Ideal Community Health Centre™ Manual

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FOREWORD

The purpose of a health facility is to promote health and to prevent illness and further complications through health promotion, early detection, treatment and appropriate referral. The success of South Africa's National Health Insurance will depend on a well-functioning Primary Health Care (PHC) system. Community based services must be complimented by PHC facilities that will provide equitable access to South Africans, prioritising health services to those most in need. To achieve this, PHC should function optimally thus requiring a combination of elements to be present in order to render it IDEAL. To achieve this the National Department of Health started the Ideal Clinic programme.

An Ideal Community Health Centre (CHC) is a CHC with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal CHC will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health. Primary Health Care (PHC) facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal CHC".

The Ideal CHC programme defines ten components, 32 sub-components and 280 elements that must be green, which means that they are present and optimally functional. This Ideal CHC realisation and maintenance manual has been developed to provide guidance on how to achieve Ideal CHC status and to maintain such status. The manual is also a tool to assist progressive discipline.

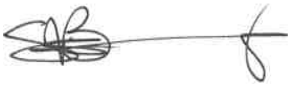
Jeanette Hunter led the initial development and completion of the first edition of the Ideal Clinic manual. Ms Ronel Steinhöbel updated the manual for the CHC framework, Version 1, which was reviewed by Mr Ramphelane Morewane, Mr Kgwiti Mahlako, Ms Maneo Dichaba and Dr Evangeline Shivambu.

My sincere gratitude to the National Department of Health programme managers, provincial department of health managers, district managers, PHC facility managers and non-govermental organisations who provided insightful comments and direction to the final draft.

I express special appreciation to Ronel Steinhöbel for taking the initiative to transform the checklists into score calculation tools and merging them as electronic tools into the monitoring and evaluation software. My special thanks to Dr Shaidah Asmall for meticulously providing the information for the checklists.

Version 1 of the CHC framework and the manual is alligned with the Norms and Standards Regulations applicable to different categories of health establishments. In this regard, my special thanks to Dr Siphiwe Mndaweni, the Chief Excecutive Officer of the Office of Health Standards Complaince (OHSC) and the team of the OHSC, Ms Winnie Moleko, Dr Grace Labadarios and Mr Jabu Nkambule who worked with Dr Shaidah Asmall and Ms Ronel Steinhöbel to allign the Ideal CHC elements with the Regualted norms and standards.

I sincerely thank the European Union(EU), the United States Agency for International Development (USAID) and Centers for Disease Control and Prevention (CDC) for their continued support of the Ideal Clinic programme.



Dr SSS Buthelezi
Director-General of Health
Date: 27.07.2020

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LIST OF ACRONYMS

ANC	Antenatal Care
ART	Antiretroviral treatment
BANC	Basic Antenatal Care
CCMDD	Central Chronic Medicine Dispensing and Distribution
CHC	Community Health Centre
CHW	Community Health Worker
CoGTA	Cooperative Governance and Traditional Affairs
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
EPI	Expanded Program on Immunization
ESMOE	Essential Steps in the Management of Obstetric Emergencies
HAST	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome, Sexually transmitted infections and Tuberculosis
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
HTS	HIV testing service
ICSM	Integrated Clinical Services Management
IPC	Infection Prevention and Control
IQC	Independent Quality Control
JACCOL	Jaundice, Anemia, Clubbing, Cyanosis, Oedema and Lymphadenopathy (medical examinations)
MCWH	Maternal Child Women's Health
Min / max	minimum / maximum
MMC	Medical male circumcision
MOU	Midwife Obstetric Unit
MRHS	Male Reproductive Health Services
NCD	Non-communicable diseases
NGO	Non-Governmental Organisation
NMC	Notifiable Medical Conditions
NHLS	National Health Laboratory Services
PACK	Practical Approach to Care Kit
PDoH	Provincial Department of Health
PEC	Patient Experience of Care
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHC	Primary Health Care

PMDS	Performance Management and Development System
PNC	Prenatal Care
PPE	Personal protective equipment
PPTICRM	Perfect Permanent Team for Ideal Clinic Realisation and Maintenance
PSI	Patient Safety Incident
PT	Proficiency Testing
RTHC	Road to Health Chart
SANC	South African Nursing Council
SLA	Service Level Agreement
SOP	Standard Operating Procedure
TB	Tuberculosis
TOP	Termination of pregnancy
WBPHCOT	Ward Based Primary Health Care Outreach Team

INTRODUCTION AND BACKGROUND

The 'Ideal Clinic' (IC) programme is an initiative started by South Africa's National Department of Health (NDoH) in July 2013 as a way of systematically improving and correcting deficiencies in Primary Health Care (PHC) clinics in the public sector. These deficiencies were picked up by the NDoH facilities audit completed in 2012.

An Ideal CHC is a CHC with good infrastructure[1], adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal CHC will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health. Primary Health Care (PHC) facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal CHC".

An Ideal CHC should have a full time doctor, a 8 Hour services, a 24 hour MOU, a 24 hour Emergency unit, provide Health Support services (physical rehabilitation by physical therapist and occupational therapist, speech and hearing therapy, dietetics, social worker support) and Oral Health services.

Integrated Clinical Services Management (ICSM) is a key focus within an Ideal CHCs. ICSM is a health system strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who come for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support.

A standardised questionnaire which is translated into a framework (Ideal CHC components, sub-components and elements) is used for tracking progress in CHCs over time. Since 2013 there has been substantial consultation on the Ideal Clinic framework. The Ideal Clinic Framework was used as the basis for development of the Ideal CHC framework, version 1. Feedback from health professionals and managers working at facility, district, provincial and

[1]Physical condition and spaces, essential equipment and information and communication tools

national level enabled the development of the first version of the Ideal CHC Framework. This version of the framework is aligned to the Norms and Standards Regulations applicable to different categories of health establishments (2018).[2] The framework contains a subset of the measures for the Regulations. The framework consists of 10 components, 33 sub-components and 280 elements. See Annexure 1. Version 1 and thus this manual prescribe the minimum elements that should be present in a well-functioning CHC. See Annexure 2.

Each element is scored according to the performance of the facility; green indicating that performance is achieved, amber indicating that the performance is partially achieved, and red indicating that performance is not achieved. The method of measurement (indicated with symbols), level of responsibility (facility, district, province or national) and weight (non-negotiable vital, vitals, essential and important) is indicated for each element. See Annexure 2.

The average score according to the weights assigned to the 280 elements determines whether Ideal CHC status is achieved or not. The elements are weighted as Non-negotiable Vitals, Vital, Essential, and Important. In order for a facility to obtain an Ideal CHC status the minimum average percentages for Non-negotiable Vitals, Vital, Essential and Important elements must be achieved as set out in Table 1. 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 CHC category as they have failed to obtain the minimum average score for per weight category.

Weights	Silver	Gold	Platinum
Non-negotiable Vitals (4 elements)	100%	100%	100%
Vital (65 elements)	60-69%	70-79%	≥80%
Essential (134 elements)	50-59%	60-69%	≥70%
Important (77 elements)	50-59%	60-69%	≥70%

Table 1: Summary of Ideal CHC categories

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

[2] Republic of South Africa. Norms and Standards Regulations applicable to different categories of health establishments. Pretoria: Government Gazette; Feb 2018.

THE PURPOSE OF THIS MANUAL

The Ideal CHC manual has been developed 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 CHC dashboard. It can therefore be regarded as a reference document which guides the managers to determine the status of Ideal CHC dashboard elements in a facility. The manual is envisaged to be of particular use to the facility manager. Responsibility on the frameworks has been assigned to the facility manager in areas that the facility manager may believe is out of his/her control. However, for these areas it will be the facility manager who knows that the element is not green and it is the facility manager who should initiate processes through the district office to turn these elements green.

The manual is also a useful tool for managers at sub-district, district, provincial and national level to ensure progressive discipline of those reporting to them. Facility managers must receive orientation to the IDEAL CLINIC REALISATION AND MAINTENANCE process using this manual. The content of the manual could then guide counseling sessions and further steps of discipline when weaknesses in CHCs persist.

HOW TO USE THE MANUAL

The Ideal CHC Manual is comprised of detailed steps that should be followed to achieve every element. In some instances, a step refers the reader to a specific annexure/s. This implies that the relevant annexure should be used for further guidance to achieve the element.

The annexures referred to in the steps is hyperlinked (highlighted in blue), therefore the reader can right click on the annexure name that is hyperlink in the step, then select *Open Hyperlink*. The reader will then be directed to the specific annexure (at the end of the document). If the reader wants to return to the steps, press *Alt* and the *Left arrow* keys simultaneously which will return the reader to the steps.

Documents, policies, guidelines and standard operating procedures referenced as being available on the National Department of Health's website (www.health.gov.za) can be obtained by selecting the 'Ideal Clinic' tab on the website. The tab will direct the user to the Ideal Clinic website (https://www.idealhealthfacility.org.za/). On the Ideal Clinic website there is a tab named 'Documents' where the relevant documents can be downloaded from.

COMPONENT 1: ADMINISTRATION

1. Signage and notices

Commitment for Ideal CHC elements 1-3

Monitor whether there is communication about the facility and the services provided.

1	***All external signage in place***
2	***Facility information board displayed at the entrance of the premises reflects relevant information for the facility***
3	***Disclaimer sign is clearly sign posted at the entrance at the entrance of the facility***

Process

Step 1: Familiarise yourself with the requirements for external signs. See Annexure 3, Annexure 4 and Annexure 5.

Step 2: Do inspection every six months to check that all external signs for the facility are present and in good condition.

Step 3: In the event of having to replace new, damaged or missing signs, order signs from the sub-district/district manager through supply chain following the relevant provincial protocol.

Step 4: The signs will be installed either by the supplier or district maintenance staff depending on order specifications.

Note to reviewers:

- Facility information board must be on the wall next to the main entrance of the facility building OR on a free-standing board approximately 500mm to 2000 mm before the main entrance to the facility building (entrance of the premises)
- It is not ideal but is acceptable if the information on the Facility information board is displayed on two separate boards (additional panel to main board) as the Ideal Clinic Programme did add additional information to the board since the first version was published.
- Emergency service contact numbers must include the contact numbers for ambulances and fire brigade.
- External signage must be formally manufactured signage.

Commitment for Ideal CHC elements 4-7

Signs and notices are clearly placed throughout the facility.

4	***Vision, mission and values of the province/district are visibly displayed***
5	***Facility organogram with contact details of the facility manager is displayed on a central notice board***
6	***Patients' Rights Charter is displayed in all waiting areas in at least two local languages***
7	***All service areas within the facility are clearly signposted***

Process

Step 1: Ensure that the mission, vision and values of the district as well as the organogram with contact details of the managers are visibly displayed on a central notice board.

Step 2: Obtain the Patient's Rights Charter from www.health.gov.za.

Step 3: Visibly displayed Charter in all main waiting areas in at least two local languages. See Annexure 6. Verify that it is available in the 8 hour service, 24 hour Emergency Unit and MOU. See Annexure 7.

Step 4: Conduct an inspection of the facility every six months to ensure that all internal signs for the facility are present and in a good condition. See Annexure 8.

Step 5: In the event of having to buy new or replace damaged or missing signs, order signs through supply chain management following the relevant provincial protocol.

Step 6: The signs will be installed either by the supplier or district maintenance staff.

Step 7: All notices like the vision, mission, values and organogram must be attached firmly to a notice board surface. Notices may only be attached to notice boards and to no other surface e.g. walls and windows.

Note to reviewers:

- Verify that organogram is up to date by comparing it with an updated list of the staff establishment of the facility.
- All internal signage must ideally be manufactured. Neatly typed and laminated signage is acceptable where the facility is still in the process of obtaining manufactured signage. Laminated signs must be in a good condition (it does not need to be framed). Hand written signs is not compliant.

2. Staff Identity and Dress Code

Commitment for Ideal CHC elements 8 - 10

Monitor whether staff uniform, protective clothing and mode of staff identification are in accord to policy prescripts.

8	*There is a prescribed dress code for all service providers*
9	*All health care professional staff members comply with prescribed dress code*
10	*All staff members wear an identification tag*

Process

Step 1: Obtain the Staff Dress Code and Insignia specifications from the district. See Annexure 9 as an example of a Staff Dress Code.

Step 2: Share the contents of the Staff Dress Code with all staff members.

Step 3: All new staff must be inducted, including an orientation to the prescribed dress code.

Step 4: Compliance to dress code must be included in the staff performance agreements.

Step 5: Randomly check that the healthcare professional staff members on duty are dressed correctly according to the dress code. Check that all staff is wearing prescribed dress code (Annexure 10) and identification tags (Annexure 11).

3. PATIENT SERVICE ORGANISATION

Commitment for Ideal CHC elements 11 - 16

The facility must be user friendly for the very sick, frail and elderly patients and patients should be triaged timely according to the severity of their illness.

