuliser chamber for adult and paediatric	
Functional electric powered OR manual suction devices and suction catheters	
Kick about with bucket	
Anaesthetist stool (round stool on wheels)	
Drip stand	
Dressing trolley	
Cardiac arrest board	
Thermal (space) blanket	
Suture material	
Gloves exam n/sterile gloves: small, medium and large at least one pair of each size	
Gloves surgical sterile latex: 6 OR 6.5, 7 OR 7.5 and 8 at least one pair of each size	
Protective face shields OR goggles with face mask	
Disposable plastic aprons	
Disposable non-sterile face masks	
Resuscitation algorithms	

CHECKLIST FOR ELEMENT 221	
RESUSCITATION ROOM IS EQUIPPED WITH FUNCTIONAL BASIC EQUIPMENT	
Item	**Score**
Resuscitation documentation register	
Wall mounted liquid hand soap dispenser	
Wall mounted hand paper dispenser	
Equipment for neonatal resuscitation	**Score**
Mucus catheter (sterile), rubber, open-ended, 15 French gauge	
Nasal catheter (sterile), rubber, open-ended, 8 French gauge	
Endotracheal tubes, sterile, 12 French gauge	
Curved stylet, sterile (for stiffening endotracheal tube when intubation is difficult)	
Suction catheters, sterile, 6 French gauge	
Infant laryngoscope (Magill), with spare bulb and batteries	
Ventilator bag	
Oxygen cylinder, either with 40-cm water manometer and flowmeter or with safety valve and rubber bag (simple resuscitator)	
Infant face masks	
Airways	
Umbilical vein catheters, sterile	
Heat source	
Thermometer, low-reading	
Mouth suction device (Delee)	
Total score	
Percentage score	**%**

⚠️ **Element 222:** Essential equipment and instruments for surgery are available

RESPONSIBLE PERSON

Equip the theatres with the required essential equipment to perform procedures. Determine the minimum quantity by the theatre utilisation rate. Using the list conduct a quarterly audit to assess whether the essential equipment and instruments for surgery is available, intact and functional.

REVIEWER

Request a copy of quarterly audit of essential equipment and instruments for surgery.

CHECKLIST FOR ELEMENT 222			
ESSENTIAL EQUIPMENT AND INSTRUMENTS FOR SURGERY ARE AVAILABLE			
Item	**Quantity**	**Size**	**Score**
GENERAL INSTRUMENTS			
Sponge forceps (Rampley)			
Instrument pins (Mayo)	4	25 cm	
Towel clips (Backhaus)	4		
Artery forceps (Crile):			
straight	6	11 cm	
curved	6	16 cm	
Artery forceps (mosquito):			
straight	6	16 cm	
curved	6	13 cm	
Curved artery forceps (Mayo or Kelly)	6	13 cm	

CHECKLIST FOR ELEMENT 222			
ESSENTIAL EQUIPMENT AND INSTRUMENTS FOR SURGERY ARE AVAILABLE			
Item	Quantity	Size	Score
Straight artery forceps (Spencer Wells)	6	20 cm	
Tissue forceps (Allis)	6	20 cm	
Standard dissecting forceps:			
toothed	4	15 cm	
non-toothed	2	14.5 cm	
Long dissecting forceps, toothed	2	14.5 cm	
Long dissecting forceps, non-toothed	1	25 cm	
Straight dissecting scissors (Mayo)	1	25 cm	
Curved dissecting scissors (Mayo)	2	17 cm	
Dissecting scissors (Metzenbaum)	1	23 cm	
Stitch scissors, with blunt ends	1	18 cm	
Rake retractors (Volkmann), 4-toothed	2	15 cm	
Rake self-retaining retractors	2	22 cm	
Retractors (Langenbeck):			
narrow	2	21 cm	
medium	2	6.0 mm wide	
Retractors (Deaver):	2	9.5 mm wide	
medium			
large	1	25 mm blade	
Hook retractors	1	75 mm blade	
Needle holders (Mayo):			
medium	2	15 cm	
large	9	15 cm	
Scalpel handles No. 3 (Bard-Parker)	2	17.5 cm	
Scalpel handles No. 4 (Bard-Parker)	12		
Scalpel handles No. 5 (Bard-Parker)	12		
Suction nozzle (Yankauer)	4		
Nozzle (Poole-Wheeler)	1	28.5 cm	
Diathermy electrodes, coagulating and fulgurating	1		
Flexible probe, with round point	2		
Grooved director (Kocher)	1	20 cm	
Stainless-steel sponge bowls:			
small	6		
medium	6		
large	6		
Stainless-steel kidney dishes:			
small	4		
medium	4		
large	4		
Stainless-steel gallipots			
Sinus forceps	2		
Abdominal instruments			
Self-retaining retractor with 3 blades (Balfour)	1		

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CHECKLIST FOR ELEMENT 222			
ESSENTIAL EQUIPMENT AND INSTRUMENTS FOR SURGERY ARE AVAILABLE			
Item	Quantity	Size	Score
Proctoscope (anal speculum, Goligher):			
child-size	1	6 cm	
adult-size	1	7.5 cm	
Sigmoidoscope, complete with pump:			
child-size	1		
adult-size	1		
Light source with cable, to fit sigmoidoscope	1		
Biopsy forceps	2		
Clamps (Moynihan), box-joint	6	23 cm	
Gallbladder trocar and cannula (Ochsner)	1		
Gallstone forceps (Desjardin)	1		
Malleable probe and scoop (Moynihan)	1		
Lacrimal probes, set of 3	1		
Tissue forceps (Duval):			
medium	2	15.5 cm	
large	2	19 cm	
Crushing clamps (Payr):			
small	2	21 cm	
large	2	36 cm	
Crushing clamps (Schoemaker):			
small	2	17 cm	
large	2	20 cm	
Malleable copper retractors (spatulae)	2		
Occlusion clamps (Doyen):			
straight	2	22.5 cm	
curved	2	22.5 cm	
Twin occlusion clamps (Lane)	1	31.8 cm	
Intestinal tissue-holding forceps (Babcock)	4	24.0 cm	
Glass rods	2		
GYNAECOLOGY INSTRUMENTS			
Vaginal specula (Sims):			
small	1	1	
large	1	3	
Weighted vaginal speculum (Auvard)	1	38 × 75 mm	
Vulsellum forceps (Teale or Duplay)	2	28 cm	
Episiotomy scissors	2		
Vacuum extraction apparatus	1		
Amniohook	1		
Uterine sound (Simpson)	1	30 cm	
Double-ended uterine dilators, set of 6	1	26 × 7 mm to 26 ×14 mm (various sizes)	
Uterine curettes (Sims)	1	24 cm	
Ovum forceps (de Lee)	1		

CHECKLIST FOR ELEMENT 222			
ESSENTIAL EQUIPMENT AND INSTRUMENTS FOR SURGERY ARE AVAILABLE			
Item	**Quantity**	**Size**	**Score**
Cranial perforator	6	22.5 cm	
Straight hysterectomy forceps (Péan)	2		
Craniotomy forceps	8	20 cm	
Uterine haemostasis forceps (Green-Armyrage)			
Conjunctival scissors	2		
Conjunctival forceps	1		
Extracapsular forceps	1		
Chalazion clamp	1		
Chalazion curettes, set of 3 sizes	1		
Enucleation scissors	1		
Straight ring scissors	1		
Spring scissors (Westcott)			
Corneal scissors (Castroviejo):			
right	1		
left	1		
Iris scissors	2		
Iris forceps	1		
Needle holder, curved with lock (Castroviejo)	1		
Operating loupe (or similar magnifying device)	1		
Capsule forceps, non-toothed	1		
Simple ball-type cautery	2		
Muscle hooks	2		
Strabismus hooks	1		
Cystotome	1		
Vectis	1		
Periosteal elevator	1		
Iris retractor	1		
Iris spatula (repositor)	1		
Irrigating cannula	1		
Meibomian curette	1		
Eyelid clamp (and/or Trabut plate)	1		
Flat cataract curette	1		
Knife needle	1		
Spirit lamp with hot-point cautery	1		
Tear-duct probes	1		
Irrigating cannula	1		
Air cannula	1		
ORTHOPAEDIC INSTRUMENTS			
Plaster instruments:			
plaster saw (Tenon)	1		
plaster saw (Engel)	1		
shears (Stille)	1	46 cm	
scissors (Böhler)	1	25 cm	
opening shears (Daw)	1		

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CHECKLIST FOR ELEMENT 222			
ESSENTIAL EQUIPMENT AND INSTRUMENTS FOR SURGERY ARE AVAILABLE			
Item	**Quantity**	**Size**	**Score**
bandage scissors (Lister)	1		
plaster spreader	1		
Pneumatic tourniquet	1		
Rubber bandages (Esmarch)	2		
Pins (Steinmann), with covers for ends			
Hand chuck for introducing pins (T-handle)	1		
Stirrups (Böhler)			
Wires (Kirschner)			
Wire stirrups (Kirschner)	6		
Hand drill and drill bits (Zimmer)	1 set		
Mallet (Heath)	1	38 mm head	
Small mallet	1		
Straight osteotomes (Stille):			
broad	2	18 × 160 mm	
narrow	2	6 × 160 mm	
Straight chisels (Stille)	2		
Straight gouges	2		
Orthopaedic self-retaining retractor	1		
Tissue forceps (Lane)	2		
Spoons (Volkmann):			
small	1	17 cm	
medium	1	21 cm	
Amputation knife	1	20 cm	
Amputation saw (Satterlee)	1		
Finger saw	1		
Bone-holding forceps (Fergusson or Lane)	2		
Bone levers (Lane)	2		
Rugine (Farabeuf)	1		
Compound-action bone nibbler (rongeur)	1		
Compound-action bone-cutting forceps	1	19 cm	
Bone file	1		
Skull callipers (Crutchfield)	1		
Skull callipers (Cone), with spanner	1		
Auriscope and aural specula	1 set		
Otolaryngology instruments			
Ear syringe	1		
Head mirror	1		
Nasal specula (Thudicum), set of 4 sizes	1		
Angled dressing forceps (Tilley)	2		
Self-retaining retractor (West)	1		
Aural probe, hook, and curette	1 set		
Myringotome	1		
Mouth gag (Boyle - Davis):			
Angled tongue depressors	2		