11	***Sign posted help desk/reception services are available***
12	***There is a process that prioritises the very sick, frail and elderly patients***
13	***SOP for triaging of patients in the 24 hour Emergency unit is available***
14	***Triage system is visibly displayed***
15	***There is a designated individual responsible for the management of queues at the 24 hour Emergency Unit***
16	***A functional wheelchair is always available***

Process

Step 1: Schedule a monthly duty roster to assign staff to the help desk/reception. Ensure that the various languages spoken by staff at the facility are documented and available at the helpdesk/reception so that staff can be called to interpret when necessary.

Step 2: Develop a SOP that describes how the facility will ensure that the very sick, frail and elderly patients are prioritised.

Step 3: Display notice in at least two local languages in the waiting area indicating the prioritisation process for very sick, frail and elderly patients. See Annexure 12.

Step 4: Delegate the function of prioritisation process to a designated staff member on a daily basis.

Step 6: Conduct random spot checks during the day to determine if the very sick, frail, and elderly patients are prioritised.

Step 7: Check that the SOP covers all the prescribed aspects and that the poster is available. See Annexure 13.

Step 8: Develop/obtain a SOP that describes the triaging of patients in the 24 hour Emergency unit. Verify that the content adheres to the prescribed aspects. See Annexure 14.

Step 9: Display the triage system in the 24 hour Emergency unit.

Step 10: To ensure that queues are managed at the 24 hour service unit, designate an individual to manage the queues and oversee the triage process.

Step 11: Verify that functional wheelchairs are available at the facility for use if and when needed at the 8 hour service, 24 hour Emergency unit and MOU. See Annexure 15.

Step 12: On a weekly basis, monitor the condition of the wheelchairs and order repairs if required

Step 13: If there are no functional wheelchairs available at the facility, order them using the standard provincial protocol.

Step 14: Schedule in-service training for ALL staff on prioritisation of the very sick, frail and elderly patients, triage and on safety procedures when transporting a patient in a wheelchair. Make a record of attendance in in-service training book. See Annexure 16 as an example.

Note to reviewers:

- For element 13, if the facility has a combined waiting area for the 8 hour service and 24 hour Emergency unit, assess the element in the 8 hour service area.
- **All** SOPs must adhere to the following:
  - ✓ Title of the SOP
  - ✓ Name of the facility/district for which the SOP was developed
  - ✓ Signed and dated by the accounting officer (District manager) OR facility must present written delegation if signing was delegated to someone else.
  - ✓ Signed and dated by the compiler/chairperson that developed the SOP (recommended)
  - ✓ Date of implementation
  - ✓ Date of next review (SOPs must be reviewed at a minimum every 5 years)
  - ✓ Summary of changes made to each version of the SOP (recommended)

4. Management of Patient Record

Commitment for Ideal CHC elements 17 - 21

Every patient has a single record containing correctly captured personal and clinical information.

17	*There is a single patient record irrespective of health conditions*
18	*Patient record content adheres to ICSM prescripts at the 8 Hour service area*
19	*Patient record content adheres to ICSM prescripts at the 24 Hour Emergency Unit*
20	*Maternity Case Record including partogram is completed*
21	*Mothers are provided with a discharge summary report*

Process

Step 1: All new patients will have a patient record opened for them using the National Adult or Child Record for Clinics and Community Health Centres.

Step 2: Allocate a file number using the Standard Operating Procedure for accessing, tracking, filing, archiving and disposal of patient records that has been approved for the province/district/.

Step 3: Every patient must have a single patient record that contains all clinical information including laboratory results, copies of referral letters and prescription charts as per ICSM prescripts. Audit patients records in the 8 Hour service (Annexure 17), the 24 Hour services (Annexure 18) and the MOU (Annexure 19).

Step 4: Ensure that all mothers discharged from the MOU is issued with a discharge report and that the discharge report contains the prescribed information. See Annexure 20.

Commitment for Ideal CHC elements 22 - 26

The patient records will be filed in a single location close to reception using a standard filing SOP to enable quick access of records.

22	***District/provincial standard operating procedure/guideline for filing, archiving and disposal of patient records is available***
23	***Guideline for filing, archiving and disposal of patient records is adhered to***
24	***There is a single location for storage of all active patient records***
25	***Patient records are filed in close proximity to patient registration desk***
26	***Retrieval of a patient's file takes less than ten minutes***

Process

Step 1: Obtain the provincial or district SOP for accessing, tracking, filing, archiving and disposal of patient's records.

Step 2: Verify that the content of the provincial or district SOP is aligned with the National Guideline for filing, archiving and disposal of patient record. See Annexure 21.

Step 3: Verify that the facility adheres to the SOP. See Annexure 22.

Step 4: Identify a secure and lockable storage area in or near reception for the filing of patient records.

Step 5: If needed, procure a bulk storage system according to the approved provincial protocol.

Step 6: Schedule in-service training for administrative staff on patient record filing, archiving and disposal procedures. Record attendance in the in-service training book/file. See Annexure 16 as an example.

Commitment for Ideal CHC element 27 and element 28

Patients records are kept confidential at all times.

27	***Records are not left unattended in public areas and are only accessible to facility staff and patients***
28	***Records are not left unattended in clinical service areas***

Process

Step 1: Observe how patient records are managed in **various service areas within the CHC**. See Annexure 23. Unauthorised individuals should not be able to access the information in the patient records. This will include the records of patients waiting to be seen, patients who have already been seen but their records have not yet been returned to the records storage area/room, patient records being used for clinical audit or other administrative purposes, or patient records outside the records storage area/room for any other reason. Such records should be kept in a manner which safeguards against unauthorised access to the content of the record.

Step 2: Observe how patient health records are managed in **clinical service areas.** See Annexure 24. Unauthorised individuals should not be able to access the information in the patient records. This will include the records of patient waiting to be seen and patients who have already been seen but their records have not yet been returned to the records storage area/room.

Commitment for Ideal CHC element 29

Priority stationery for the facility is available at all times in sufficient quantities.

29	***Priority stationery (clinical and administrative) is available at the facility in sufficient quantities***

Process

Step 1: Determine the specific minimum quantity for each item of stationery required for the CHC.

Step 2: Using the stationery checklist (Annexure 25), the facility admin clerk must, on a weekly basis; check that there is sufficient stationery.

Step 3: Order the required quantity using the standard provincial procurement protocol.

Note to reviewers:

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.

COMPONENT 2: INTEGRATED CLINICAL SERVICES MANAGEMENT (ICSM)

5: Clinical service provision

Commitment for Ideal CHC element 30

The facility has organised patient flow to provide patients with appropriate clinical care.

30	***Facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions and preventative health services***

Process

Step 1: Obtain the ICSM manual from www.health.gov.za.

Step 2: Determine the process flow in the 8 Hour service area of the facility. See process flow mapping in ICSM manual.

Step 3: Flow plan for facility must provide for an area for monitoring vital signs for the three streams of care.

Step 4: Schedule in-service training for all staff on the Integrated Clinical Services Management (ICSM). Record attendance in the in-service training register/book/file. See Annexure 26 as an example.

Step 5: Implement process flow as per plan.

Step 6: Mark out flow using colour coding to direct patients.

Name of Stream	Colour	Description of colour
Minor ailments	Orange	C0 M62 Y100 K0
Chronic Services	Blue	C77 M51 Y0 K0
Maternal and Child Health	Deep green	C63 M0 Y100 K0

Note to Reviewers:

Facilities that are too small (daily headcount of less than 170 patients per day (3 350 per month) for the 8 hour service to be segregated into three streams will not be expected to have dedicated consulting areas for acute, chronic health conditions and preventative health services but should still adhere to ICSM principles. This means that patients should be treated holistically and not be sent from one section to another because of co-morbidities. Small facilities that adhere to ICSM principles should be scored green for this element.

Commitment for Ideal CHC element 31

Facility staff must ensure that patients' privacy is respected at all times in all service areas.

31 Patients are consulted, examined and counselled in privacy

Process

Step 1: The induction programme for new staff must include the importance of securing patients' privacy while being consulted or counseled.

Step 2: Patients should at all times be consulted and counseled behind closed doors/curtains/ screens.

Step 3: Do spot-checks to determine whether staff members respect patients' privacy while providing services in all the service areas and correct identified weaknesses. See Annexure 27.

Commitment for Ideal CHC elements 32 - 36

Improvements in PHC service environment must lead to improved service and population health outputs and outcomes.

32	***TB treatment success rate is at least 87% or has increased by at least 5% from the previous year***
33	***TB (new pulmonary) defaulter rate < 5%***
34	***Ante-natal visit rate before 20 weeks gestation is at least 70% or has increased by at least 5% from the previous year***
35	***Ante-natal patients initiated on ART rate is at least 97% or has increased by at least 5% from the previous year***
36	***Immunisation coverage under one year (annualised) is at least 86% or has increased by at least 5% from the previous year***

Process

Step 1: The record-keeping process (data collection) in the facility must feed into the DHIS data or relevant electronic patient information system required to calculate the values of the above indicators.

Step 2: The record-keeping process (data collection) must be accurate, complete and validated to ensure good quality health management information.

Step 3: Calculate and analyse the data to determine whether the facility is achieving the above targets, see note below on how to conduct the status determination for elements 32 to 36.

Step 4: Should the CHC not reach the above targets, investigate to find reasons and implement corrective actions.

NOTE:

HOW TO CONDUCT THE STATUS DETERMINATION FOR ELEMENT 32

- If the facility obtained the target of 87% the facility scores green (achieved) for the element.
- If the facility did not obtain the target of 87%, there should be at least a 5% increase from the previous financial year:
  The TB programme use the calendar year (January to December) for reporting. The score for element 32 is determined by comparing the outcome of 1 year and 1 quarter ago with the outcome of 2 years and 1 quarter ago.

  For example:

If you conduct the status determination of a CHC on 10 November 2016 (4th quarter of the year) you compare the TB success rate of the 3rd quarter of 2015 with the TB success rate of the 3rd quarter of 2014. See table below for examples with values and scores.

Status determination conducted	TB success rate of 1 year and 1 quarter ago	TB success rate of 2 years and 1 quarter ago	Score
10 November 2016 = 4th quarter	3rd quarter 2015 = ≥87%		Green
10 November 2016 = 4th quarter	3rd quarter 2015 = 35%	3rd quarter 2014 = 30%	Green
10 November 2016 = 4th quarter	3rd quarter 2015 = 30%	3rd quarter 2014 = 33%	Red

HOW TO CONDUCT THE STATUS DETERMINATION FOR ELEMENT 33

The TB programme use the calendar year (January to December) for reporting. The score for element 25 is determined by looking at the TB defaulter rate of 6 months (2 quarters) back because the average TB patient is on treatment for 6 months.

For example:
If you conduct the status determination on 10 November 2016 (4th quarter) you look at the TB defaulter rate of the 1st quarter of 2016 (January to March 2016). See table below for examples with values and scores.

Status determination conducted	TB defaulter rate	Score
10 November 2016 = 4th quarter	1st quarter 2016 = <5%	Green
10 November 2016 = 4th quarter	1st quarter 2016 = ≥5%	Red

HOW TO CONDUCT THE STATUS DETERMINATION FOR ELEMENT 34 to 36

- If the facility obtained the target as described for the specific element the facility scores green (achieved) for the element.
- If the facility did not obtain the target as set, there should be at least a 5% increase from the previous financial year:
  a) When conducting the status determination during April to June (1st quarter) of a financial year, use the outcome of two financial years ago, comparing it with the outcome of three financial years ago if necessary.
  b) When conducting status determination during July to March (2nd to 4th quarter) of a financial year, use the outcome of the previous financial year, comparing it with the outcome of two financial years ago if necessary.

For example:

a) When conducting the status determination during April to June 2016, use the outcome of 2014/15 financial year and compare it with the outcome of 2013/14.
b) When conducting the status determination during July 2016 to March 2017, use the outcome of 2015/16 financial year and compare it with the outcome of 2014/15. See table below for examples with values and scores.

Status determination conducted	**Outcome of indicator one or two financial years ago**	**Outcome of indicator two or three financial years ago**	**Score**
10 July 2016	Outcome of 2015/16 = ≥ target set		**Green**
10 May 2016	Outcome of 2014/15 financial year = 40%	Outcome of 2013/14 financial year = 35%	**Green**
10 July 2016	Outcome of 2015/16 financial year = 50%	Outcome of 2014/15 financial year = 47%	**Red**

Note to reviewers:

If the facility does not provide the specific service mark not applicable.

Commitment for Ideal CHC elements 37

Quality Improvement plans are developed and implemented

37	***Quality Improvements plans are signed off by the facility manager and updated quarterly***

Process

Step 1: Obtain the National Quality Improvement Guideline from www.health.gov.za that will assist facility managers to understand and implement quality improvements.

Step 2: Generate the "Quality Improvement Report" from the Ideal Clinic software once the first facility status determinations has been conducted at the end of May every year. See Annexure 28.

Step 3: Add any additional areas in need for improvement that has been identified in addition to the Ideal CHC elements that were failed, for example, gaps identified in clinical audits, patient safety incidents, patient experience of care surveys, complaints, staff satisfaction surveys, security breaches, infection control risk assessment.

Step 4: Complete the columns for "Activity, By whom and When".

Step 5: The facility manager must meet with all staff to discuss the content of the draft quality improvement plan and to obtain inputs. Keep record of this meeting.

Step 6: Update the quality improvement plan with inputs received from staff.

Step 7: Facility manager to sign and date the quality improvement plan.

Step 8: Fill in at the end of every quarter the column for "Results" at each area where the "When" column was indicated for completion in that specific quarter.

Step 9: Use Annexure 29 to assess whether all areas were covered, and the plan has been updated at least quarterly.

Note to reviewers:

Facilities should only have one collated Quality Improvement Plan that is updated quarterly.

Commitment for Ideal CHC elements 38 -39

There is a functioning district/sub-district clinical leadership team that oversees clinical care and patient safety in facilities

38	***Six monthly district/sub-district clinical performance review report with action plan from clinical quality supervisors are available***
39	***Quarterly maternal and perinatal morbidity and mortality meetings are attended***

Process

Step 1: The district/sub district clinical quality supervisors compile a six monthly report on the performance of facilities in clinical areas. Obtain a template as an example of such a report on www.health.gov.za.

Step 2: The performance report must be tabled at the quarterly facility performance review meetings.

Step 3**:** The clinical performance report must be shared with ALL facilities in the district/sub-district to enable learning.

Step 4: The facility manager must table the report at the facility's quarterly staff meetings.

Step 5: Obtain the schedule for maternal and perinatal morbidity and mortality meetings from the district/sub-district office. Ensure that a designated staff member attend the meetings.

Note to reviewers:

- For element 38: Clinical quality supervisors can include but are not limited to District Specialist Clinical Teams and District Quality Assurance Units.
- For element 39: Manual or electronic minutes and the attendance register of the meeting from the previous quarter must be available. Check on the attendance register whether a staff member of the facility attended the last meeting.

Commitment for Ideal CHC elements 40 - 43

Improve patient safety during handing over and the triage process.

40	***Patients are formally handed over at the end of each shift***
41	***Correct handover procedure was followed between the facility and EMS***
42	***Patients who have been triaged as requiring immediate, very urgent care are seen within the target time frames***
43	***Protocols and guidelines regarding examination and stabilization of patients is adhered to***

Process

Step 1: Ensure that the process for handing over of patients between shift as outlined in the SOP for handing over patients between shifts are followed (see Element 62 for aspects that should be covered in the SOP).

Step 2: Check two patients records in the 24 hour Emergency unit and the MOU to verify that the correct handing over procedure between shifts was followed. See Annexure 30.

Step 3: Ensure that the process for handing over patients between the facility and the EMS are followed (see Element 269 for aspects that should be covered in the SOP).

Step 4: Check two patients records in the 24 hour Emergency unit and the MOU to verify that the correct handing over procedure between the facility and EMS was followed. See Annexure 31.

Step 5: Ensure that patients in the 24 hour Emergency unit is seen within the indicated triage scale by assigning queue marshals. To check whether patients are seen according to the triage system, randomly select records of three patients who were triaged as requiring immediate, urgent or very urgent care. Compare the time the patient was triaged with the time the patient was seen to evaluate whether the patient was seen within the triage time scale as indicated on the triage algorithm. See Annexure 32.

Step 6: Patients requiring immediate or very urgent care must be stabilized according to clinical guidelines and protocols. Randomly select three records of patients who were triaged as requiring immediate or very urgent care and check whether the criteria for stabilizing the patient were adhered to. See Annexure 33.

6. Access to Medical, Mental Health, Allied Health Practitioners

Commitment for Ideal CHC elements 44 - 50

Access to a full range of health professionals to deliver a comprehensive health service either at the facility or through appropriate referral.

44	***Facility has a doctor at all times***
45	***Patients have access to oral health services***
46	***Patients have access to health support services***
47	***Patients have access to eye health services***
48	***Patients have access to mental health services***
49	***Patients have access to TOP***
50	***Patients have access to MMC***

Process

Step 1: All CHC should have a full-time doctor. If the facility does not have a full-time doctor, liaises with the sub-district/district office to assist with the appointment of a doctor for the facility.

Step 2: Map the facility's service provision against the approved PHC package of services.

Step 3: Document gaps differentiating between services to be provided on-site and those to be referred to other health facilities. See Annexure 34 to check which health support services should be accessible for patients.

Step 4: Improve, in cooperation with sub-district/district manager, conditions at the facility (physical space, equipment, human resources, etc.) to initiate those services that are to be provided on-site.

Step 5: Describe in the facility's Standard Operating Procedure (SOP) for patient referrals the various referral paths (as mapped out in step 1) to be followed to allow access for patients to the services at other facilities that cannot be provided by the facility as described in elements 45 to 50. Make suitable arrangements for patients that must be referred to other health facilities to receive the services that are not provided by the facility itself.

Step 6: Keep a register of the patients that are referred to other facilities. Refer to element 272 "There is a referral register that records referred patients"

Note to reviewers:

- To assess elements 45 to 50, check the District/Facility's SOP for referral to other health facilities. The SOP must indicate the names and contact details of the health facilities where the patients will be referred to if the facility does not provide the services at the facility as set out in element 45 to 50.
- Check that the register for referral of patients is available and completed. Where a facility had no referrals for the month the first line of the register must indicate "no referrals made for the month".

Commitment for Ideal CHC element 51

Services to adolescents and youths are provided in a manner that promotes their health, prevents illness and support their development.

51 Adolescent and Youth Friendly Health Services are provided

Process

Step 1: Obtain the national policy for providing Adolescent and Youth Friendly Services (AYFS) from www.health.gov.za.

Step 2: Posters promoting AYFS that is in-line with the policy is visibly posted at the reception and in consulting room where AYFS is provided. See Annexure 35.

Step 3: Include training on AYFS for all healthcare professionals on the facility's staff development plan.

Step 4: Schedule in-service training for health professionals for providing adolescent and youth friendly services through the regional training centers. Record attendance in the in-service training book/file. See Annexure 16 as an example.

Step 5: Ensure that the Clinic Committee includes a representative of the adolescent and youth sector aged 18-24 years

Step 7: Complete the profile for adolescents and youth in the catchment area which includes their challenges, see Annexure 36.

Step 8: Verify that the facility provides adolescent friendly services, see Annexure 37.

7. Management of Patient Appointments

Commitment for Ideal CHC elements 52 - 53

All planned streams of care are efficiently organised and properly managed through a proper patient appointment system for patients with stabilised chronic health conditions and MCWH patients.

52	***ICSM compliant patient appointment system for patients with chronic health conditions and MCWH patient is in use***
53	***Records of booked patients are retrieved not later than the day before the appointment***

Process

Step 1: Schedule in-service training for clinical and administration staff on the process to follow for patient appointment scheduling. See Annexure 38. This will be included in the ICSM training that staff should undergo. Record staff attendance in the in-service training register/book/file. See Annexure 16 as an example.

Step 2: Ensure communication and engagement with community to orientate all stakeholders about the CHC booking system.

Step 3: Assign appointment dates and times to patients.

Step 4: As per the patient appointment, the administration staff must retrieve patient records not later than the day before to the appointment.

Step 5: Administration clerk must retrieve patient record and tick off in the scheduling book that the record has been retrieved in the appropriate column. A cross should be made in red pen if the record is not found and measures must be taken to ensure that it is found before the patient arrives.

Step 6: Retrieve any outstanding results for laboratory investigations conducted during previous visits and place the results in the records.

Commitment for Ideal CHC element 54

Clinically stable patients with chronic conditions are able to collect pre-dispensed medication.

54	***Pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date or patients are enrolled on the CCMDD programme***

Definition of terms used in this section

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))

Process

If the facility does not have a CCMDD programme, follow the steps below:

Step 1: Refer to Annexure 39 on pre-dispensing of chronic medication.

Step 2: Use Annexure 40 (as an example) for recording receipt of chronic medication when delivered to a patient to their home by a Community Health Worker (CHW).

Note to reviewers:

If the facility does have a CCMDD programme follow the steps in the CCMDD Standard Operating Procedure.

8: Coordination of PHC Services

Commitment for Ideal CHC element 55

PHC manager and staff will cooperate with schools and school health teams to assist with the removal of health-related barriers to learning.

55	***Facility does referrals to and receive referrals from school health services in its catchment area***

Process

Step 1: The facility manager and staff must be familiar with and have a relationship with all schools in the facilities' catchment area.

Step 2: Referrals from the school health team to the facility must be managed appropriately.

Step 3: Make provision for consulting learners referred from school health in the afternoons in line with the policy on adolescent friendly services.

Step 4: The school health team will refer learners on the prescribed form. Provide feedback to the school health team on the prescribed form. See Annexure 41.

Step 5: Keep record of learners that were referred and feedback that was provided. See Annexure 42 as an example.

Note to reviewers:

If the facility did not make or receive any referrals from school health services, the register/record as indicated in step 5 must indicate "no referrals received or made".

Commitment for Ideal CHC element 56

The CHC must have functional home- and community-based services.

56	***Facility refers patients with chronic but stable health conditions to home- and community-based services for support***

Process

Step 1: With the support of the district manager ensure that a home- and community-based teams services the catchment population of the facility.

Step 2: Refer patients who need follow-up in their homes to the home- and community-based teams on the prescribed form. See Annexure 43 as an example.

Step 3: Keep record/register of patients referred to home- and community-based teams.

Step 4: Include the home- and community-based teams in the facility's quarterly meetings to receive feedback and to give guidance regarding possible challenges.

Step 5: Avail yourself to meet with home- and community-based teams on an ad hoc basis to assist with problems that arise during the course of work.

Note to reviewers:

If the facility did not make any referrals to home- and community-based services, the record/register as indicated in step 3 must indicate "no referrals made to home- and community-based services".

Commitment for Ideal CHC element 57

Environmental health risks affecting the facility are attended to by environmental health services

57	***Facility refers environmental health related risks to environmental health services***

Process

Step 1: Obtain and record the contact details to report environmental health related risks to environmental health services in the facility's telephone list.

Step 2: Do frequent checks and report any environmental health related risk to the environmental health services as soon as it is noted, see Annexure 44.

Step 3: Follow-up with the district/sub-district office to assist if the reported risks have not been attended to.

Note to the reviewer:

The area to be assessed for the measures on Annexure 44 (Checklist for element 55) that relates to whether there are stagnant water, overgrown vegetation and litter on the outside perimeters of the facility is 100 meters from the perimeter fence/outside parameter.

9. Clinical Guidelines and protocols

Commitment for Ideal CHC element 58 - 59

Ensure quality clinical care is delivered to patients by using relevant national clinical guidelines.

58	***ICSM compliant package of clinical guidelines is available in all consulting rooms***
59	***National guidelines on priority health conditions are available in the facility***

Process

Step 1: Do an audit of consulting rooms to check availability of ICSM compliant package of clinical guidelines (soft OR hard copy OR Cell phone APP). Use Annexure 45.

Step 2: If all guidelines are not available, access from www.health.gov.za or order from Government Printing Works catalogue or download the APP.

Step 3: Do an audit to check availability of the National guidelines on priority health conditions (soft OR hard copy OR Cell phone APP). A copy of the guidelines must be available in one office that is accessible to healthcare professionals. Use Annexure 46.

Step 4: If all guidelines are not available, access from www.health.gov.za or order from Government Printing Works catalogue or download the APP.

Step 5: Identify an ICSM champion to be trained as a facility trainer by the district master trainers on the Adult Primary Care Guideline OR Practical Approach to Care Kit as well as on Integrated Management of Childhood illnesses.

Commitment for Ideal CHC element 60 - 65

Provides guidance to clinical staff on how to manage resuscitation, refusal of treatment, handover between shifts, administration of medicine, informed consent and identification of patients.

60	***Resuscitation protocol is available***
61	***SOP for refusal of treatment available***
62	***SOP for handover between shifts available***
63	***SOP for safe administration of medicine is available***
64	***SOP for informed consent available***
65	***SOP for identification of patients is available***

Process

Step 1: Develop/obtain from the district/sub-district office the following protocol/SOPs for:

- Resuscitation
- Refusal of treatment is available at the facility.
- Handover between shifts
- Safe administration of medicine
- Informed consent
- Identification of patients

Step 2: Check that the content of the following SOPs adheres to the prescribed aspects:

- Handover between shifts. See Annexure 47.
- Safe administration of medicine. See Annexure 48.
- Informed consent. See Annexure 49.
- Identification of patients. See Annexure 50.