CHECKLIST FOR ELEMENT 222			
ESSENTIAL EQUIPMENT AND INSTRUMENTS FOR SURGERY ARE AVAILABLE			
Item	**Quantity**	**Size**	**Score**
Small suction tubes	9		
Small catspaw retractors (Kilner)	9		
Tracheal dilator (Bowlby)	1		
Assorted tracheostomy tubes or tracheostomy sets			
Urogenital instruments			
Curved urethral bougies (Clutton)	2 sets	10-24 Ch.	
Straight bougies (Powell)	2 sets	10-24 Ch.	
Filiform bougies	2 sets	33 cm long	
Bougies (Guyon), for use as filiform guide		2-6 Ch.	
Bougies, 5/8 of a circle, olive-tipped (Hey Grove), set of 3	1		
Soft penile clamps	9		
Suprapubic trocars and cannulas	1	25 Ch.	
Catheter introducer (Malecot)	1	30 Ch.	
Catheter introducer (Foley)	1		
Vascular instruments			
Bulldog clamps	4	22 mm	
Clamps (Satinsky), with 3 different blade shapes	1 set		
Narrow-jaw needle holders (Hegar)			
EQUIPMENT			
Theatre equipment	**Quantity**	**Size**	**Score**
FIXED EQUIPMENT			
Fixed operating-room light			
Ultraviolet light source			
Scrub basins with hot and cold running water			
Exhaust fans	1		
Electric autoclave with horizontal drum	1		
Electric or kerosene sterilizer for boiling instruments			
OTHER EQUIPMENT			
Operating table, universal frame-type with headpiece	1		
Plaster, orthopaedic fracture table (modified Watson-Jones)	1		
Utensil sterilizer for bowls, boiling-type	1		
Electric or kerosene hot-air sterilizer	2		
Forceps sterilizers (Cheatle), heavy-duty	2		
Forceps sterilizers (Harrison)	4		
Instrument trolleys	2		
Anaesthetic trolleys	4		
Instrument stands with trays (Mayo)			
Instrument stands with bowls:	2		
Stands for swabs	2		
Portable aspirating surgical suckers, electric	2		
Portable aspirating surgical suckers, foot-operated			
Cylindrical sterilizing drums:	4		
Stainless-steel buckets with covers	4		

CHECKLIST FOR ELEMENT 222			
ESSENTIAL EQUIPMENT AND INSTRUMENTS FOR SURGERY ARE AVAILABLE			
Item	**Quantity**	**Size**	**Score**
"Kick-about" receptacles, on frames with roller casters	4		
Revolving operating stools of adjustable height (enamel finish)	2		
Footstools			
Dressing trays:	4		
Portable operating-room lights, with stands	1		
Diathermy machine	2		
Radiograph viewing boxes	2		
Dispensers for hot and cold sterile distilled water (4 litres/hour)	4		
Stretchers with combination wheel and adjustable sides	2		
Labour and delivery beds, with two-piece mattresses	4		
Folding stretchers	4		
Orthopaedic equipment			
Frames with pulleys (Böhler-Braun)			
Pulley systems:			
Wooden spreader bars, square:			
Non-elastic traction cord			
Blocks (for elevating bed), 22 cm and 30 cm high			
Overhead traction suspension frames			
Weights for traction			
Anaesthetic equipment			
Laryngoscopes	12		
Spare bulbs for laryngoscopes	30 (or 8 rechargeable batteries + charger)		
Batteries for laryngoscopes			
Magill's intubating forceps (in an emergency, ovum forceps can be used instead)	3 for each tube size		
Endotracheal tube connectors, 15 mm plastic (can be connected directly to the breathing valve)	4		
Catheter mounts (sometimes also called endotracheal tube connectors), antistatic rubber			
Breathing hose and connectors:	2		
Breathing valves (universal non-rebreathing type):	2		
Breathing systems (for continuous-flow anaesthesia) (Boyle's)	2		
SELF-INFLATING BELLOWS OR BAGS			
Anaesthetic vaporizers, for ether, halothane, and trichloroethylene (draw-over type)			
Needles and cannulas for intravenous use, including paediatric sizes and an umbilical vein catheter			
Operating gowns, face masks and caps	2		
Plain gauze and cotton-wool swabs	1		
Lithotomy set (for combined procedure)	3		
Total score			
Percentage score			%

Element 223: Intensive care units/High, care unit is equipped with functional basic equipment

RESPONSIBLE PERSON

Equip the intensive care units/ high care units with the required functional basic equipment to perform procedures. Using the checklist conduct a quarterly audit to assess whether the functional basic equipment for intensive care units is available, intact and functional.

REVIEWER

Request a copy of quarterly audit of functional basic equipment for the intensive care units.

CHECKLIST FOR ELEMENT 223

INTENSIVE CARE UNITS/HIGH CARE UNIT IS EQUIPPED WITH FUNCTIONAL BASIC EQUIPMENT			
ADULT ICU/HIGH CARE	Quantity	Size	Score
Defibrillator			
ECG Machine			
Laryngoscope			
Multiparameter monitor			
Pulse Oximeter			
Transport Ventilator(pneumatic)			
Ventilator (Basic)			
Advanced Ventilator			
Infusion Pump			
Syringe Pump			
Ophthalmoscope			
Stethoscope			
Blood Pressure Apparatus			
Reverse Osmosis plant (Portable)			
Electronic Weighing Machine			
Continuous renal replacement therapy			
Colour Doppler for general purpose			
Intra Aortic Balloon Pump			
Non Invasive Cardiac Monitor			
Portable X Ray Machine			
DVT Pumps/leg compression device			
Nebulizer			
Patient warming System Air Warmer			
Pacemaker			
Feed Pump			
Blood Warmer			
Et Co2 Monitor			
Transport Monitor			
Dialysis Machine			
Patient Controlled Anesthesia Pumps			
Mini Doppler			

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CHECKLIST FOR ELEMENT 223			
INTENSIVE CARE UNITS/HIGH CARE UNIT IS EQUIPPED WITH FUNCTIONAL BASIC EQUIPMENT			
ADULT ICU/HIGH CARE	Quantity	Size	Score
Suction Machine			
Central Monitor			
Bipap/cpap			
Air bed			
Patient bed motorized			
X ray viewer box			
Cervical collar			
Ambu bag mask set			
Electronic needle destroyer			
Flash autoclave			
Oxygen flow meter			
Suction unit			
Bedpan washer			
ICU pendants			
Computer with flat-screen monitor			
Multi-parameter patient monitor			
NEONATAL ICU/HIGH CARE			
ITEM	Quantity	Size	Score
High care bed			
ICU bed			
Closed incubator			
ICU crib			
Cardiac table			
Ambubag - infant			
Double O2 flowmeter			
O2 blender			
Suction			
Phototherapy lights			
Neo-puff			
Infusion pump			
Syringe pump			
Mulitparameter monitor (To , pulse, resp, SpO2, NIBP, iBP)			
Mulitparameter monitor (To , pulse, resp, SpO2, NIBP, iBP, ETCO2)			
CPAP with humidifier			
Ventilator with humidifier			
SiPAP with humidifier			
Total score			
Percentage score			%

Element 224: Essential instruments for obstetric are available

RESPONSIBLE PERSON

Ensure that Essential obstetric instruments for normal vaginal delivery, episiotomy, and insertion of contraceptive devices and evacuation of uterus are available in sufficient quantity at the hospital. The instruments must be sterilised after each use. Determine the minimum quantity based on utilisation rate. Using the list conduct a quarterly audit to assess whether the essential instruments for obstetrics is available, intact and functional.

REVIEWER

Request a copy of quarterly audit of essential instruments for obstetrics.

CHECKLIST FOR ELEMENT 224			
ESSENTIAL INSTRUMENTS FOR OBSTETRIC ARE AVAILABLE			
Item	**Quantity**	**Size**	**Score**
Stainless steel instrument tray with cover, 31 × 20 × 6 cm	6		
Towel clips (Backhaus box lock)	1		
Sponge forceps, 22.5 cm	1		
Straight artery forceps, 16 cm			
Uterine haemostasis forceps (Green-Armytage), 20 cm	10 packets		
Hysterectomy forceps, straight (Péan), 22.5 cm	2 packets		
Mosquito forceps, 12.5 cm	2 packets		
Tissue forceps (Allis), 19 cm	1		
Uterine tenaculum forceps, 28 cm	2		
Needle holder, straight (Mayo), 17.5 cm	1		
Surgical knife handle	1		
Surgical knife blades	1		
Triangular point suture needles, 7.3 cm, size 6	1		
Round-bodied needles No. 12, size 6	1		
Abdominal retractor (Deaver), size 3, 2.5 × 22.5 cm	1		
Abdominal retractors, double-ended (Richardson)	2		
Curved operating scissors, blunt pointed (Mayo), 17 cm	2		
Abdominal self-retaining retractor (Balfour) with 3 blades			
Straight operating scissors, blunt pointed (Mayo), 17 cm			
Scissors, straight, 23 cm			
Suction nozzle			
Suction tube, 22.5 cm, 23 French gauge			
Intestinal clamps, curved (Dry), 22.5 cm	12 pairs of each		
Intestinal clamps, straight, 22.5 cm	3		
Dressing (non-toothed tissue) forceps	2		
Instruments for evacuation of uterus	**Quantity**	**Size**	**Score**
Sponge forceps	2		
Vaginal speculum, large (Sims)	2		
Self-retaining vaginal retractor (Auvard)	1		
Vulsellum forceps (Teale)	1		
Uterine sound (Simpson)	1		
Uterine dilators, double-ended (Hegar), set of 6	1		

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CHECKLIST FOR ELEMENT 224			
ESSENTIAL INSTRUMENTS FOR OBSTETRIC ARE AVAILABLE			
Item	Quantity	Size	Score
Uterine curettes	Quantity	Size	
blunt			
sharp			
Artery forceps, small (Spencer Wells)			
Dissecting forceps			
Ovum forceps (de Lee)			
Vacuum aspirator			
Kit for insertion of intrauterine contraceptive device	Quantity	Size	Score
Metal sterilization tray, with cover			
Bivalve speculum			
small			
medium			
large			
Sponge forceps			
Long straight artery forceps			
Uterine sound			
Torch with batteries, or other suitable light source			
Scissors			
Antiseptic solution, aqueous iodine 1 in 2500			
Benzalkonium chloride 1 in 75			
IUD	Quantity	Size	
IUD inserter			
Sterile gloves			
Vulsellum forceps			
Dressing forceps			
Metal bowl			
Vulval pads			
Total score			
Percentage score			%

Element 225: Schedule for Planned maintenance of medical equipment is adhered to

RESPONSIBLE PERSON

A schedule for planned maintenance of medical equipment as per supplier specification must be available for all major equipment. A signed service level agreement between the supplier and hospital must be available. The planned maintenance schedule should be adhered

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Request evidence of planned maintenance for medical equipment is adhered to.