Note to reviewers:

For element 65: If the CHC do not have a 24 hour Emergency unit or a MOU, mark as NA

Commitment for Ideal CHC element 66 - 67

Ensure quality clinical care is delivered to patients by using relevant national clinical guidelines.

66	***80% of professional nurses have been fully trained on Adult Primary Care OR Practical Approach to Care Kit***
67	***80% of professional nurses have been fully trained on Integrated Management of Childhood illness***

Process

Step 1: Identify an ICSM champion to be trained as a facility trainer by the district master trainers on the Adult Primary Care Guideline OR Practical Approach to Care Kit as well as on Integrated Management of Childhood illnesses.

Step 2: Schedule training for healthcare professionals quarterly on the Adult Primary Care OR Practical Approach to Care Kit as well as the Integrated Management of Childhood illnesses and keep attendance registers of the training conducted. See Annexure 16 as an example.

Note to reviewers:

For element 66: Staff must be trained on ALL the modules to be compliant.

For element 67: Staff member is fully trained if he/she has completed the four year nursing training that included IMCI training or has obtained a certificate for IMCI training course completed. The table below sets out the year in which IMCI training was incorporated into the four year nursing training for each province. Note: Facilities should have a list of employees indicating their qualification and year qualification obtained to assist inspectors to assess the measure.

Province	Current Nursing College name	Year of IMCI incorporation into the R425 programme	Level of study
Eastern Cape	Lilitha College of Nursing	2008	4th year
Free State	Free State School of Nursing	2006	2nd year

Province	Current Nursing College name	Year of IMCI incorporation into the R425 programme	Level of study
Gauteng	Gauteng College of Nursing	2004	1st, 3rd and 4th years
KZN	KwaZulu-Natal College of Nursing	2006	2nd year
Limpopo	Limpopo College of Nursing	2005	1st, 2nd, 3rd and 4th years
Mpumalanga	Mpumalanga College of Nursing	N/A	Mpumalanga did not incorporate IMCI into the R425 curriculum. Rather, **4th year students** are placed at RTC where IMCI programme is provided to the entire finalists before they are placed for Community Services. This is done immediately after they finish their final year examination.
Northern Cape	Henrietta Stockdale Nursing College	Not applicable	**4th year students are allocated two full weeks** and they are trained at the College with assistance of the Provincial Child health coordinator. Lecturers do the facilitation and if there is a need facilitators from districts do assist. Doctors are sourced from the Paediatric wards at the hospital
North West	North West Nursing College	2005	2nd year
Western Cape	Western Cape College of Nursing	2011	2nd year and 4th year
SA Military Service	South African Military Health Service Nursing College	2014	2nd year

Commitment for Ideal CHC element 68

Nurses are able to resuscitate and provide basic life support to patients with a **sudden** onset of a condition manifesting itself by **acute** symptoms of **sufficient severity** such that the absence of immediate medical attention (including resuscitation) could reasonably be expected to result in serious impairment to bodily function or death.

68 80% of professional nurses have been trained on Basic Life Support

Process

Step 1: Draft a schedule of nurses who have been trained on Basic Life Support by an accredited provider.

Step 2: Schedule training for nurses who have not been trained as well as for those who are due for their two-yearly updates in Basic Life Support.

Step 3: File a copy of the certificates obtained by the staff in Basic Life Support as proof that staff did complete it.

Step 4: Update register of nurses who have been trained or have updated their Basic Life Support certificate. See Annexure 51 as an example.

Commitment for Ideal CHC elements 69 to 72

Ensure quality clinical care is delivered to patients by using relevant national clinical guidelines

69	***Professional nurses at the facility are trained on BANC Plus***
70	***80% of professional nurses at the MOU are trained on ESMOE***
71	***50% of professional nurses are trained on Mother Baby Friendly Initiative***
72	***CHC professional nurses performing Termination of Pregnancy procedure are trained***

Process

Step 1: Schedule training for professional nurses who have not been trained on BANC Plus, ESMOE, the Mother Baby Friendly Initiative and TOP (if the service is provided).

Step 2: Check that professional nurses in the various areas is trained on BANC Plus. See Annexure 52.

Step 3: Check that 80% of professional nurses scheduled to work at the MOU is trained on ESMOE.

Step 4: Check that 50% of professional nurses is trained on Mother Baby Friendly Initiative.

Step 5: Check that professional nurse performing TOP is trained.

Step 6: Keep attendance registers of the training conducted. See Annexure 16 as examples.

Note to reviewers:

If the CHC do not provide services for TOP, mark as NA.

Commitment for Ideal CHC elements 73 - 76

The facility manages patient's safety incidents effectively to ensure that harm to patients is reduced.

73	***National Guideline for Patient Safety Incident Reporting and Learning is available***
74	***Facility/district SOP for Patient Safety Incident Reporting is available***
75	***Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning***
76	***All SAC 1 adverse events are reported to the next level of management within 24 hours***

Process

Step 1: Obtain the national Guideline for Patient Safety Incidents Reporting and Learning from www.health.gov.za.

Step 2: Develop a facility/district specific Standard Operating Procedure (SOP) using the National Guideline for Developing a Facility Specific SOP for Patient Safety Incidents Reporting and Learning.

Step 3: Check that the SOP is aligned to the national Guideline for Patient Safety Incidents Reporting and Learning. See Annexure 53.

Step 4: Assign a staff member to ensure compliance with the facility's SOP to manage Patient Safety Incidents.

Step 5: Follow the action steps to manage patient safety incidents as set out in the National Guideline.

Step 6: Report all SAC 1 incidents to the next level of management within 24 hours.

Step 7: Complete the Patient Safety Incident Management form when a patient safety incident occurs. See Annexure 54 as an example.

Step 8: Capture the information from the patient safety incident form on the national web-based information system for Patient Safety Incidents.

Step 9: If the facility did not have any patient safety incidents for a specific month, complete the 'Null Report' on the web-based information system.

Step 10: At the beginning of every month generate the following records for the previous month:

- patient safety incidents register. See Annexure 55.
- monthly statistics on patient safety incidents. See Annexure 56.
    - data on classifications of agents (contributing factors) involved
    - data on classifications of incident type
    - data on classifications of incident outcome
    - indicators for patient safety incidents

Step 11: Identify trends in system failures. To identify system failures analyse the data on classification of contributing factors and incident type to determine trends in cause/s of the incidents as well as frequently occurring incidents. Add to the facility's quality improvement plans areas where gaps in patient safety have been identified.

Step 12: Do quarterly checks to verify that the facility complies with the Guideline. See Annexure 57.

Note to reviewers:

- The Patient Safety Incident Management forms, forms for statistical data as well as registers do not need to be exactly in the same format/layout as set out in the National Guideline. The contents must however provide the data to enable the facility to report on the indicators and categories for patient safety incidents as set out in the National Guideline.
- For element 76, score NA if the facility did not report any patient safety incidents with SAC1 rating in the past 3 months.

Commitment for Ideal CHC elements 77 - 80

Quality clinical care is maintained by conducting regular clinical audits.

77	**National Clinical Audit guideline is available**
78	**Clinical audits are conducted quarterly on priority health conditions**
79	***80% of patient records audited are compliant***
80	**Clinical audit meetings are conducted quarterly in line with the guidelines**

Process

Step 1: Obtain National Clinical Audit guideline from www.health.gov.za.

Step 2: Obtain the National Clinical Audit Implementation Guideline for PHC facilities from www.health.gov.za. Note: Provinces that has approved Clinical audit guidelines should use their own guidelines which must align with the treatment guidelines for priority health conditions.

Step 3: Conduct quarterly clinical record audits on the files of patients diagnosed with priority health conditions that is in-line with the, Guideline. Verify that audits for each priority areas have been conducted. See Annexure 58.

Step 4: Use Annexure 59 to check whether 80% of the records that were audited for the priority health conditions are compliant according to defined measures

Step 5: Where there is a need, seek guidance of an expert from the district.

Step 6: Add to the facility's quality improvement plan areas identified for improvement.

Step 7: Provide feedback to relevant staff members.

Step 8: Implement improvements as per agreed time frame on the quality improvement plan.

Step 9: Discuss the facility's results of the clinical record audits on the quarterly Clinical audit meetings. Keep records of the meetings held.

Commitment for Ideal CHC element 81

Notifiable medical conditions (NMC) are reported in-line with the national guidelines.

81	***National guidelines are followed for all notifiable medical conditions***

Process

Step 1: Ensure that all staff know the following in regard to NMC:

- why staff must report all NMCs
- Who should notify
- **NMC that falls within category 1 and 2 NMC,** see Annexure 60

Step 2: Report all category 1 NMCs immediately to the relevant focal person at the health establishment or Sub-District level using the most rapid means available.

Step 3: Obtain the SOP with flow chart, case definitions and case investigation forms from www.health.gov.za

Step 4: Obtain the NMC Notification booklet from the NMC focal person at Sub-District/District

Step 5: Report category 1 and 2 NMCs using the paper based or the electronic notification system:

Reporting can be done either via a paper based or an electronic notification.

Paper based notification

- Complete the NMC Case Notification Form which may be found on the NICD website.
- Send the NMC Case Notification Form to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638 or send a photograph by sms, Whatsapp, email or fax to the NMC hotline 072 621 3805.
- Send a copy to the NMC focal person at Sub-District/District (details given on the NMC Notification booklet cover page).
- The NMC Focal Person at health facility level or Sub-District must ensure that the forms are captured electronically.

OR

Electronic notification via the NMC APP

Step 6: Verify that notifiable conditions are reported in line with the SOP for reporting notifiable conditions. See Annexure 61.

Note to reviewers:

- The facility must have the NMC Notification booklet OR have access to the web-based application to report NMC to be compliant
- Ask the staff member responsible for reporting NMC to explain:
    - the NMCs that must be reported (category 1 and 2 NMC) and
    - the process to be followed to report category 1 and 2 NMC

Commitment for Ideal CHC element 82

Prevent and control infection

82 SOP for the management of patients with highly infectious diseases is available

Process

Step 1: Develop/obtain a facility/district specific Standard Operating Procedure (SOP) for the management of patients with highly infectious disease

Step 2: Verify that the content of the SOP covers the required topics. See Annexure 62.

Step 3: Staff to sign acknowledgment indicating that they are aware and know the content of the SOP and its application.

10. Infection Prevention and Control

Commitment for Ideal CHC elements 83 - 90

Prevent and control infection

83	*National **Infection Prevention and Control strategic framework is available***
84	***Facility has functional infection prevention and control programme***
85	***Standard Operating Procedure on infection control is available***
86	***All staff have received in-service training in the past two years on infection control standard precautions that is in line with the standard operating procedure.***
87	***Posters on hand hygiene is displayed***
88	***Awareness day on hand hygiene is held annually***
89	***Poster on cough etiquette is displayed in every waiting area***
90	***Staff wear appropriate protective clothing***

Process

Step 1: Assign a staff member to ensure compliance with the National IPC strategic framework. The staff member must be trained on infection prevention and control. This training can be provided by the district or the province, it does not need to be formal training provided by a specialised service provider.

Step 2: Check that the facility has a functional infection prevention and control programme. See Annexure 63.

Step 3: Obtain the National Infection Prevention and Control (IPC) strategic framework and the Practical Manual for the implementation of the National IPC strategic framework from www.health.gov.za.

Step 4: Use the Practical Manual for the implementation of the National IPC strategic framework as guidance to develop a district/facility specific SOP. Ensure that the key elements for standard precautions are addressed in the SOP as outlined in the national document. See Annexure 64.

Step 5: Schedule training for all staff on the infection control standard precautions, see Annexure 65. Repeat training every two years to ensure that staff is kept up to

date. Keep attendance registers of the training conducted. See Annexure 16.

Step 6: Ensure that the poster on hand hygiene washing is displayed near the hand basins, see Annexure 66 and posters for alcohol based hand rub (ABHR) is displayed on the notice board (or wall where there is no notice board) in consulting areas, see Annexure 67. These posters should be laminated to avoid damage. A copy of the posters can be obtained from www.health,gov.za.

Step 7: Check that the posters are displayed. See Annexure 68.

Step 8: Plan and host an annual awareness day on hand hygiene to raise awareness with staff and patients. The awareness day can coincide with the Open day of the facility. The World Health organization's drives an annual hand wash campaign. Each year the *SAVE LIVES: Clean Your Hands* campaign of the WHO selects a specific topic for the year. Facilities can access the WHO's website (http://www.who.int/infection-prevention/campaigns/clean-hands/en/) to assist them in the planning of the awareness day as they publish promotional material every year in the form of pamphlets, posters and videos.