There is no checklist for this element

☑	Accident & Emergency unit	☑	Surgical ward	☑	Nutritional support (dietetics)	☑	Audiology
☑	Obstetrics unit	☑	Intensive Care/ High Care	☑	Oral Health Services	☑	Medical orthotics and prosthetics
☑	Paediatric ward	☑	Theatre	☑	Speech therapy	☑	Rehabilitative and Palliative Care
☑	Maternity ward	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Social work	☑	Radiology
☑	Nursery	☑	Physiotherapy	☑	Eye health	☑	Pharmacy
☑	Medical ward	☑	Occupational therapy	☑	Podiatry		

Element 226: SOP for reactive maintenance of medical equipment is available

NB

RESPONSIBLE PERSON

The facility should have a standard operating procedure for the maintenance and repair of equipment that malfunctions prior to and after the planned maintenance. Make this SOP available to each service area.

REVIEWER

Request to see a copy of the SOP for Reactive maintenance of medical equipment.

There is no checklist for this element

Element 227: Piped medical gas supply is maintained

RESPONSIBLE PERSON

Piped medical gas is essential for the emergency department, obstetrics and the theatre to be available. The facility must sign a SOP with a reliable company that will maintain and supply medical gas.

REVIEWER

Obtain a copy of the service level agreement with the gas supply company. Open and close the wall sockets to establish whether there is oxygen flow. Ask the professional nurses if supply was interrupted.

There is no checklist for this element

211

Element 228: Oxygen cylinders with oxygen gauge are available

RESPONSIBLE PERSON

The oxygen cylinders must be fitted with a functional oxygen gauge. The facility should have sufficient numbers of oxygen cylinders with the appropriate volume at all times. The facility must sign a SOP with a reliable company that will maintain and supply oxygen. Carry out Daily inspections to ensure sufficient volume of oxygen.

REVIEWER

Request to see a copy of daily oxygen cylinder volume assessment. Observe to see that each service area has oxygen cylinders with a functional gauge.

There is no checklist for this element

Element 229: Redundant and non-functional equipment are removed from the hospital according to guidelines

RESPONSIBLE PERSON

The facility should follow the Provincial/District guidelines for removal of non-functional or redundant equipment. All asset disposal forms need to be completed and a condemnation certificate issued.

REVIEWER

Assess the nature and number of items removed from the asset register. Review all the supporting documentation and availability of condemnation certificates. From the asset disposal register look whether these items were update in the asset register.

There is no checklist for this element

Component 7: Infrastructure

Sub-component 29: ICT infrastructure and hardware

COMMITMENT FOR SUB-COMPONENT 29:
Monitor whether systems for internal and external electronic communication are available and functional

Who is responsible for this sub-component?

Shared between the Systems Management but each service and operational area is required to be compliant

			ELEMENTS	
⚠	230	There is 24 hour IT system support available		❓🙂
NB	231	There is a functional switchboard		❓🙂
⚠	232	There are functional telephones in all service and operational areas		❓🙂
NB	233	There is an emergency cellular phone available		❓🙂
NB	234	There are functional computers in all service and designated operational areas		❓🙂
NB	235	There are functional printers available in designated areas		❓🙂
NB	236	There is functional internet access in all service and designated operational areas		❓🙂
NB	237	There is intranet access on all computers		❓🙂

🔴 **Vital**   ⚠ **Essential**   NB **Important**

Element 230: There is 24 hour IT system support available

RESPONSIBLE PERSON

IT support must be available 24 hours a day seven days a week at the hospital. A schedule for the supporting employees should be displayed at the Executive Management offices and the Hospital switchboard for after-hour services.

REVIEWER

Request a copy of the IT services roster. Assess whether an after hour call roster is available.

There is no checklist for this element

Element 231: There is a functional switchboard

RESPONSIBLE PERSON

A switchboard that allows for incoming and outgoing calls must be available at the facility. The switchboard should be functional at all times. Sign a service learning agreement with a PABX supplier to supply, maintain and service the switchboard.

REVIEWER

To assess functionality, the reviewer should make an outgoing call from respective service areas. Use a cell phone and make an incoming call requesting the specific extension.

There is no checklist for this element

Element 232: There are functional telephones in all service and operational areas

RESPONSIBLE PERSON

Functional telephones must be available in all service and operational areas. Each service and operational area should be able to make internal calls and with relevant pin codes or authorisation external calls.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

To assess functionality, the reviewer must make an internal call within the hospital and request via the switchboard an external call.

There is no checklist for this element

✓ Accident & Emergency unit	✓ Ambulatory health services (acute, chronic, obstetric)	✓ Audiology	✓ Mortuary
✓ Obstetrics unit	✓ Physiotherapy	✓ Medical orthotics and prosthetics	✓ Executive management
✓ Paediatric ward	✓ Occupational therapy	✓ Rehabilitative and Palliative Care	✓ Administration/ reception services
✓ Maternity ward	✓ Nutritional support (dietetics)	✓ Radiology	✓ Systems management
✓ Nursery	✓ Oral Health Services	✓ Pharmacy	✓ Supply chain management
✓ Medical ward	✓ Speech therapy	✓ Laboratory	✓ Financial management
✓ Surgical ward	✓ Social work	✓ Food Services	✓ Human resource management
✓ Intensive Care/ High Care	✓ Eye health	✓ CSSD	✓ Infrastructure
✓ Theatre	✓ Podiatry	✓ Laundry	

NB

Element 233: There is an emergency cellular phone available

RESPONSIBLE PERSON

Enter into a hospital specific cellular contract with a service provider. The cellular phone should be available for emergency calls when the switchboard is out of service.

REVIEWER

Request to see the emergency cellular phone and assess whether there is sufficient airtime for making calls.

There is no checklist for this element

NB

Element 234: There are functional computers in all service and designated operational areas

RESPONSIBLE PERSON

Each service area and designated operational area require a functional computer

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

To assess functionality, the reviewer must switch the computer on and open a minimum of one program such as Microsoft Word.

There is no checklist for this element

☑	Accident & Emergency unit	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Audiology	☑	Mortuary
☑	Obstetrics unit	☑	Physiotherapy	☑	Medical orthotics and prosthetics	☑	Executive management
☑	Paediatric ward	☑	Occupational therapy	☑	Rehabilitative and Palliative Care	☑	Administration/ reception services
☑	Maternity ward	☑	Nutritional support (dietetics)	☑	Radiology	☑	Systems management
☑	Nursery	☑	Oral Health Services	☑	Pharmacy	☑	Supply chain management
☑	Medical ward	☑	Speech therapy	☑	Laboratory	☑	Financial management
☑	Surgical ward	☑	Social work	☑	Food Services	☑	Human resource management
☑	Intensive Care/ High Care	☑	Eye health	☑	CSSD	☑	Infrastructure
☑	Theatre	☑	Podiatry	☑	Laundry		

NB

Element 235: There are functional printers available in designated areas

RESPONSIBLE PERSON

Functional printers linked to computers must be available in designated areas for printing of discharge summaries and referral letters etc. The Printer maybe network shared. Sign a service level agreement with a competent service provider for supply, leasing and maintenance of printers at the facility.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

To assess functionality, the reviewer must type a letter or request the administrator in the service area to print a letter.

There is no checklist for this element

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology	☑ Mortuary
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics	☑ Executive management
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care	☑ Administration/ reception services
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology	☑ Systems management
☑ Nursery	☑ Oral Health Services	☑ Pharmacy	☑ Supply chain management
☑ Medical ward	☑ Speech therapy	☑ Laboratory	☑ Financial management
☑ Surgical ward	☑ Social work	☑ Food Services	☑ Human resource management
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD	☑ Infrastructure
☑ Theatre	☑ Podiatry	☑ Laundry	

NB

Element 236: There is functional internet access in all service and designated operational areas

RESPONSIBLE PERSON

Internet access must be available in all service areas and designated operational areas. Sign a service level agreement with a competent service provider for internet access. Create a secure WIFI zone and if sufficient bandwidth is available open access to patients as well.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

To assess functionality, the reviewer must attempt to connect to the internet with the relevant password.

There is no checklist for this element

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology	☑ Mortuary
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics	☑ Executive management
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care	☑ Administration/ reception services
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology	☑ Systems management
☑ Nursery	☑ Oral Health Services	☑ Pharmacy	☑ Supply chain management
☑ Medical ward	☑ Speech therapy	☑ Laboratory	☑ Financial management
☑ Surgical ward	☑ Social work	☑ Food Services	☑ Human resource management
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD	☑ Infrastructure
☑ Theatre	☑ Podiatry	☑ Laundry	

NB

Element 237: There is intranet access on all computers

RESPONSIBLE PERSON

Intranet access must be available on all computers at the facility. Connect All computers to the Local Area Network. Sign a service level agreement with a competent service provider for the Local Area Network.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

To assess the availability of intranet access the reviewer should open the Provincial and Hospital home pages and access information uploaded.

There is no checklist for this element

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology	☑ Mortuary
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics	☑ Executive management
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care	☑ Administration/ reception services
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology	☑ Systems management
☑ Nursery	☑ Oral Health Services	☑ Pharmacy	☑ Supply chain management
☑ Medical ward	☑ Speech therapy	☑ Laboratory	☑ Financial management
☑ Surgical ward	☑ Social work	☑ Food Services	☑ Human resource management
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD	☑ Infrastructure
☑ Theatre	☑ Podiatry	☑ Laundry	

Component 8: Operations Management

Sub-component 30: Hospital performance

COMMITMENT FOR SUB-COMPONENT 30:
Monitor whether strategic and operational planning is conducted and the whether the key performance areas are monitored

Who is responsible for this sub-component?

The responsibility for this sub-component is with the **Executive Management**

ELEMENTS				
	NB	238	Hospital has an approved 3-5 year strategic plan	
	NB	239	Quarterly performance reviews are conducted against the hospital annual operational plan	
	NB	240	Hospital management team track key performance indicators	
	NB	241	Hospital submits all monthly data on time to the next level	
	NB	242	There is quality improvement plan for non-clinical services	
	NB	243	A management meeting is held at least monthly	

Vital   **Essential**   NB **Important**

NB **Element 238:** Hospital has an approved 3-5 year strategic plan

RESPONSIBLE PERSON
The hospital is required to develop a 3-5 year strategic plan. The strategic plan must be aligned to national DOH or provincial office priorities and considers stakeholder needs and local priorities. In addition the Strategic plans should reflect management responsibilities and accountabilities and detail targets for all action areas.

REVIEWER
Reviewer must obtain a copy of the strategic plan. Establish its time period and assess whether the plan was approved by the Hospital board and signed off by the Province.

There is no checklist for this element

NB **Element 239:** Quarterly performance reviews are conducted against the hospital annual operational plan

RESPONSIBLE PERSON

The hospital is required to develop and have an approved operational plan that provides for activities, outputs, responsibility, time frames and budget allocation. Quarterly review meetings by the executive management with the unit managers of the operational plan should be conducted and discuss targets and activities, Budget and expenditure (if relevant) Achievements, gaps and challenges, Resolutions/ mitigating actions taken and Progress on resolutions taken on previous meetings.

REVIEWER

The reviewer should request presentations and reports from the quarterly review meetings.

There is no checklist for this element

NB **Element 240:** Hospital management team track key performance indicators

RESPONSIBLE PERSON

The hospital management should receive reports for key performance indicators at minimum on a monthly basis. These performance indicators should be discussed during management meetings and areas of concerned should be addressed with specific interventions.

REVIEWER

Reviewer should obtain minutes of meeting and look for evidence that performance indicators in Checklist 240 have been discussed.

CHECKLIST FOR ELEMENT 240	
HOSPITAL MANAGEMENT TEAM TRACK KEY PERFORMANCE INDICATORS	
Description	**Score**
Human Resources	
Absenteeism	
Staff vacancies	
Turnover	
RWOP	
Financial and Systems Management	
Supply chain and procurement	
Priority Health Programmes	
Infection Control	
Pharmacy	
Clinical effectiveness	
Clinical risk	
Quality assurance (waiting times, patient and staff satisfaction)	
Risk Management	
Total score	
Total maximum possible score	
Percentage score	%

NB

Element 241: Hospital submits all monthly data on time to the next level

RESPONSIBLE PERSON

The data generated by the hospital should be entered into the approved registers and data collection sheet. The data should be verified and analysed for presentation to the executive management. The data should be graphically displayed. The indicators should then be submitted to the next level on a monthly basis and signed off.

REVIEWER

Request the data submission form and verify dates of submission, acknowledgment of receipt of data and data sign off.

There is no checklist for this element

NB

Element 242: There is quality improvement plan for non-clinical services

RESPONSIBLE PERSON

A culture of continuous quality improvement needs to permeate throughout the facility. Non-clinical services are not exempt from continuous quality improvement. Quality improvement initiatives using an appropriate methodology such as PDSA cycle should be initiated to reduce variations and any potential defects.

REVIEWER

Request documentation pertaining to all quality improvement initiatives. These reports should contain a baseline analysis, identification of variation/defect, root cause analysis, implementation of intervention and evaluation of the intervention. The quality improvement reports for the areas identified in Checklist 242 should be evaluated.

CHECKLIST FOR ELEMENT 242	
THERE US A QUALITY IMPROVEMENT PLAN FOR NON-CLINICAL SERVICES	
Description	**Score**
CSSD	
Food Services	
Linen	
Security	
Total score	
Total maximum possible score	
Percentage score	%

NB

Element 243: A management meeting is held at least monthly

RESPONSIBLE PERSON

The hospital executive management team must convene a monthly meeting. The aim of the meeting should be to provide feedback on issues pertaining to their relative disciplines as well as discuss impending changes as well as budgetary considerations

REVIEWER

The calendar for management meeting should be reviewed and minutes of meeting should provide evidence for monthly meetings.

There is no checklist for this element

Component 8: Operations Management

Sub-component 31: Management of patient experience of care

COMMITMENT FOR SUB-COMPONENT 31:
Monitor whether an annual patient experience of care survey is conducted and whether patients are provided with an opportunity to complain about or compliment the hospital and whether complaints are managed within the prescribed time

Who is responsible for this sub-component?

The responsibility for this sub-component is with the **Executive Management**

ELEMENTS

!	244	National Patient Experience of Care Guideline is available
!	245	Results of the annual Patient Experience of Care Survey are visibly displayed at main reception
!	246	An average overall score of 80% is obtained in the Patient Experience Of Care Survey
!	247	The National Guideline to Manage Complaints/Compliments/Suggestions is available
!	248	Complaints/compliments/suggestions tool kit is available
!	249	Complaints/compliments/suggestions Records show compliance to the National Guideline to Manage Complaints/Compliments/Suggestions
!	250	Targets set for complaint indicators are met
!	251	National Policy for the Management of Waiting Times is available
!	252	Patients are informed of Hospital waiting times for designated services
NB	253	Waiting times are monitored for ambulatory and other designated service areas

♥ **Vital**　！ **Essential**　NB **Important**

Element 244: National Patient Experience of Care Guideline is available

RESPONSIBLE PERSON

Ensure that the hospital has the National Patient Experience of Care Guideline-downloaded from **www.doh.gov.za**

REVIEWER

Verify that the hospital has a copy of the National Patient Experience of Care Guideline.

There is no checklist for this element

Element 245: Results of the annual Patient Experience of Care Survey are visibly displayed at main reception

RESPONSIBLE PERSON

The Patient Experience of Care Survey should be conducted in conformance with the guidelines. The data obtained should be analysed and either displayed as a Table or Graph in the main reception

REVIEWER

Observe whether the results of the last Patient Experience Survey is displayed in the main reception areas.

There is no checklist for this element

Element 246: An average overall score of 80% is obtained in the Patient Experience of Care Survey

RESPONSIBLE PERSON

The overall mean score across all the six components should be 80% or more.

REVIEWER

Verify the results of the patient experience survey and check that the overll average score is 80% or more.

There is no checklist for this element

Element 247: The National Guideline to Manage Complaints, Compliments and Suggestions is available

RESPONSIBLE PERSON

Ensure that the hospital has an electronic or hard copy of the National Guideline to Manage Complaints, Compliments and suggestions should be downloaded from **www. doh.gov.za.** The facility should familiarise itself with the requirements.

REVIEWER

Verify that the facility has a copy of the National Guideline to Manage Complaints, Compliments and suggestions.

There is no checklist for this element

⚠ **Element 248:** Complaints/compliments/suggestions tool kit is available

RESPONSIBLE PERSON

A complaints, compliments, suggestion box according to National specifications should be placed at a visible and accessible location at the entrance and or exit of the facility. The National poster that describes the process for lodging complaints/compliments/suggestion must be visibly display in at least two local languages at the main entrance/exit of the facility next to the complaints/compliments/suggestion box. A pen and sufficient copies of the complaints, compliments and suggestions forms must be available from the person managing complaints, compliments and suggestions or next to the box.

REVIEWER

Observe whether The National poster that describes the process for lodging complaints/compliments/suggestion is visibly display in at least two local languages at the main entrance/exit of the facility next to the complaints/compliments/suggestion box; a pen and sufficient copies of the complaints, compliments and suggestions forms must be available next to the box.

There is no checklist for this element

⚠ **Element 249:** Complaints/compliments/suggestions Records show compliance to the National Guideline to Manage Complaints/Compliments/Suggestions

RESPONSIBLE PERSON

The facility needs to develop a standard operating procedure for using the National Guideline for Developing a Facility Specific SOP to Manage Complaints, Compliments and Suggestions. A staff member usually the Quality Assurance Manager or the Public Relations Officer should be designated to ensure compliance with the facility's SOP to manage complaints, compliments and suggestions. The facility should capture the information from the complaints/compliment/suggestion form on the national web-based information system for Complaints/compliments/suggestions. The following records should be kept at the facility: letters of complaint and the redress letters and/or minutes of redress meeting. At the end of every month statistical data on complaints, compliments and suggestions and categories of complaints should be generated. Add to the facility's quality improvement plans areas where gaps have been identified. These should be incorporated in the facility quality improvement plan.

REVIEWER

The reviewer should assess compliance to this element by requesting a copy of the facility SOP to manage complaints, compliments and suggestions. Five complaints letters as well as five redress letters or minutes of meetings should be reviewed. The complaints, compliments, suggestion register as well as the statistical data should be reviewed to assess compliance with the SOP.

CHECKLIST FOR ELEMENT 249

COMPLAINTS/COMPLIMENTS/SUGGESTIONS RECORDS SHOW COMPLIANCE TO THE NATIONAL GUIDELINE TO MANAGE COMPLAINTS/COMPLIMENTS/SUGGESTIONS

Item	Score
The facility's/district's Standard Operating Procedure to Manage Complaints/Compliments/Suggestions is available	
Complaints letters (check the last 5 complaints resolved)	
Complaints redress letters/minutes (check the last 5 complaints resolved)	
Complaints register	
Compliments register	
Suggestion register	
Statistical data on classifications of complaints	
Statistical data on indicators for complaints, compliments and suggestions	
Total score	
Percentage score	**%**

Element 250: Targets set for complaint indicators are met

RESPONSIBLE PERSON

The facility should resolve all complaints with appropriate redress. The target is that 90% of all complaints should be resolved and 90% of the total complaints should be resolved within 25 days.