Activities can include but are not limited to:

- Signing up the facility in support of world hand hygiene on the WHO's website at http://www.who.int/gpsc/5may/register/en/
- Displaying posters on the annual theme in the facility
- Show health promotion videos on hand hygiene to staff and patients
- Host short information sessions for staff and patients on the importance of hand hygiene, method and opportunities for hand washing (5 moments for hand hygiene. Keep attendance registers of staff and patients that attended the sessions.

Step 9: Ensure that the poster on cough etiquette (Annexure 69) is displayed in every waiting area in various service areas. See Annexure 70. A copy of the poster can be obtained from www.health.gov.za.

Step 10: Conduct spot checks to determine if staff are complying with personal protective clothing requirements. See Annexure 71.

Note to reviewers:

- Facilities must display both the poster for hygienic handwash technique and ABHR technique to be compliant with element 87.

Commitment for Ideal CHC elements 91 and 92

Prevent and control infection

91	***The linen in use is sufficient, clean, appropriately used and not torn***
92	***Dirty, soiled and infectious linen are collected in a wheeled cart or trolley***

Process

Step 1: Obtain the Practical Manual for the implementation of the National IPC strategic framework from www.health.gov.za that has a chapter on the management of linen.

Step 2: Orientate all staff on the use of clean linen, the appropriate use of all linen to ensure that linen is always used for its intended purpose and that linen that is torn must be replaced.

Step 3: Determine the stock levels required by a facility and comply with it.

Step 4: In large facilities dedicate a well ventilated room solely for storage of clean linen. In small facilities store linen on a clean and neat rack in store with other supplies and consumables or in a separate lockable cupboard.

Step 5: Keep linen store locked.

Step 6: Order linen as soon as the stock reaches a minimum level.

Step 7: Use Annexure 72 to verify that linen is clean, appropriately used and not torn.

Step 8: Ensure that the facility has a trolley/cart to collect dirty, soiled and infectious linen in the various service areas. See Annexure 73.

Commitment for Ideal CHC elements 93

Prevent and control infection

93 Sharps are disposed of in appropriately

Process

Step 1: Train all staff including cleaning staff on the infection control standard precautions that included waste management (refer to SOP of element 86).

Step 2: Place waste segregation poster in a prominent position at all waste generation points. See Annexure 74.

Step 3: Ensure that there is enough stock of impenetrable, tamperproof containers to dispose of sharps.

Step 4: Ensure that all sharps containers are placed on work surfaces or placed in a wall mounted bracket while still in use.

Step 5: Store all sealed containers for sharps that had reached the limit mark in the designated area for storing healthcare waste.

Step 6: Designate specific waste storage areas that caters for the different types of waste without cross contamination. These areas must be lockable.

Step 7: Conduct regular spot checks at the facility's waste generation and waste storage areas to determine that correct waste handling and segregation is taking place.

Step 8: Use Annexure 75 to check that sharps are disposed of appropriately.

Commitment for Ideal CHC elements 94

Anatomical waste is disposed of safely.

94 Register for human tissue is available

Process

Step 1: Ensure that copies of the register to record human tissue is available in the facility. The register must include the name of patient, date of placement and disposal.

Step 2: Record all anatomical waste disposed in the register.

Note to reviewers:

Check that the register for human tissue has been completed and contain the following information:

- Name of the patient
- Date of placement and
- Date of disposal

Commitment for Ideal CHC elements 95

Risks are identified and attended to that can compromise infection control compliance

95	***An annual risk assessment for infection prevention and control compliance is undertaken by the staff member assigned to infection prevention and control***

Process

Step 1: Conduct an annual risk assessment for infection prevention and control compliance. Obtain the risk assessment tool from www.health.gov.za or use the risk assessment tool designed for the province/district/facility. Risk assessment can also be conducted by the provincial or district office.

Step 2: Analyse the results of the risk assessment.

Step 3: Add to the facility's quality improvement plan areas identified for improvement.

Step 4: Provide feedback to relevant staff members.

Step 5: Implement improvements as per agreed time frame on the quality improvement plan.

Step 6: Keep records of the collated summary of the results of the risk assessment.

Step 7: Discuss the facility's results for the risk assessment for infection prevention and control on one of the sub-district/district quarterly facility performance review meetings.

Commitment for Ideal CHC elements 96

Prevent and control infection

96	***All staff are made aware of the provincial letter/memo/circular that inform staff of the procedure to follow for prophylactic immunisations***

Process

Step 1: Obtain a letter/memo/circular from the provincial head of health or the delegated staff member at the provincial office that inform staff of the procedure to follow for prophylactic immunisations. The letter should contain at a minimum the following information (see Annexure 76):

- Procedure to follow to obtain prophylactic immunisations
- Who will bear the cost of immunisations.
- Recommended vaccinations as determined by the disease profile of the health facility or region.

Step 2: Staff to sign acknowledgment indicating that they are aware and know the content of the letter/memo/circular and its application.

Note to reviewers:

- The letter/memo/circular from the provincial head of health or the delegated staff member at the provincial office must be reviewed at a minimum every five year or as the need arise.

11. Patient waiting time

Commitment for Ideal CHC elements 97 - 102

Patients are offered treatment in the quickest possible time.

97	***National Guideline for the Management of Waiting Times is available***
98	***National target of not more the three hours for time spent in a facility is visible displayed at the reception of the 8hour service area***
99	***Waiting time for 24 hour Emergency unit is visibly posted in the waiting area***
100	***Waiting time tools to record waiting time is available***
101	***Waiting time survey report is available***
102	***Average time that a patient spends in the facility is no longer than 3 hours the 8 hour service area***

Process

Step 1: Obtain the draft national guideline on waiting time from www.health.gov.za.

Step 2: Visibly display the national target of not more than three hours for time spend in a facility at the reception and waiting areas of the 8 hour service area.

Step 3: Visibly display the waiting time for the 24 hour Emergency unit in the waiting area.

Step 4: Waiting time must be monitored six monthly.

Step 5: The waiting time monitoring tool must be completed for every patient that were selected according to the sample size. File the tools for each survey.

Step 6: Capture the data from the monitoring tools on the Waiting Time module on www.idealhealthfacily.org.za or manually calculate the waiting time in each service area for every patient surveyed.

Step 7: Compile a report and compare the waiting time with the previous quarters to establish trends and need for improvement.

Step 8: If the facility's average time spend in the facility exceeds three hours, establish which service areas are causing the bottle-neck.

Step 9: Address deficiencies in bottle-neck areas.

Note to reviewers:

- To assess element 100: Request the waiting time survey forms used to record the waiting time for each patient. Assess whether the forms have been completed/filled.
- Step 5 and 6 will not be applicable for facilities that uses an automated electronic waiting time management system as the automated system will auto generate the completed monitoring tools. The records for the waiting time for each patient as recorded by the automated system must be available.
- For element 99, if the facility has a combined waiting area for the 8 hour service and 24 hour Emergency unit, assess the element in the 8 hour service area.

12. Patient Experience of Care

Commitment for Ideal CHC elements 103 - 105

All patients are afforded the opportunity to voice their experience of care to guide service delivery improvement.

103	***National Patient Experience of Care Guideline is available***
104	***Results of the annual Patient Experience of Care Survey are visibly displayed at the main waiting area***
105	***An average overall score of 80% is obtained in the Patient Experience of Care Survey***

Process

Step 1: Obtain the National Patient Experience of Care (PEC) Guideline from www.health.gov.za.

Step 2: Conduct the survey as stipulated in the National PEC Guideline.

Step 3: Publish and display the results of the survey at the reception area. See Annexure 77.

Step 4: Develop the operational plan to respond to the results of the survey.

Step 5: Sign and date the commitment. See Annexure 78.

Step 6: Implement the quality improvement plan.

Commitment for Ideal CHC elements 106 - 107

All patients will be afforded the opportunity to lodge a complaint, give a compliment or make a suggestion at the facility.

106	***National Guideline to Manage Complaints/Compliments/Suggestions is available***
107	***Complaints/compliments/suggestions toolkit is available at the main entrance/exit***

Process

Step 1: Obtain the National Guideline to manage complaints, compliments and suggestions from www.health.gov.za.

Step 2: Familiarise yourself with specifications for the complaints, compliment and suggestion box. See Annexure 79 for an example of the specifications.

Step 3: Order the box if there is not one available.

Step 4: Identify a visible and accessible location at the entrance and or exit of the facility for placement of the box. Install the box at the identified location.

Step 5: 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. See Annexure 80.

Step 6: Obtain the National poster, See Annexure 81 that describes the process to follow when a patient wants to lodge a complaint, give a compliment or make a suggestion from www.health.gov.za.

Step 7: Visibly display the poster in at least two local languages at the main entrance/exit of the facility next to the complaints/compliments/suggestion box.

Step 8: Use Annexure 82 to check whether the complaints/compliments/suggestion toolkit is available in the service areas as indicated.

Note to reviewers:

- If the forms and pen are not placed next to the box, a clear notice must be placed on or next to the box that directs patients and family/support persons to the helpdesk/reception to ask for a pen and or forms.
- It is not compulsory to use the National complaints, compliments and suggestion poster. The content of the poster must however contain the information as set out on the National poster.

Commitment for Ideal CHC elements 108 and 109

Ensure that patient's complaints/compliments/suggestions are attended to within the prescribed time frame.

108	***The complaints/compliments/suggestions records compliance with the National Guideline to Manage Complaints/Compliments/Suggestions***
109	***Targets set for complaints indicators are met***

Process

Step 1: Develop a facility/district specific Standard Operating Procedure (SOP) using the National Guideline for Developing a Facility Specific SOP to Manage Complaints, Compliments and Suggestions.

Step 2: Assign a staff member to ensure compliance with the facility's SOP to manage complaints, compliments and suggestions.

Step 3: Follow the procedure to manage complaints/compliments/suggestions whenever complaints/compliments/suggestions are received.

Step 4: Capture the information from the complaints/compliment/suggestion form on the national web-based information system for Complaints/compliments/ suggestions.

Step 5: If the facility did not have any complaints for a specific month, complete the 'Null Report' on the web-based information system.

Step 6: Keep the following records as stipulated in the National Guideline up to date:

- letters of complaint
- redress letters and/or minutes of redress meeting

Step 7: At the beginning of every month generate the following records for the previous month:

- complaints, compliment and suggestion registers. See Annexure 83.
- monthly statistical data on complaints, compliments and suggestions. See Annexure 84.

Step 8: Identify trends in system failures making use on statistical data on categories of complaints. Add to the facility's quality improvement plans areas where gaps have been identified.

Step 9: Do quarterly checks to verify that the facility complies with the guideline/SOP. See Annexure 85.

Step 10: Use Annexure 86 to check whether the targets set for complaints indicators were met.

Note to reviewers:

- The forms for statistical data as well as registers do not need to be exactly in the same format/layout as set out in the National Guideline. The contents must however provide the data to enable the facility to report on the indicators and categories for complaints, compliments and suggestions as set out in the National Guideline.
- Telephonic redress will be accepted as a form of redress if the user doesn't have a postal or e-mail addresses and are not able to come to the facility for a redress meeting. Date of telephonic redress must be noted down in the Complaints register. Users that cannot come to the facility for a redress meeting must be sent a letter via the post or e-mail as proof of redress conducted. Copy of letter/e-mail must be in the complaints file.

COMPONENT 3: MEDICINES, SUPPLIES AND LABORATORY SERVICES

13: Medicines and supplies

Commitment for Ideal CHC element 110 to 114

Good Pharmacy Practice principles are followed for the management and administration of medicine

110	***License for Pharmacy issued by the Director-General of the National Department of Health is available***
111	***Certificate of recording of registration of the pharmacy with the South African Pharmacy Council and proof that payment of the annual fee is up to date***
112	***Certificate of registration of the responsible pharmacist of the facility with the South African Pharmacy Council available***
113	***Proof of registration of all other pharmacist/s or pharmacist/s assistant with the South African Pharmacy Council available***
114	***Authorisation for prescribing and dispensing by professional nurse available (Section 56l.6 authorisation)***

Process

Step 1: Ensure that the facility 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.

Step 2: All three certificates must be displayed in the Pharmacy manager's office or a suitable place within the pharmacy.

Step 3: Ensure that all pharmacists and pharmacist assistants are registered with the South African Pharmacy Council. File a copy of their current registration in a file.

Step 4: Ensure that nurses that prescribe and dispense medicine at the facility has a letter from the Director General Health or designated person authorising nurses to prescribe and dispense. File a copy of the letter.

Note to reviewers:

For element 110 to 113, mark NA is the facility do not have a pharmacy.

Commitment for Ideal CHC elements 115 to 119

There is access control at the pharmacy/dispensary and queues are managed.