REVIEWER

Assess, from the register, that the indicators have been achieved.

CHECKLIST FOR ELEMENT 250	
TARGETS SET FOR COMPLAINT INDICATORS ARE MET	
Description	**Score**
90% of complaints are resolved	
90% of complaints are resolved within 25 days	
Total score	
Percentage score	%

Element 251: National Policy for the Management of Waiting Times is available

RESPONSIBLE PERSON

Ensure the The National Policy for the Management of Waiting Times is available either as a hard copy of electronic copy- from **www.doh.gov.za**

REVIEWER

Verify that the hospital has a copy of the National Policy for the Management of Waiting Times.

There is no checklist for this element

Element 252: Patients are informed of Hospital waiting times for designated services

RESPONSIBLE PERSON

The waiting times should be visibly displayed at the reception and waiting areas of the facility for emergency services, ambulatory services, health support services, radiology and pharmacy services

REVIEWER

Observe whether the waiting times are displayed at the reception and waiting areas for emergency services, ambulatory services, health support services, radiology and pharmacy services.

There is no checklist for this element

NB

Element 253: Waiting times are monitored for ambulatory and other designated service areas

RESPONSIBLE PERSON

The waiting time should be monitored on a quarterly basis using the prescribed National waiting time tool. A pre-determined date should be established to monitor the patients waiting time. The 1st 100 patients irrespective of the diagnosis should be tracked for all the services that were rendered to the patient on that date across all service areas. The waiting time tool should be attached to the patient's record and completed. The data should be analysed by the facility information officer and a report generated.

REVIEWER

Request a copy of the report for the latest patient waiting time survey. The report should include all ambulatory and designated service areas.

There is no checklist for this element

CHECK IN THESE FUNCTIONAL AREAS

☑ Ambulatory health services (acute, chronic, obstetric)	☑ Oral Health Services	☑ Podiatry	☑ Pharmacy
☑ Physiotherapy	☑ Speech therapy	☑ Audiology	☑ Laboratory
☑ Occupational therapy	☑ Social work	☑ Medical orthotics and prosthetics	
☑ Nutritional support (dietetics)	☑ Eye health	☑ Radiology	

Component 8: Operations management

Sub-component 32: Finance and systems

COMMITMENT FOR SUB-COMPONENT 32:
Monitor the consistent availability of a functional supply chain management system, as well as the availability of funds required for optimal service provision

Who is responsible for this sub-component?

Financial Management and Supply chain management

NB	254	The Public Finance Management Act is adhered to	📖
NB	255	Hospital has an annual financial plan aligned to allocated budget	📖
NB	256	Monthly projection and expenditure reports from BAS are available	❓ 📖
❗	257	100% of suppliers paid within 30 days from date of invoice received	❓ 📖
❗	258	Goods and Services are procured in accordance to Supply Chain procedures	🙂 📖
NB	259	LOGIS reports are used to track purchases and receipts	❓ 📖
NB	260	100% of Goods and Services received are in compliance with specifications	❓ 📖
NB	261	An up to date asset register is available	🙂 📖
NB	262	Condemned equipment are removed according to guidelines'	📖
NB	263	SOP for stock management is adhered to	📖

ELEMENTS

🔴 **Vital**   ❗ **Essential**   NB **Important**

NB

Element 254: The Public Finance Management Act is adhered to

RESPONSIBLE PERSON

The Public Finance and Management Act regulates the management of finances and sets out the procedures for efficient and effective management of all revenue, expenditure, assets and liabilities. It establishes the duties and responsibilities of government officials in charge of finances. This act is available at **www.treasury.gov.za**

The Public Finance and Management Act (PFMA) requires that the delegation of authority is through a formal letter provided to the Accounting officer. In addition, the PFMA provides guidelines for the management of wasteful and fruitless expenditure.

REVIEWER

The delegation of authority letter and the mandate must be inspected. Conduct an audit of the process of managing financial misconduct in order to assess compliance .

CHECKLIST FOR ELEMENT 254	
THE PUBLIC FINANCE MANAGEMENT ACT IS ADHERED TO	
Description	**Score**
Delegation of authority for the hospital CEO is adhered to	
Financial misconduct is managed in line with the PFMA	
Total score	
Total maximum possible score	
Percentage score	%

NB

Element 255: Hospital has an annual financial plan aligned to allocated budget

RESPONSIBLE PERSON

The hospital will prepare an annual budget and submit to the District for inclusion in District Health Plan or to the Province of a regional or tertiary hospital. On receipt of the final hospital allocation, a financial plan needs to be developed.

REVIEWER

Request a copy of the financial plan related to the allocated budget.

There is no checklist for this element

NB

Element 256: Monthly projection and expenditure reports from BAS are available

RESPONSIBLE PERSON

The Basic Accounting System (BAS) is the financial management system used to forecast and track expenditure within the institution. The hospital must generate monthly forecast and expenditure reports that are discussed at Management meetings

REVIEWER

Request copies of monthly forecast and expenditure reports.

There is no checklist for this element

Element 257: 100% of suppliers paid within 30 days from date of invoice received

RESPONSIBLE PERSON

The Government is committed to ensure that all suppliers receive payment within 30 days of receipt of an invoice.

REVIEWER

The order book, payment uploading documentation and proof of payment must be analyzed to assess whether payment has been completed within the stipulated period.

There is no checklist for this element

Element 258: Goods and Services are procured in accordance to Supply Chain procedures

RESPONSIBLE PERSON

The facility needs to procure goods and services in line with Provincial treasury guidelines. The Provincial Supply chain procedures should be available at the facility.

REVIEWER

Interview the supply chain manager and view documentary proof of selected procured items from different cost values.

There is no checklist for this element

CHECKLIST FOR ELEMENT 258	
GOODS AND SERVICES ARE PROCURED IN ACCORDANCE TO SUPPLY CHAIN PROCEDURES	
Goods and Services are procured in accordance to Supply Chain procedures	**Score**
Procurement plans indicate what purchases an institution will undertake in the short, medium and long-term	
Standards and specification for goods to be procured are available	
Requests for quotations exceeding R30 000 must comply with the provisions of the PPPFA	
Bid adjudicating committee is constituted	
Minutes of bid committee is available	
Total score	
Total maximum possible score	
Percentage score	%

NB

Element 259: LOGIS reports are used to track purchases and receipts

RESPONSIBLE PERSON

The LOGIS system is the Government wide enterprise system used for supply chain processes. The LOGIS system must be used for tracking purchases and receipts.

REVIEWER

Assess a print out of the last months LOGIS activities to determine compliance.

There is no checklist for this element

NB

Element 260: 100% of Goods and Services received are in compliance with specifications

RESPONSIBLE PERSON

Specifications must be developed for all goods and services that are procured. These specifications could be facility developed or be based on Provincial or National specifications. The receiving /procurement clerk should assess all goods and services for compliance.

REVIEWER

The receipt book for goods and services should be analysed to assess whether all goods and services were in line to specifications.

There is no checklist for this element

NB

Element 261: An up to date asset register is available

RESPONSIBLE PERSON

The facility must maintain an updated asset register for all furniture and equipment available at the facility. This asset register must be updated on a monthly basis.

REVIEWER

Select three random furniture items and medical equipment items and verify that they are present in asset register and service areas. Use Checklist 261 for assessing compliance.

CHECKLIST FOR ELEMENT 261	
AN UP TO DATE ASSET REGISTER IS AVAILABLE	
Description	**Score**
Select three furniture items the asset register and verify that each is present in the service area	
Select three furniture items from the service areas and verify that each is present in the asset register	
Select three medical equipment items the asset register and verify that each is present in the service area	
Select three medical equipment items from the service areas and verify that each is present in the asset register	
Total score	
Percentage (Total score ÷ 6) x 100	%

NB

Element 262: Condemned equipment are removed according to guidelines

RESPONSIBLE PERSON

The provincial guidelines for condemned equipment should be available at the facility. The facility should adhere to the guidelines for condemned equipment.

REVIEWER

Review: The reviewer should request a certificate of condemnation for the last six months, assess the asset disposal register and observe where the condemned equipment is stored.

CHECKLIST FOR ELEMENT 262	
CONDEMNED EQUIPMENT ARE REMOVED ACCORDING TO GUIDELINES'	
Description	**Score**
Certificate for condemned equipment is available for the last six months	
Asset disposal register must contain the following:	
Item description	
Plan disposal date	
Disposal method	
Condemned equipment must be kept in secure location prior to disposal	
Total score	
Percentage (Total score ÷ 6) x 100	%

NB

Element 263: SOP for stock management is adhered to

RESPONSIBLE PERSON

Establish a facility specific SOP for the management of stock. The SOP must stipulate turnaround times for critical stock; determination of minimum and maximum stock levels and re-order levels; stock take annually and storage of stock.

REVIEWER

The reviewer must request documentation as well as conduct an inspection. Use the Checklist to assess compliance.

CHECKLIST FOR ELEMENT 263	
SOP FOR STOCK MANAGEMENT IS ADHERED TO	
Description	**Score**
The terms of agreement for the supply of stock is available	
Turnaround times for critical stock are monitored	
Stock is stored in a bulk storage facility	
Minimum and maximum stock levels and re-order levels are stipulated	
Stock take of supplies is done annually	
Total score	
Percentage (Total score ÷ 5) x 100	%

Component 8: Operations Management

Sub-component 33: Fleet Management

COMMITMENT FOR SUB-COMPONENT 33:
Monitor the appropriate use and maintenance of hospital vehicle fleet

Who is responsible for this sub-component?

Systems Management

ELEMENTS	NB	264	Planned Maintenance for hospital vehicles is adhered to
	NB	265	Vehicle management system is in place

🔴 **Vital**   ⚠️ **Essential**   NB **Important**

NB **Element 264:** Planned maintenance for hospital vehicles is adhered to

RESPONSIBLE PERSON
Each vehicle requires planned maintenance as per the manufacturer's specification at interval of 15000 or 20000 kilometres. It is important that these intervals be adhered to.

REVIEWER
Assess the service records books for frequency of planned maintenance services.

There is no checklist for this element

NB

Element 265: Vehicle management system is in place

RESPONSIBLE PERSON

Each facility must have a vehicle management system that includes copies of the maintenance schedule, vehicle licences, driver's licences and professional permits, log sheets and fuel expenses.

REVIEWER

Request documentation or files for the vehicle management system as per the checklist

CHECKLIST FOR ELEMENT 265	
A VEHICLE MANAGEMENT SYSTEM IS IN PLACE	
Description	**Score**
There is a maintenance schedule for all vehicles	
There is a valid licence available for each vehicle	
There is a copy of a valid driver's licence and professional driver's permit for each driver	
There is a log sheet for each vehicle	
There is a fuel consumption record for each vehicle	
Total score	
Percentage (Total score ÷ 5) x 100	%

Component 8: Operations Management

Sub-component 34: Communication

COMMITMENT FOR SUB-COMPONENT 34:
Monitor whether there are appropriate systems for communicating with internal and external stakeholders.

Who is responsible for this sub-component?

Executive Management

NB	266	Relevant information sharing is done with internal stakeholders using appropriate media platforms monthly
NB	267	Relevant information sharing is done with the community using community based platforms
NB	268	Hospital observes annual health calendar days

Vital   **Essential**   NB **Important**

NB **Element 266:** Relevant information sharing is done with internal stakeholders using appropriate media platforms monthly

RESPONSIBLE PERSON
It is important for staff to have information regarding achievements and other facility based activities. The facility should update its internal website, have a monthly newsletter, or use social media and/or display messages at staff meeting or resting points.

REVIEWER
Look for evidence of communication sharing through newsletters, websites or social media platforms.

There is no checklist for this element

NB **Element 267:** Relevant information sharing is done with the community using community based platforms

RESPONSIBLE PERSON
The community are important stakeholders for the facility and it is important that relevant information is communicated that will be beneficial to them using community based newspapers, imbizo's and local radio stations.

REVIEWER
Look for evidence of communication sharing through community based newspapers, imbizo's and local radio stations.

There is no checklist for this element

233

NB **Element 268:** Hospital observes annual health calendar days

RESPONSIBLE PERSON

The facility must obtain a list of health awareness days from the National Department of Health. The Public relation officer and relevant clinical service providers must plan information sharing sessions for the calendar days.

REVIEWER

Look for evidence of that information sharing for annual health awareness days were conducted.

There is no checklist for this element

Component 8: Operations Management

Sub-component 35: Management Information Systems

COMMITMENT FOR SUB-COMPONENT 35:
Monitor whether there is an appropriate information system that produces information for service planning and decision-making.

Who is responsible for this sub-component?

Shared by the Hospital Corporate Services (Executive Management, Systems Management, Supply Chain Management, Administration and Reception Services, Finance and Human Resources Management)

NB	269	National District Health Management Information System policy is adhered to	📖
NB	270	There is a functional electronic patient registration system	❓🙂
NB	271	ICD 10 coding is utilised	❓🙂
NB	272	There is an up to date electronic human resource management information system (PERSAL)	❓🙂
NB	273	There is an up to date financial management information system (BAS)	❓🙂
NB	274	There is an up to date procurement management information system (LOGIS)	❓🙂

ELEMENTS

🔴 **Vital**   ❗ **Essential**   NB **Important**

NB

Element 269: National District Health Management Information System policy is adhered to

RESPONSIBLE PERSON

The facility should obtain a copy of the National District Health Management Information System policy from **www.doh.gov.za**. A facility specific standard operating procedure for the collection, capturing, analysis and reporting of the Hospital specific dataset must be developed. Data must be submitted monthly and timeously to the District or Province.

REVIEWER

The Reviewer must request documentary evidence for the National Distritc Health Management Information system; Facility DHMIS SOP and minimum dataset. The reviewer must assess whether the DHIS registers are completed and whether data is submitted on time. Interview the FIO and ask whether any training was provided.

CHECKLIST FOR ELEMENT 269	
NATIONAL DISTRICT HEALTH MANAGEMENT INFORMATION SYSTEM POLICY IS ADHERED TO	
Description	**Score**
National District Health Management Information System policy is available	
Facility level DHMIS SOP is available	
National and Provincial Information Indicator Data Set for Hospitals is available	
Relevant DHIS registers are completed	
FIO submits all monthly data to CEO for approval on time	
Hospital information officer and data capturer's trained on the hospital level Guidelines for Data Management	
Total score	
Total maximum possible score (sum of all scores minus the NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	**%**

NB

Element 270: There is a functional electronic patient registration system

RESPONSIBLE PERSON

All patients attending the facility must be recorded on the Health Patient Repository System so that a central database is created for all patients accessing public health facilities.

REVIEWER

Request to see evidence of patients registered on the electronic system and the system is functional.

There is no checklist for this element

NB

Element 271: ICD 10 coding is utilised

RESPONSIBLE PERSON

ICD 10 diagnostic classification should be used for all patients consulted at the facility.

REVIEWER

The discharging records should be assessed to application of ICD 10 codes.

There is no checklist for this element

NB

Element 272: There is an up to date electronic human resource management information system (PERSAL)

RESPONSIBLE PERSON

The PERSAL system is the National Human Resource System utilised in South Africa. All personnel employed within health facilities must have their details entered within the system and have PERSAL numbers.

REVIEWER

Request the human resource officers to produce evidence that the system has been updated to the last calendar month prior to assessment.

There is no checklist for this element

NB

Element 273: There is an up to date financial management information system (BAS)

RESPONSIBLE PERSON

The BAS system is used to capture financial transactions across all facilities in South Africa. All financial transactions of the health facilities must be recorded in BAS.

REVIEWER

Request the financial officers to produce evidence that the system has been updated to the last calendar month prior to assessment.

There is no checklist for this element

NB

Element 274: There is an up to date procurement management information system (LOGIS)

RESPONSIBLE PERSON

The LOGIS system is used to record all items procured at health facilities in South Africa. All goods and services procured at the facilities must be recorded on the LOGIS.

REVIEWER

Request the supply chain management officers to produce evidence that the system has been updated to the last calendar month prior to assessment.

There is no checklist for this element

Component 8: Operations Management

Sub-component 36: Emergency Medical Services and planned patient transport

COMMITMENT FOR SUB-COMPONENT 36:
Monitor the effectiveness of emergency responses and planned patient transport

Who is responsible for this sub-component?

Administration/Reception Services

NB	275	Emergency contact numbers (fire, police, ambulance) are displayed in all service and operational areas	? 📖
NB	276	EMS available for priority maternity transfers	📖
NB	277	EMS available for emergency inter-facility transfer	📖
NB	278	EMS response complies with the pre-determined response time	📖
NB	279	There is a schedule for planned patient transport	📖
NB	280	Planned patient transport is provided according to schedule	📖

ELEMENTS

🔴 **Vital**   ❗ **Essential**   🟡 **Important**

NB **Element 275:** Emergency contact numbers (fire, police, ambulance) are displayed in all service and operational areas

RESPONSIBLE PERSON

Display Emergency contact numbers in all service and operational areas. The numbers should include:

- Fire: Obtain this number from the local municipality
- Police: The National Emergency number 10111 and the local police station number
- Ambulance Services: 10177, 112, or the local base unit number

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe that the emergency numbers are displayed in all service and operational areas.

There is no checklist for this element

☑	Accident & Emergency unit	☑	Ambulatory health services (acute, chronic, obstetric)	☑	Audiology	☑	Mortuary
☑	Obstetrics unit	☑	Physiotherapy	☑	Medical orthotics and prosthetics	☑	Executive management
☑	Paediatric ward	☑	Occupational therapy	☑	Rehabilitative and Palliative Care	☑	Administration/ reception services
☑	Maternity ward	☑	Nutritional support (dietetics)	☑	Radiology	☑	Systems management
☑	Nursery	☑	Oral Health Services	☑	Pharmacy	☑	Supply chain management
☑	Medical ward	☑	Speech therapy	☑	Laboratory	☑	Financial management
☑	Surgical ward	☑	Social work	☑	Food Services	☑	Human resource management
☑	Intensive Care/ High Care	☑	Eye health	☑	CSSD	☑	Infrastructure
☑	Theatre	☑	Podiatry	☑	Laundry		

NB **Element 276:** EMS available for priority maternity transfers

RESPONSIBLE PERSON

Maternal Obstetric Ambulances that are full equipped and have the appropriate category of human resources should be available within the District.

REVIEWER

Ask the nursing manager in the maternity unit about access to ambulances for priority maternal transfers.

There is no checklist for this element

NB **Element 277:** EMS available for emergency inter-facility transfer

RESPONSIBLE PERSON

EMS Transport should be accessible and available for emergency inter-facility transfer.

REVIEWER

Ask the emergency department physicians about access to ambulances for priority maternal transfers.

There is no checklist for this element

239

NB

Element 278: EMS response complies with the pre-determined response time

RESPONSIBLE PERSON

Obtain the norm for the EMS response time from the Provincial/District EMS service manager. At the facility the staff member requesting patient emergency transport must record the patient name, date and time patient transport was requested, referral destination, and date and time of patient collection in the ambulance response time. On a monthly basis, monitor the trend in response time to determine whether the EMS complies with the norm.

REVIEWER

Request the facility for reports on EMS response times for the past quarter.

There is no checklist for this element

NB

Element 279: There is a schedule for planned patient transport

RESPONSIBLE PERSON

The district emergency medical services in consultation with the District management team should develop an annual schedule for planned patient transport. The planned patient transport schedule must be available and displayed at all clinical service areas as well as the transport booking office.

REVIEWER

Request for the planned patient transport schedule for the current calendar year.

There is no checklist for this element

NB

Element 280: Planned patient transport is provided according to schedule

RESPONSIBLE PERSON

Maintain a register that details the name of the patients scheduled for planned patient transport services in the booking office. This register should include details of whether the patient were transported on the scheduled date and reasons if not transported in terms of the schedule.