115	***Duty roster indicates that a pharmacist is available during operational hours***
116	***There is access control at the pharmacy/dispensary at all times***
117	***Legible signage at the entrance of the unit indicates the days and times when service are offered***
118	***There is a process that prioritises the very sick, frail and elderly patients is implemented***
119	***There is a 'No unauthorised entry' sign on the door***

Process

Step 1: Ensure that there is current duty roster for the pharmacy/dispensary to ensure that a pharmacist is available during operational hours.

Step 2: Display the days and times that the service is open.

Step 3: The pharmacy/dispensary must be locked at all times and a sign to indicate 'No unatrhorised entry' must be on the door of the medicine room/dispensary.

Step 4: Develop a SOP that describes how the facility will ensure that the very sick, frail and elderly patients are prioritised.

Step 5: Display notice in at least two local languages in the waiting area indicating the prioritisation process for very sick, frail and elderly patients. See Annexure 12.

Step 6: Delegate the function of prioritisation process to a designated staff member on a daily basis.

Step 7: Conduct random spot checks during the day to determine if the very sick, frail, and elderly patients are prioritised.

Step 8: Check that the SOP adheres to the prescribed aspect and that the poster is available. See Annexure 87.

Commitment for Ideal CHC elements 120 - 121

Good Pharmacy Practice principles are followed for the management and administration of medicine

120	***SOP for the management of availability of medicines is available***
121	***Goods received voucher available and completed according to SOP***

Process

Step 1: Develop/obtain the SOP for the management and safe administration of medicines. An example of the SOP can also be obtained from www.health.gov.za

Step 2: Check that the content of the SOP is aligned with the requirements for the content of the SOP. See Annexure 88.

Step 3: Staff to sign acknowledgment indicating that they are aware and know the content of the SOP and its application. See Annexure 89.

Step 4: Staff must at all times follow the procedures as set out in the SOP when managing and administering medicines.

Step 5: Ensure that the goods received voucher is available and completed according to the facility's SOP.

Note to reviewers:

The SOP for the management and safe administration of medicines can be a SOP developed by the facility or the district or the province. It is also acceptable if the facility has separate SOPs dealing with the management of medicine and the administration of medicine to patients.

Commitment for Ideal CHC elements 122 and 129

Ensure quality of medicine and hygiene in the medicine room is maintained through appropriate storage and temperature control.

122	***Hand hygiene facilities are available***
123	**Cleaning schedule is available**
124	**Cleaning is carried out in accordance with the schedule**
125	**All work completed is signed off by cleaners and verified by manager or delegated staff member**
126	**Pharmacy/dispensary and waiting area are clean**
127	**Medicine are stored to maintain quality in the pharmacy/dispensary**
128	***Medicine room/cupboard/trolley is neat***
129	***Temperature of the medicine room/dispensary is maintained within the safety range***

Definition of terms used in this section:

Dispensary is a room in a CHC where medicines are stored, and prescriptions are dispensed for patients attending the facility. In CHCs where there is no dispensary, dispensing is done in the consulting room/s.

Medicine room is a room in a CHC where medicines are stored but no dispensing takes place.

Process

Step 1: Ensure the availability of liquid hand wash soap and disposable hand paper towels in the appropriate areas.

Step 2: Conduct daily inspections to ensure that hand hygiene facilities are available. See Annexure 90.

Step 3: Compile daily, weekly and monthly cleaning schedules for all areas in the facility. File in the designated file for cleanliness. See Annexure 91 as an example.

Step 4: 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 daily and indicate on the checklist whether he/she is satisfied with the cleanliness of the areas. The checklist must be filed in the cleanliness file and should be used to guide performance evaluation of cleaners. See Annexure 92 as an example.

Step 5: To check whether the cleaning is carried out in accordance with the schedule (element 123), check whether the cleaning checklist is aligned with the cleaning schedule (times and tasks on the schedule) and the work were signed off.

Step 6: Conduct daily inspections of the service areas of the facility using the Cleaning Inspection Checklist. See Annexure 93. If any areas are not clean, discuss with the relevant cleaner and get them to clean again.

Step 7: Medicines in the medicine room must be organised according to the system as stipulated in the facility/district/provincial SOP for the management and safe administration of medicines. See Annexure 94 as an example of how medicines can be organised in a medicine room. Do take note that this is only an example of how a medicine room can be organised, thus any other system will also be compliant.

Step 8: Ensure that the medicine room/dispensary is neat, and medicines are stored to maintain quality and availability at all times, see Annexure 95.

Step 9: Ensure that the medicine in the medicine room/cupboard/trolley is neat, orderly and locked when not in use.

Step 10: Check daily that the medicine cupboard or trolley in the consultation room/s are neat and orderly. Use Annexure 96.

Step 11: Check availability and functioning of air conditioner in the medicine room/dispensary. If there is no air conditioner in medicine room/ dispensary, or the air conditioner is not in good working order, place an urgent

procurement/works order for procurement/repair using the applicable procurement procedure.

Step 12: Mount the room thermometer on the wall in the medicine room/dispensary away from the direct flow of air from the air conditioner.

Step 13: Ensure availability of monthly temperature record charts to record the temperature of the medicine room, see Annexure 97.

Step 14: Allocate a staff member to record temperatures for the room daily using the temperature record charts.

Step 15: Maintain a file with all the completed monthly room temperature charts.

Step 16: Review the room temperature record chart weekly to ensure the temperature range for the medicine room/dispensary is within the safety range (below 25ºC) at all times.

Step 17: If the air conditioner is not working use a fan to keep the room cool.

Step 18: Use Annexure 98 to check whether the temperature of the medicine room/dispensary is maintained within the safety range

Note to reviewers:

- For element 127, for the measure "There is sufficient space in the dispensary/medicine room to store medicines needed in the facility":
  The criteria used to gauge whether there is sufficient space in the dispensary/medicine room to store medicines are that -
  - all medicines are stored in the medicine room and/or dispensary and not in sub-stores, passages or other areas in the facility; and
  - there is no medicine stored on the floor in the medicine room or dispensary
- For element 128: Mark NA if the facility do not dispense from any of the service areas as indicated
- For element 129: When conducting a status determination, check records for temperature control charts for the previous month.

Commitment for Ideal CHC element 130

Ensure quality of medicine in the vaccine/medicine refrigerator is maintained through appropriate storage and temperature control.

130 Cold chain procedure for vaccines is maintained

Process

Step 1: Check availability and functioning of vaccine/medicine refrigerator for the storage of thermolabile medicines. If there is no vaccine/medicine refrigerator in medicine room/dispensary, or the vaccine/medicine refrigerator is not in good working order, place an urgent procurement/works order for procurement/repair using the applicable procurement procedure.

Step 2: For a medicine refrigerator, without a built-in temperature monitor and alarm system hang/place the refrigerator thermometer in the center of the fridge.

Step 3: Check that the fridge is not over full and that medicines and vaccines are packed appropriately in the refrigerator with enough space for air to circulate between containers, and that no stock is touching the back of the refrigerator/ condenser which could expose it to freezing.

Step 4: Ensure availability of monthly temperature record charts to record the vaccine/medicine refrigerator temperatures, see Annexure 99.

Step 5: Allocate a staff member to record temperatures for the vaccine/medicine refrigerator twice daily (at least seven hours apart) using the temperature record charts. In CHC which are not open every day of the week and do not have a monitoring device with an SMS alarm for out of range temperatures, check on temperature on departure and on arrival at the CHC.

Step 6: Check that there are no non-medicine items (such as food) kept in the refrigerator.

Step 7: Maintain a file with all the completed refrigerator temperature charts.

Step 8: Review the refrigerator temperature record chart daily to ensure the temperature range for the refrigerator is within the safety range (between 2 - 8ºC) at all times.

Step 9: Check that any out-of-range temperature recordings were immediately reported, have a dated signed-off record of corrective actions taken and that temperatures have remained within range thereafter. Temperatures below 0ºC may cause freezing and must also be corrected as this is critical to the viability of many vaccines.

Step 10: If refrigerator is not working follow contingency plan to ensure quality of medicines.

Step 11: Check availability of cooler box/es with suitable capacity, and ice packs for use in consultation rooms and in the case of emergencies.

Step 12: The cold chain for vaccines must be maintained at all times, see Annexure 100.

Note to reviewers:

When conducting a status determination, check records for temperature control charts for the previous month. If out of range temperatures were recorded during the previous month, confirm that corrective actions were taken and recorded.

Commitment for Ideal CHC element 131

Ensure that patients receive the correct medicine with directions for use.

131 **Medicine dispensed are labeled in accordance with acceptable legislation**

Process

Step 1: Ensure that all medicine that is dispensed are labeled in accordance with legislation.

Step 2: Randomly check dispensed medication issues to three patients. Use Annexure 101.

Commitment for Ideal CHC elements 132 to 133

Ensure quality of medicine is maintained through appropriate storage and temperature control.

132 The register for schedule 6 medicine is completed correctly

133 Schedule 5 and 6 medicine in stock correspond with the balance recorded in the register

Process

Step 1: Check that there is a SOP for the handling of schedule 5 and 6 medicines.

Step 2 Ensure that schedule 5 and 6 medicines are stored in a lockable cupboard and access to the keys is restricted.

Step 3 Check that there is a register to record the receipt and issuing of schedule 5 and 6 medicines (separate registers for schedule 5 and 6 medicines may be kept).

Step 4 Verify that all receipts of schedule 5 and 6 medicines are checked against invoices and entered in the register in accordance with the SOP.

Step 5 Record all issues of schedule 5 and 6 medicines to outpatients in the register in accordance with the SOP.

Step 6 Record the administration of schedule 5 and 6 medicines to patients in the facility in the register in accordance with the SOP. See Annexure 102 as an example of a register to record schedule 5 and 6 medicines.

Step 7 Check balances in the register weekly against physical stock.

Note to reviewers:

Verify that the receipt, issuing and administration of schedule 5 and 6 medicines are recorded in the register according to the guidelines as set out in the facility's SOP.

Commitment for Ideal CHC element 134

Ensure consistent availability of essential PHC medicines.

134 Electronic networked system for monitoring the availability of medicines is used effectively

Process

Step 1: Apply to the district pharmacist for the installation of an electronic networked system for monitoring the availability of medicines

Step 2: Ensure that the SOP/Guideline for monitoring the availability of medicines is available.

Step 3: Staff responsible for managing the electronic networked system to sign acknowledgment indicating that they are aware and know the content of the SOP/Guideline and its application. See Annexure 89.

Step 4: Verify that the principles for managing and using the electronic networked system for monitoring the availability of medicines are adhered to, see Annexure 103.

Commitment for Ideal CHC elements 135 and 137

Ensure consistent availability of essential PHC medicines.

135	***Stock take conducted in the medicine/dispensary in past 12 months***
136	**Medicines on the tracer medicine list are available**
137	**Re-ordering stock levels (min/max) are determined for each item on the district/facility formulary**

Definitions of terms used in this section:

Formulary

A formulary is a list of medicines extracted from the PHC Standard Treatment Guidelines and Essential Medicine List (PHC STGs/EML) approved for use by the Provincial/District Pharmaceutical and Therapeutics Committee (PTC) for a specific province/ district, category of facilities or even a single facility.

Essential medicine list

The South African PHC STGs/EML, see Annexure 104, provides a list of medicines, together with guidelines to support guiding rational medicine use. It provides a foundation for supporting preventative and curative healthcare services at primary healthcare level. Essential medicines are those that satisfy the priority healthcare needs of a population. They are selected with respect to disease prevalence and public health importance, with selection decisions made through the review of clinical evidence considering efficacy, safety, quality and comparative cost-effectiveness

Tracer medicines list

A tracer medicine list is a list of medicines which is extracted from the PHC STGs/EML, taking into account the most common morbidities and health needs within a particular setting. The list is used as a monitoring tool within PHC facilities as a proxy for measuring the availability of a basket of essential medicines within a particular setting. An electronic networked system can be used to monitor the availability of tracer medicines

Process

Step 1: The facility manager or nurse designated to manage medicine in the facility must:

- ensure that all medicines on the formulary (extracted from the PHC STGs/EDL) applicable to the facility are available;
- ensure all tracer medicines are monitored weekly, see Annexure 105;
- check the medicine room/dispensary, and medicine trolleys/cupboards to ensure stock is stored according to best practice following *First Expired First Out* (FEFO) stock rotation principles.

Step 2: Determine reorder levels for stock items as per SOP.

Step 3: Check stock in the medicine room and/or dispensary weekly to ensure stock levels are maintained within the minimum/maximum range for replenishment.

Step 4: For facilities with an electronic networked system for monitoring availability of medicine, report stock levels as per the approved schedule and standard operating procedure.

Step 5: Place a replenishment order to maintain medicine stock levels using the applicable SOP.

Step 6: If an order is not received in full or in accordance with the pre-determined schedule, follow up in writing and telephonically immediately with the supervising pharmacist and/or supplier of stock (depot, sub-depot or hospital).

Step 7: Follow local procedures if the stock is not delivered within seven days.