REVIEWER

Request for the planned patient transport register for the current calendar year and review if the service is offered per schedule.

There is no checklist for this element

Component 8: Operations Management

Sub-component 37: Disaster and emergency preparedness

COMMITMENT FOR SUB-COMPONENT 37:
Monitor whether the hospital is equipped and prepared for management of internal and external disaster

Who is responsible for this sub-component?

The responsibility for this sub-component is with the Executive Management but each service and operational area is required to be compliant

NB	281	There is an inter-sectoral plan for the management of possible health emergencies and disease outbreaks	📖
NB	282	Disaster management plan is available	📖
NB	283	Contact numbers required in emergencies are available in designated areas	📖
NB	284	A drill for a mass casualty incident is conducted annually	📖
NB	285	An improvement plan is developed based on the results of the mass casualty drill	📖
NB	286	Emergency evacuation plan is displayed in all areas	📖
NB	287	Emergency evacuation drill is practised annually	📖
NB	288	All emergency exits and entrance points are kept clear at all times	❓🙂
NB	289	An improvement plan is developed to address the results of the emergency evacuation drill	📖
NB	290	Functional firefighting equipment is available	❓🙂

ELEMENTS

❤ **Vital**   ❗ **Essential**   NB **Important**

241

NB

Element 281: There is an inter-sectoral plan for the management of possible health emergencies and disease outbreaks

RESPONSIBLE PERSON

At a district/Provincial level an inter-sectoral plan for management of possible health emergencies and disease outbreaks should be available. The hospital will be an integral part of this plan. A copy of the plan must be available at the hospital

REVIEWER

Request the executive management team to provide a copy of the inter-sectoral plan.

There is no checklist for this element

NB

Element 282: Disaster management plan is available

RESPONSIBLE PERSON

The internal and external risks with catastrophic implications must be identified at a hospital. A disaster management plan must be developed and should be available in all service areas.

REVIEWER

Request to see a copy of the Latest Disaster Management Plan. Ensure that the plan has been reviewed.

There is no checklist for this element

NB

Element 283: designated areas

RESPONSIBLE PERSON

The contact details for the required personnel in emergencies must be available in all service and operational areas. This will include amongst others:
- District outbreak team
- District Manager
- Hospital Manager
- Emergency clinicians
- Referring Hospital
- Relevant professional staff

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe to see whether contact numbers required are available in all the areas listed below.

There is no checklist for this element

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology	☑ Mortuary
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics	☑ Executive management
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care	☑ Administration/ reception services
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology	☑ Systems management
☑ Nursery	☑ Oral Health Services	☑ Pharmacy	☑ Supply chain management
☑ Medical ward	☑ Speech therapy	☑ Laboratory	☑ Financial management
☑ Surgical ward	☑ Social work	☑ Food Services	☑ Human resource management
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD	☑ Infrastructure
☑ Theatre	☑ Podiatry	☑ Laundry	

NB

Element 284: A drill for a mass casualty incident is conducted annually

RESPONSIBLE PERSON

Conduct an annual mass casualty incident drill at the hospital. The date should be pre-determined. On the date and time, make an announcement of the mass casualty incident in line with the standard operating procedures. Implement the plan. A report should be compiled highlighting strengths, challenges and recommendations for improvement.

REVIEWER

Request to see a copy of the annual mass casualty incident drill report.

There is no checklist for this element

NB

Element 285: An improvement plan is developed based on the results of the mass casualty drill

RESPONSIBLE PERSON

Develop an improvement plan emanating from the mass casualty incident drill. Implement the remedial actions within two weeks.

REVIEWER

Request a copy of the improvement plan that addresses the deficiencies identified in the drill.

There is no checklist for this element

NB

Element 286: Emergency evacuation plan is displayed in all areas

RESPONSIBLE PERSON

Develop an emergency evacuation plan as part of the risk management process. Graphically display the emergency evacuation plan in all service and operational areas.

REVIEWER

Observe that the emergency evacuation plan is graphically displayed in all service areas.

CHECK IN THESE FUNCTIONAL AREAS

There is no checklist for this element

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology	☑ Mortuary
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics	☑ Executive management
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care	☑ Administration/ reception services
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology	☑ Systems management
☑ Nursery	☑ Oral Health Services	☑ Pharmacy	☑ Supply chain management
☑ Medical ward	☑ Speech therapy	☑ Laboratory	☑ Financial management
☑ Surgical ward	☑ Social work	☑ Food Services	☑ Human resource management
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD	☑ Infrastructure
☑ Theatre	☑ Podiatry	☑ Laundry	

NB

Element 287: Emergency evacuation drill is practised annually

RESPONSIBLE PERSON

Conduct an emergency evacuation drill at the hospital. The date should be pre-determined. On the date and time, Sound the relevant announcement or alarm alerting the staff and patient of the emergency in line with the standard operating procedures. Implement the plan. A report should be compiled highlighting strengths, challenges and recommendations for improvement.

REVIEWER

Request to see a copy of the emergency evacuation drill report.

There is no checklist for this element

NB

Element 288: All emergency exits and entrance points are kept clear at all times

RESPONSIBLE PERSON

Emergency exits and entrances need to be clearly marked with appropriate signage directions. The Emergency exits and entrances should be obstruction free.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe that the emergency exits and entrances are obstruction free (No boxes or equipment etc. are placed in the pathway).

There is no checklist for this element

☑ Accident & Emergency unit	☑ Ambulatory health services (acute, chronic, obstetric)	☑ Audiology	☑ Mortuary
☑ Obstetrics unit	☑ Physiotherapy	☑ Medical orthotics and prosthetics	☑ Executive management
☑ Paediatric ward	☑ Occupational therapy	☑ Rehabilitative and Palliative Care	☑ Administration/ reception services
☑ Maternity ward	☑ Nutritional support (dietetics)	☑ Radiology	☑ Systems management
☑ Nursery	☑ Oral Health Services	☑ Pharmacy	☑ Supply chain management
☑ Medical ward	☑ Speech therapy	☑ Laboratory	☑ Financial management
☑ Surgical ward	☑ Social work	☑ Food Services	☑ Human resource management
☑ Intensive Care/ High Care	☑ Eye health	☑ CSSD	☑ Infrastructure
☑ Theatre	☑ Podiatry	☑ Laundry	

NB

Element 289: An improvement plan is developed based on the results of the Emergency evacuation drill

RESPONSIBLE PERSON

Develop an improvement plan emanating from the emergency evacuation drill. Implement the remedial actions within two weeks.

REVIEWER

Request a copy of the improvement plan.

There is no checklist for this element

NB **Element 290:** Functional firefighting equipment is available

RESPONSIBLE PERSON

Sign a service level agreement with a competent service provider for the supply and maintenance of firefighting equipment. Carry out an annual maintenance on the equipment and record the date of service.

CHECK IN THESE FUNCTIONAL AREAS

REVIEWER

Observe whether functional fire extinguishers and fire hoses and reels are available in all service and operational areas and have been maintained.

✓	Accident & Emergency unit	✓	Ambulatory health services (acute, chronic, obstetric)	✓	Audiology	✓	Mortuary
✓	Obstetrics unit	✓	Physiotherapy	✓	Medical orthotics and prosthetics	✓	Executive management
✓	Paediatric ward	✓	Occupational therapy	✓	Rehabilitative and Palliative Care	✓	Administration/ reception services
✓	Maternity ward	✓	Nutritional support (dietetics)	✓	Radiology	✓	Systems management
✓	Nursery	✓	Oral Health Services	✓	Pharmacy	✓	Supply chain management
✓	Medical ward	✓	Speech therapy	✓	Laboratory	✓	Financial management
✓	Surgical ward	✓	Social work	✓	Food Services	✓	Human resource management
✓	Intensive Care/ High Care	✓	Eye health	✓	CSSD	✓	Infrastructure
✓	Theatre	✓	Podiatry	✓	Laundry		

CHECKLIST FOR ELEMENT 290	
FUNCTIONAL FIREFIGHTING EQUIPMENT IS AVAILABLE	
Description	**Score**
Fire extinguishers are available	
Fire hoses and reels unless it is a single-storey building of less than 250 m2 in floor area	
Firefighting equipment is maintained according to schedule	
Total score	
Percentage score	%

245

Component 9: Governance

Sub-component 38: Stakeholder engagement and management

COMMITMENT FOR SUB-COMPONENT 38:
Monitor the functionality of the stakeholder engagement

Who is responsible for this sub-component?

The responsibility for Sub-component is with the Executive Management.

ELEMENTS				
	NB	291	There is a formal agreement in-place between the hospital and various government departments	📖
	NB	292	There is a functional Hospital Board	📖
	NB	293	There is a forum established to engage with health-related stakeholders	❓📖
	NB	294	Hospital has an annual open day	❓📖

🔴 **Vital** ⚠️ **Essential** NB **Important**

NB

Element 291: There is a formal agreement in-place between the hospital and various government departments

- The Provincial Department of Health should develop formal agreements between various governments departments as listed in Checklist 291.
- The responsibilities of both the Department of Health and the listed Government department should be clearly articulated.
- A copy of the signed agreement should be available at the facility
- Staff need to be oriented about the nature and terms formal agreement
- Reports on how these agreements are functioning need to be presented to the District/ Provincial Department

CHECKLIST FOR ELEMENT 291	
THERE IS A FORMAL AGREEMENT IN-PLACE BETWEEN THE HOSPITAL AND VARIOUS GOVERNMENT DEPARTMENTS	
Description	**Score**
There is an official memorandum of understanding between the PDOH and Correctional Services	
There is an official memorandum of understanding between the PDOH Department of Education	
There is an official memorandum of understanding between the PDOH and Department of Home Affairs	
There is an official memorandum of understanding between the PDOH and the Department of Social Development	
There is an official memorandum of understanding between the PDOH and Department of Public Works	
There is an official memorandum of understanding between the PDOH and Department of Transport	
There is an official memorandum of understanding between the PDOH and SAPS	
Total score	
Percentage score	%

NB

Element 292: There is a functional Hospital Board

RESPONSIBLE PERSON

Hospital Boards are an important Governance Structure and are mandated in terms of the National Health Act. The Provincial Department of Health is responsible for the appointment of Hospital Boards.