Step 8: Conduct an annual stock taking.

Commitment for Ideal CHC elements 138 - 141

Ensure that expired medicines are removed from the facility and disposed of safely, minimising the risk of harm to the environment and people.

138 Expired medicine is disposed of according to prescribed procedures

139 There is no expired medicines on the shelves

140 Waste receptacles for pharmaceutical waste are available

141 Health care waste is managed appropriately

Process

Step 1: Check the medicine room/dispensary, and medicine trolleys/cupboards to ensure that expired stock has been removed.

Step 2: Return medicines that will expire within three months or are unlikely to be used before expiry to the immediate supplier of stock or make arrangements for stock to be rotated to other facilities that could use the medicines before expiry.

Step 3: Record details of medicine that has expired before it is sent for destruction. See SOP for the management of availability of medicine at www.health.gov.za

Step 4: Maintain all records in a file.

Step 5: After recording, expired stock seal the expired medicine securely in an appropriate container as per SOP.

Step 6: Store all expired stock items separately from usable stock, in the waste receptacles in accordance with the applicable SOP.

Step 7: It is the responsibility of the pharmacist's assistant or professional nurse designated to manage medicine in the facility to ensure that expired medicine is removed from the facility.

Step 8: The supervising pharmacist must ensure that the expired medicine is disposed of in accordance with applicable legislation and supply chain procedures. See Annexure 106.

Step 9: Check that waste is managed appropriately in the medicine room/dispensary. See Annexure 107.

Note to reviewers:

- Expired stock must be stored separately from stock which is being used for supply to patients. It may be stored separately in the appropriate waste receptacles in the medicine room, but not on the shelves of the dispensary.
- When conducting a status determination, ask the facility manager or nurse designated to manage medicine to explain the process to be followed at facility level for disposal of expired medicines. The element is scored green if he/she explains the process correctly.

Commitment for Ideal CHC elements 142 to 144

Manage minor injuries at Primary Health Care facilities.

142 Basic medical supplies (consumables) are available

143 Basic consumables are available for the Rehabilitation treatment area

144 Basic medical supplies (consumables) are available for the Oral Health services

Process

Step 1: Determine re-order levels for each item on the list for basic medical supplies. Verify that all medical supplies are available, see Annexure 108 (general supplies), Annexure 109 (rehabilitation treatment area) and Annexure 110 (oral health supplies).

Step 2: Monitor stock of basic surgical supplies weekly.

Step 3: Place a replenishment order to maintain the minimum/maximum surgical supply levels using the prescribed procurement procedure.

Step 4: If order was not received on schedule follow up immediately with district pharmacy.

Note to reviewers:

For element 143: Only assess if the facility:

- Provides a full-time service.
- Provides an outreach service that comes on certain days to the CHC and the facility has a dedicated room and the equipment is kept at the facility. Try to arrange for the visiting therapist to be present on the day of assessment.

14. Management of Laboratory Services

Commitment for Ideal CHC elements 145 – 149

The facility uses laboratory technology to ensure that patients' health conditions are managed appropriately.

145	*Primary Health Care Laboratory Handbook is available*
146	*Required functional diagnostic equipment and concurrent consumables for point of care testing are available*
147	*Required specimen collection materials and stationery are available*
148	*Specimens are collected, packaged, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook*
149	*Laboratory results are received from the laboratory within the specified turnaround times*

Process

Step 1: Obtain the Primary Health Care Laboratory Handbook from www.health.gov.za.

Step 2: Where there is no electronic access, obtain hard copies from the sub-district or district manager.

Step 3: Ensure that all required functional diagnostic equipment and concurrent consumables for point of care testing are available. See Annexure 111.

Step 4: Ensure that required specimen collection materials and stationery are available. See Annexure 112.

Step 5: Induct all new staff on the NHLS process on handling specimens correctly as outlined in the manual. Conduct spot checks to make sure the process is being followed correctly. See Annexure 113.

Step 6: Using the manual or electronic tracking form check if patient laboratory results have been received within the specified time frame. See Annexure 114.

Step 7: If the results have not been received within the specified turnaround times, follow up with the laboratory.

Step 8: File/record all abnormal results appropriately in the patient record within 24 hours of receipt, all other results to be filed/recorded within 5 working days.

Commitment for Ideal CHC element 150

Inter-facility comparison to determine if HIV testing services can provide correct test status

150 Facility is enrolled as testing point in the NHLS HIV- Proficiency Testing scheme

Process

Step 1: Ensure healthcare facility performing HIV testing service (HTS) is enrolled in HIV Serology Proficiency Testing (PT) scheme provided by the National Health Laboratory Service (NHLS).

Step 2: If the facility is not enrolled in the HIV Serology PT:

- For PEPFAR supported facilities, the facility should work with the district HAST Directorate and supporting district support partner (DSP) for the enrolment of the sites. PEPFAR is responsible for the cost for the enrolment.
- For facilities not supported by PEPFAR, the facility should work with the district HAST Directorate for the enrolment of the site and will be responsible for the cost of the enrolment.
- Application forms can be requested from NHLS. Application is done in the last three months of every year, once completed it must be sent to ptsadmin@nhls.ac.za.
- Cost for enrollment is more or less R600 per survey for 2018.

Step 3: Treat PT samples as potentially infectious and follow universal safety precautions at all times when handling them.

Step 4: Upon PT package reception at facility, wear personal protective equipment (PPE) e.g. gloves and Plastic aprons. Inspect the package for breakages, and deterioration or missing sample. The package should contain six samples. Broken samples should be disposed-of according to the health and safety protocols used in your facility. For missing samples, facilities must notify the NHLS PT schemes immediately so that replacement of samples can be issued.

Step 5: Carefully read the instruction sheet enclosed in the package and note the deadline for return of the PT testing results to NHLS.

Step 6: Store samples in fridge before use at 2˚C to 8˚C.

Step 7: All testers providing HTS must participate in proficiency testing. Ideally, each tester should be able to test all samples at a given PT survey, but to accommodate all testers, it is recommended that two testers should participate in a PT survey at a time. Each tester, should tests three PT samples. The name of both testers should be written on the PT response form and details of the samples tested by each tester must be noted. All testers in the site should alternate participation in the subsequent survey.

Step 8: Use personal protective equipment (PPE) when testing PT samples.

Step 9: The samples must be tested with HIV test kits used for routine HTS and the national HIV testing algorithm must be followed. That is, confirmatory test should only be conducted when the screening test is reactive. Test 1 is the screening test and test 2 is the confirmatory test.

Step 10: After use, store the remaining samples in a deep freezer at -20˚C. This is because NHLS may require the sample to be re-tested. Used PT samples must be disposed-of after the score of the survey is issued by NHLS and received by the healthcare facility; and applicable corrective action is done and the corrective action report is complete. The samples should be disposed-of according to the health and safety protocols used in your facility.

Step 11: The PT form must be completed in full with the site IDENTIFICATION CODE and results of the testing twice a year in April/May and Oct/Nov. Record result of PT sample testing in the spaces provided in the PT response form corresponding to the sample number. The form without identification code will be rejected automatically as the healthcare facility that sends the form cannot be identified. The form can be sent to NHLS by email and fax. It is important to use only contacts details provided by NHLS on the response form which is included in the PT package.

Step 12: The facility manager must review the PT response form and sign it before it is sent to NHLS. A copy of the PT response form used to submit result of the testing must be kept in a file for PT at the healthcare facility. Confirm if NHLS PT schemes has received your PT form before the closing date for the submission.

Step 13: The facility manager must also review and sign the PT report from NHLS and share it with testers. The signed copy must be kept in the PT file at the healthcare facility. Corrective measures must be implemented according to the

PT results indicated in the report. The corrective action implemented must be recorded and kept in the PT file.

Note to reviewers:

- Note that this element is only applicable for facilities that are enrolled for the HIV Serology Proficiency Testing (PT) scheme provided by the National Health Laboratory Service (NHLS). If the facility is not part of the pilot mark the element as not applicable.
- Check PT file of the facility for participation and performance in last PT survey (April/May and Oct/Nov), the facility is compliant if:
    - the response from was signed off by the facility manager before being sent to NHLS PT section
      AND
    - the PT report that contains the results of the last PT survey was signed off by the facility manager, showing that it has been reviewed by the manager. Scores of 80 – 100% is acceptable. For scores<80%, a record of planned or implemented corrective action must be available in the PT file.

Commitment for Ideal CHC element 151

To assess performance of test kits prior to testing patients

151 Facility controls rapid test kit performances by running negative and positive control on a weekly basis

Process

Step 1: Ensure healthcare facility providing HIV testing service (HTS) is implementing Independent Quality Control (IQC) regularly to monitor quality of HIV rapid test kits.

Step 2: Treat IQC samples as potentially infectious, follow universal safety precautions at all times when handling them, and as per instructions enclosed in the IQC package.

Step 3: Ensure that sufficient stock is ordered from NHLS to avoid stock out of IQC samples. DO NOT USE IQC sample when expired or if suspected to be contaminated or showing signs of deterioration e.g. clumping, change of colour, turbidity or foul odour. IQC sample should be disposed-of when it is expired or contaminated. The health and safety protocols used in your facility should be followed to dispose-of the sample.

Step 4: Upon receiving new stock of IQC samples, they should be kept in a freezer at or below -20°C until opened for use. Once thawed (defrosted) for use, they should be stored in the fridge at 2˚C to 8˚C. Ensure control sample tubes are recapped and sealed tightly and restored at 2-8°C immediately after use.

Step 5: Perform IQC testing once a week at the minimum, preferably at the beginning of the week and/or on receiving a new shipment of test kit; at the beginning of a new lot number; and when environmental conditions exceed range needed for stability of the test kits e.g. high temperature.

Step 6: Use personal protective equipment (PPE) when testing IQC samples e.g. gloves and plastic aprons.

Step 7: Perform IQC testing with negative control and positive control on the screening test and confirmatory test respectively. Follow the serum testing procedure described for the screening test and confirmatory test in conducting the IQC testing.

Step 8: Follow the job aide for the screening and confirmatory test for interpretation of IQC testing results. A negative control testing should yield a non-reactive result for both the screening test and confirmatory test and a positive control a reactive result for both the screening test and confirmatory test.

Step 9: If IQC testing produces a false result, repeat the test and ensure that the test procedure described in the job aide or manufacturer package insert is accurately followed. If repeated test still produces a false result, it may indicate a problem with the test kit or control sample. Repeat the test using a new control sample. Also, for invalid IQC test, repeat the test. Check the HIV rapid test quality improvement trainers guide for further troubleshooting procedures in case of false or invalid test results.

Step 10: Record each quality control result in the 'Independent Quality Control Record Sheet' and complete all information as required. Maintain record of IQC testing for the screening test and confirmatory test on separate sheet. Also, indicate discordant or discrepant and invalid result in the sheet. Recording IQC test result in the spaces provided for it in the backs pages of HTS register. The record can be kept on separate file for IQC where HTS register cannot be used.

Sept 11: The facility manager must review and sign on a weekly basis the 'Independent Quality Control Record Sheet' to ensure IQC is performed as required and documented in full.

Step 12: If a t est kit consistently gives false or invalid result, ALL KITS WITH THE SAME LOT NUMBER SHOULD BE PUT ASIDE AND NOT USED FOR FURTHER TESTING. The incident must be reported to the facility manager and district immediately including the name and lot number of the test kit and control samples. HIV testing should be continued with test kit with another lot number which is found to give correct result after IQC testing is conducted.

Note to reviewers:

- Note that this element is only applicable for facilities that are enrolled as pilot sites to monitor the quality of HIV rapid test kits. If the facility is not part of the pilot mark the element as not applicable.
- Check the records for IQC Control of the past 3 months. The facility is compliant if there is a weekly IQC Record Sheet for IQC testing that has been signed off by the facility manager for the past 3 months.

COMPONENT 4: HUMAN RESOURCES FOR HEALTH

15: Staff allocation and use

Commitment for Ideal CHC elements 152 - 154

The facility has adequate number of staff in place with the correct skills mix for the services provided.

152 Staffing needs have been determined in line with workload requirements

153 Staff appointed in line with the determined requirements

154 The facility has a dedicated manager

Process

Step 1: Determine the staffing needs for the facility according to the package of service that is provided at the facility and the population served. This should be done in collaboration with the district office.

Step 2: The district office must sign off on the determined staffing needs and the approve the staff establishment for the facility.

Step 3: Should there be surplus staff in your facility, plan with district manager for redeployment.

Step 4: Should there be a need for additional staff, write a request to the district manager for the posts to be created, funded and filled.

Step 5: Participate in the recruitment and selection process as required.