REVIEWER

In assessing compliance, the reviewer should assess the nomination process, formal appointment, training, functioning of the hospital board, management of community complaints accountability and communication (Checklist 292).

CHECKLIST FOR ELEMENT 292	
THERE IS A FUNCTIONAL HOSPITAL BOARD	
Nomination process	**Score**
Agenda	
Attendance register	
Hospital Committee guidelines	
Copy of submission to the sub-district	
Formal Appointment	
Signed appointment letters from Office of the MEC or delegated person	
Adopted and signed constitution as per provincial guidelines (Terms of Reference)	
Code of conduct for Hospital Committee	
Training	
Attendance register for orientation and training conducted in the past 12 months	
Services Planning, Monitoring, Evaluation and meetings	
List of community needs as determined by the Hospital Committee in past 12 months	
Agendas indicating that community needs and progress against operation plan was discussed at least twice in the past 12 months	
Signed minutes indicating that the Hospital Committee was informed on the progress against the facility's operational plan at least twice in the past 12 months	
Current year plan indicating the scheduled meetings (at least two within the next 12 months)	
Attendance registers shows that meetings held formed a quorum	
Minutes of Hospital Board meetings indicate that statistical data on population health indicators are discussed	
Minutes of Hospital Committee meetings indicate that the clinic's human resources situation is discussed	
Minutes of Hospital Board meetings indicate that situation relating to equipment and, supplies is discussed	
Complaints, Compliments and Suggestion Management (check record of the past 6 months)	
Proof that Hospital Committee took part in opening of complaints boxes according to stipulated schedule (signed register)	
Minutes indicate that the management of complaints, compliments and suggestions are discussed at Hospital Committee meetings	
Accountability and Communication	
Contact details of Hospital Board members visibly displayed in reception area	
Minutes of the Ward Committee meeting indicate that a member of the Hospital Board gave feedback at the Ward Committee meeting on health-related matters	
Total score	
Percentage score	%

NB

Element 293: There is a forum established to engage with health-related stakeholders

RESPONSIBLE PERSON

The hospital must obtain a list of implementing partners, internal stakeholders, external stakeholders and non-governmental organisation that are operating in the district. The list must include their focus and business activities.

The district schedules an annual meeting with all identified health partners to discuss and agree on their contribution to support the facility.

REVIEWER

Verify that a list of all internal and external stakeholders has been compiled. Obtain evidence of meetings scheduled with stakeholders (Checklist 293).

CHECKLIST FOR ELEMENT 293	
THERE IS FORUM ESTABLISHED TO ENGAGE WITH HEALTH-RELATED STAKEHOLDERS	
Description	**Score**
Internal stakeholders identified	
External stakeholders	
Non-governmental organisations	
Total score	
Percentage score	%

NB

Element 294: Hospital has an annual open day

RESPONSIBLE PERSON

In consultation with facility staff and community leaders the hospital need to plan for open days. These activities include screening and health promotion. A calendar for these open days should be available.

REVIEWER

There is no checklist for this element

Component 9: Governance

Sub-component 39: Audit compliance and risk management

COMMITMENT FOR SUB-COMPONENT 39:
Monitor and review effectiveness of risk prevention and mitigation strategies.

Who is responsible for this sub-component?

Shared between the Executive Management, Systems Management and Financial Management

ELEMENTS				
	❗	295	Hospital has functional audit and risk committees	📖
	❗	296	A contract management system is in place	📖
	❗	297	Hospital specific risks are identified	📖
	NB	298	Risk management plan is available	📖
	NB	299	Risk mitigation strategies are implemented	📖
	❗	300	Hospital receives a clean audit report from the Auditor General	📖

❤ **Vital** ❗ **Essential** NB **Important**

Element 295: **Hospital** has functional audit and risk committees

RESPONSIBLE PERSON — The CEO of the hospital is responsible for appointment of an audit and risk committee in terms of the Public Finance Management Act. The audit committee should have terms of reference that need to be reviewed annually.

REVIEWER — Request for the minutes of meetings and reports produced by the audit and risk committee.

CHECKLIST FOR ELEMENT 295	
HOSPITAL HAS FUNCTIONAL AUDIT AND RISK COMMITTEES	
Description	**Score**
Unauthorised, Irregular, Wasteful and Fruitless Expenditure Registers/Reports	
Monthly Transaction summary report	
Monthly unclear accounts report	
Segregation of functions (Requisition, Verifications, Capturing, Payment)	
Independent Reconciliations of Expenditures including Petty Cash	
Access to verifiable source documents incl. face value vouchers e.g. Invoices	
Security of verifiable source documents	
Minutes of Audit and risk committee meetings available	
Total score	
Percentage score	**%**

⚠ Element 295: A contract management system is in place

RESPONSIBLE PERSON — The financial manager of the hospital should establish a system for managing contracts. Records of the various contracts should be maintained, with the designated managers monitoring the implementation of the contracts on a monthly basis and implementing remedial actions if necessary.

REVIEWER — Obtain records of the contract, evidence of monthly monitoring of the contracts and remedial actions taken if necessary.

CHECKLIST FOR ELEMENT 296	
A CONTRACT MANAGEMENT SYSTEM IS IN PLACE	
Description	**Score**
Records for contracts for various services are maintained (eg. Waste, laundry, food)	
Contract are monitored by the relevant designated service manager	
Contracts are monitored monthly	
Remedial action is implemented when variances are identified	
Total score	
Percentage score	**%**

Element 297: Hospital specific risks are identified

Each hospital should maintain a risk register. In terms of identification, the register should include the following information

Date	Risk identified or modified	Describe the risk	Risk type/area: business, clinical	Risk rating	Severity in terms of impact

Request to see the risk register and verify that all risk are identified and classified.

Element 298: Risk management plan is available

Assess whether a risk mitigation plan has been developed for each risk

Countermeasures: to prevent, reduce or transfer	Responsibility for addressing risks	Status: current risk or no longer a problem	Cost

Element 299: Risk mitigation strategies are implemented

The hospital is required to investigate and maintain a register for any loss or theft.

Request to see the risk register and findings of relevant investigations.

CHECKLIST FOR ELEMENT 299	
RISK MITIGATION STRATEGIES ARE IMPLEMENTED	
Description	**Score**
There is a loss and theft register	
All losses and theft are investigated	
Total score	
Percentage score	%

Element 300: Hospital receives a clean audit report from the Auditor General

RESPONSIBLE PERSON

The Auditor General office conducts annual audits of state institutions.

REVIEWER

The audit report or certificate from the Auditor General should be requested to assess compliance to this element.

There is no checklist for this element

Component 9: Governance

Sub-component 40: District Health Management Office (DHMO)

COMMITMENT FOR SUB-COMPONENT 40:
Monitor the managerial and technical support provided to the hospital. The responsibility for this sub-component is with the Executive Management.

Who is responsible for this sub-component?

These Elements are only applicable to District Hospitals

ELEMENTS			
!	301	Hospital operational plan is included in the district health plan	📖
!	302	Hospital participates in quarterly district performance reviews	📖
!	303	The DHMO visits the hospital at least annually	📖
!	304	Peer review of hospitals targeted to be Ideal are conducted	📖
!	305	KPAs of the District manager must include oversight of the district hospital in achieving Ideal status	📖

🔴 **Vital**   ! **Essential**   NB **Important**

! **Element 301:** Hospital operational plan is included in the district health plan

RESPONSIBLE PERSON

The hospital should develop an annual operational plan in line with the strategy. Key performance areas in terms of human resources, health technology and finances should be incorporated within the District Health Plan.

REVIEWER

Request a copy of both the Hospital Operational Plan and District Health Plan to assess compliance.

There is no checklist for this element

Element 302: Hospital participates in quarterly district performance reviews

RESPONSIBLE PERSON

The District hospital forms part of District Health services and the referral point for the clinics. Quarterly District Performance reviews should be conducted across all service delivery platforms in the district.

REVIEWER

Request copy of the minutes of the Quarterly Performance reviews for ecidence of the hospital participation.

There is no checklist for this element

Element 303: The DHMO visits the hospital at least annually

RESPONSIBLE PERSON

The DHMO must have a planned schedule and set agenda for hospital annual visits. These visits form part of the governance function.

REVIEWER

The attendance register and DHMO site visit calendar should be reviewed as the source documents. Any reports produced by the DHMO should serve to triangulate the evidence..
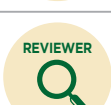
There is no checklist for this element

Element 304: Peer review of hospitals targeted to be Ideal are conducted

RESPONSIBLE PERSON

The District should assemble a team of peer reviewers from external facilities to conduct assessment of other facilities prior to the external assessment.

REVIEWER

Evidence of the peer review inspections should be requested.

There is no checklist for this element

Element 305: KPAs of the District manager must include oversight of the district hospital in achieving Ideal status

RESPONSIBLE PERSON

The District Manager is the Accounting Officer for all facilities within their jurisdiction. The KPA should include an oversight role for Ideal hospitals.

REVIEWER

The KPA of the district manager should be retrieved from the Human Resources to assess whether oversight of the hospital in achieving ideal status is included.

There is no checklist for this element

7. References

1.   The Presidency.National Planning Commission. National Development Plan 2030. Pretoria: 2012

2.   National Department of Health. Norms and Standards Regulations Applicable to Different Categories of Health Establishments In: Health NDo, (ed.). Regulation No 67. Pretoria: Government Gazette, 2018.

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4.   Visser R, Bhana R and Monticelli F. National Health Care Facilities Baseline Audit 2012 2013. Durban: Health System Trust.

5.   National Department of Health. Ideal Clinic Definitions, Components and Checklists, Version 16. 2016. Pretoria: National Department of Health.

6.   National Department of Health. Regulation 185 of National Health Act 61 of 2003. Pretoria: Government Gazette, 2012.

DEPARTMENT OF HEALTH

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