Step 6: District manager to appoint a facility manager for facilities that have a headcount of more than 170 patients per day. In facilities that have a headcount of less than 170, a staff member must be dedicated as the facility manager. The suggested split between management and clinical functions should be 60% management and 40% clinical (rural) and 80% management and 20% clinical for facilities with a workload of more than 170 patients. Content of the job

description and performance agreement must be in line with the approximately 60/80 per cent management and 40/20 per cent clinical work principle.

Step 7: Use Annexure 115 to check whether the staff is appointed is inline with the determined needs (approved staff establishment).

Note to reviewers:

- Staffing needs must be reviewed at a minimum every five years, or earlier if the need arise.
- If the facility manager's post is vacant for less than three months and the facility has a formal letter from the sub-district/district that designate a staff member as the acting manager, the facility can score green.

Commitment for Ideal CHC element 155

Staff members are aware of work allocations and perform as scheduled.

155 Work allocation schedule is signed by all staff members

Process

Step 1: Complete the work allocation schedule daily, weekly or monthly as appropriate for the facility. See Annexure 116.

Step 2: Each staff member must sign the schedule confirming that they are aware of their duty allocation.

Step 3: Place the schedule on the staff notice board for easy access to all staff members.

Commitment for Ideal CHC elements 156 - 157

All staff understands the leave policy and a leave schedule have been developed to suit service needs. Every staff member has an individual staff file that contains up to date staff records.

156 Leave policy is available

157 An annual leave schedule is available

Process

Step 1: Obtain the public service leave policy from the district office.

Step 2: Share the contents of the public service leave policy with all staff members

- Explain the policy contents clearly to the staff so that they understand the leave process, emphasising the need for approval prior to going on leave, unless in an emergency situation.
- Staff to sign acknowledgment indicating that they are aware of the policy and its application. See Annexure 89.

Step 3: Draw up an annual leave schedule for all staff members taking into account the service needs of the facility. See Annexure 117.

Step 4: Print and place the annual leave schedule on staff notice board.

16: Professional Standards and Performance Management Development (PMDS)

Commitment for Ideal CHC element 158

Staff is inducted to make them feel welcome, that they understand core information about their job and help them to settle into their new job and work environment.

158 Record of staff induction is available

Process

Step 1: Schedule induction training for all newly appointed staff. Staff should receive induction training within the first three months of being appointment.

Step 2: Training must cover at a minimum the following:

- Vision and mission of the district
- Batho Pele Principles
- Operational policies and procedures
- Health and Safety of patients and staff
- Quality improvement methodology
- Infection Prevention and Control
- Patient safety

Step 3: Keep attendance registers of the training conducted. See Annexure 16 as an example

Note to reviewers:

Obtain the list with the facility's staff establishment. 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.

Commitment for Ideal CHC element 159

Healthcare workers comply with legislation regarding registration with professional bodies

159 All healthcare workers have current registration with relevant professional bodies

Process

Step 1: On an annual basis that coincide with the relevant professional body's time frames for registration, request staff to provide a copy of their current registration with the relevant professional body.

Step 2: Obtain an updated list of appointed staff and tick off whether the staff member has submitted a copy of their registration.

Step 3: File the copies in a file that is clearly marked for this purpose.

Step 4: Use the list compiled in step 2 to verify, using Annexure 118, that all categories of healthcare workers have current registration with the relevant professional bodies.

Commitment for Ideal CHC element 160

Entrench goal-oriented performance by staff members through appropriate performance agreements and reviews.

160 Performance Management guidelines are adhered to

Process

Step 1: Obtain the PMDS policy from the district.

Step 2: Explain the content of the PMDS policy clearly to all staff members.

Step 3: Ensure that each staff member has an approved and signed job description available.

Step 4: Use the prescribed PMDS templates to develop an individual Performance Management Agreement (PMA).

- ensure that the performance goals of the facility are reflected within the key result areas of individual staff members' PMAs
- PMA to be signed by the individual staff member and the facility manager after discussion and agreement
- submit signed original copies to district office by 15 April of the relevant financial year.

Step 5: Performance appraisal to be conducted six monthly using the PMDS evaluation templates. Evaluation templates available on the DPSA website. Note: Even if personnel records are kept at a central location, copies of staff PMAs and performance review documents must be available at the facility. Good practice prescribes that individual staff members and the facility manager refers to these documents regularly to track performance and staff development needs.

Step 6: Use Annexure 119 to verify that the guidelines for performance management has been adhered to.

Commitment for Ideal CHC elements 161 - 162

Create an environment that supports the professional development of staff to ensure the delivery of quality health services.

161 Continued staff development needs are determined for the current financial year and submitted to the district manager

162 Training records reflect planned training is conducted as per the district training programme

Process

Step 1: Develop a staff development and training plan based on the facility's service needs. This must be done in time to include training costs in the budget of the financial year.

Step 2: Submit to district manager by 15 April of the relevant financial year.

Step 3: Staff members should be released for the identified training taking into consideration the facility's staffing and service needs.

Step 4: Record all training in a register. See Annexure 16 as an example.

Commitment for Ideal CHC elements 163 - 164

Staff is disciplined and committed to providing quality health services.

163 The disciplinary procedure is available

164 The grievance procedure is available

Process

Step 1: Obtain the public service disciplinary and grievance procedures from the district office.

Step 2: Explain the contents of the disciplinary and the grievance procedures to all staff members.

Step 3: All staff must sign acknowledgement that they have been informed of both procedures and understand it. See Annexure 89.

Commitment for Ideal CHC elements 165- 166

Staff work in a positive work environment.

165	***Staff satisfaction survey is conducted annually***
166	***The results of the staff satisfaction survey are used to improve the work environment***

Process

Step 1: In cooperation with the sub district/district human resource management unit, conduct the yearly staff satisfaction survey. As an example see Annexure 120.

Step 2: Sub district/district human resource unit must analyse the results and present to sub district/district Health Management Team (DHMT) with recommendations for improvement.

Step 3: Using recommendations from step 2, develop an action plan to address relevant weaknesses highlighted in the staff satisfaction survey report.

Step 4: Implement action plans in cooperation with sub-district/district.

Step 5: Staff satisfaction survey report and action plan must be available for inspection.

Commitment for Ideal CHC elements 167 to 172

Occupational Health and Safety hazards are attended to.

167	***SOP for management of occupational health and safety incidents is available***
168	***Health and safety representative appointed (NA is staff establishment is less than 20 staff members)***
169	***Health and Safety committee appointed (NA if less than 2 safety reps)***
170	***Occupational Health and Safety incidents are managed and recorded in a register***
171	***Occupational health and safety risk assessment has been conducted in the past two years***
172	***Risk mitigation interventions are implemented for identified occupational health and safety risks***

Process

Step 1: Obtain the SOP for the management of occupational health and safety incidents from the district office. Verify that the content of the SOP is complete, use Annexure 121.

Step 2: Designate a health and safety representative if the staff establishment is more than 20. The designation must be done in writing and the period must be stipulated. For facilities that have less than 20 staff members, the manager of the facility must oversee matters relating to occupational health and safety.

Step 3: All health and safety representatives must receive appropriate training to ensure that the representatives can perform their duties effectively.

Step 4: Appoint a health and safety committee if the facility has more than two health and safety representatives.

Step 5: 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.

Step 6: Submit the forms to the sub-district/district office.

Step 7: Record all the occupational health and safety incidents in a register. The following information must be recorded in the register:

- summary of the incident
- summary of investigation conducted
- outcome of investigation
- recommendations
- date recommendation implemented

See Annexure 122 as an example of a register.

Step 8: Check the past six month's register to verify that the registers has been completed in full, see Annexure 123. The actions taken to manage the incident must be recorded in the register.

Step 9: Annually analyse the register to establish trends.

Step 10: Where trends have been identified, add activities to the quality improvement plan to prevent incidents from reoccurring.

Step 11: Risk assessment and management are planned and systematic processes to identify the hazards in the work environment which have the highest potential to cause harm with the aim of eliminating or mitigating hazards. Plan to arrange for an occupational health and safety risk assessment to be conducted by trained staff every two years (or more frequently if the need arise).

Step 12: Once the occupational health and safety risk assessment has been conducted, a report must be compiled which is to be signed off, dated and filed.

Step 13: There must be documented evidence of identified risks and the implementation of mitigating actions. The documented evidence could include reports, such as hazard identification and risk assessment reports, or minutes of meetings in which risk management is discussed, which must be signed and dated.

Note to reviewers:

An occupational health and safety incident is any injury that staff has sustained while being on duty. In cases where there is not clarity on whether the injury will qualify as an occupational health and safety incident, the incident must still be reported. The determining body will evaluate the case and make a finding.

COMPONENT 5: SUPPORT SERVICES

17. Finance and supply chain management

Commitment for Ideal CHC element 173

Ensure the availability of key resources at all times through the application of good financial management

173 Facility has a dedicated budget

Process

Step 1: Sub district/district finance manager to set up the facility as a cost centre.

Step 2: Ensure that facility managers are part of the discussion at sub district/district level that will result in the facility's budget allocation.

Step 3: Allocate financial resources in line with the facility needs.

Step 4: Develop control measures for rational budget utilisation and expenditure.

Step 5: Using the monthly expenditure report as received from sub-district/district, compare the report to the monthly commitment register you have in your records for the relevant month. See Annexure 124.

Step 6: Participate in the quarterly sub-district/district expenditure review meetings.

Step 7: Query any differences/discrepancies in expenditure balances with the sub-district/district and make relevant submission for correction of the discrepancies. After the corrections have been authorised, reallocate the funds according to budget pressures.

Commitment for Ideal CHC elements 174

Ensure adequate replenishment of supplies through a supply chain management system. Suppliers will be monitored through Service Level Agreements (SLAs) to ensure compliance.

174 Facility has a standard operating procedure for obtaining general supplies

Process

Step 1: Ensure that the facility has a standard operating procedure for procuring general supplies.

Step 2: Set a minimum and maximum value for each item procured based on the facility's use.

Formula to calculate minimum and maximum levels

Formula Min level = Lead Time (time it takes from the moment the item is ordered until it is received and ready to be used) + Safety Stock (amount of stock to hold because of something that could occur to delay the lead time)

If the process is working smoothly, you will receive the item you ordered right as you get into the safety stock.

Formula Max level = Min + (Min/2)

Example:

Min = 30 days lead time + 15 days of safety stock = 45 days

Max = 45 + (45/2) = 67.5 round up to 68 days

The only other number that is needed is the quantity of the item that is used per day. This is used to translate the number of days to a quantity of the item.

For example, 50 surgical gloves are used daily

Min stock level = 45 days x 50 gloves = 2 250 gloves

Max stock level = 68 days x 50 gloves = 3 400 gloves

* the formulas can be adjusted to suite the circumstances in the facility to ensure that stock do not run out.

Step 3: Replenish item once the minimum level of an item has been reached.

Step 4: Obtain a copy of the relevant item contracts and use the terms and conditions of the contract to ensure acceptable turn-around times and to apply penalties where necessary.

Step 5: Keep all source documents safely.

18: Hygiene and cleanliness

Commitment for Ideal CHC elements 175- 180

The entire facility is clean at all times.

175	***All cleaners have been trained on cleaning procedures***
176	***Cleaning schedules are available for all areas in the facility***
177	***Cleaning is carried out in accordance with the schedule***
178	***All work completed is signed off by cleaners and verified by manager or delegated staff member***
179	***Disinfectant, cleaning materials and equipment are available***
180	***All service areas are clean***

Process

Step 1: Ensure that cleaners have been appropriately trained and are fully aware of their duties.

- if the CHC has contract cleaners, meet with the contractor and ensure that the cleaners in your facility have been trained and have a clear understanding of their duties.

Step 2: Identify, schedule and record additional training needs of cleaners.

Step 3: Maintain records of training of each cleaner. See Annexure 16 as an example

Step 4: Compile daily, weekly and monthly cleaning schedules for all areas in the facility. Verify that the schedules are available for all the service areas, use Annexure 125. File in the designated file for cleanliness. See Annexure 91 as an example.

Step 5: 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 (Annexure 126) at all times.

Step 6: Obtain material safety data sheets for all cleaning material used in the facility from the sub-district/district office. The material safety data sheets must comply with the Hazardous Chemical Substances Regulations, 1995, see Annexure 127.

Step 7: 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 daily and indicate on the checklist whether he/she is satisfied with the cleanliness of the areas. The checklist must be filed in the cleanliness file and should be used to guide performance evaluation of cleaners. See Annexure 92 as an example.

Step 8: Use Annexure 128 to verify that cleaners have signed of the work in all areas

Step 9: Conduct daily inspections of the service areas of the facility using the Cleaning Inspection Checklist. See Annexure 129 If any areas are not clean, discuss with the relevant cleaner and get them to clean again. Instruct cleaners to inform the facility manager immediately of any repairs required.

Step 10: To check whether the cleaning is carried out in accordance with the schedule (element 177), check whether the cleaning checklist is aligned with the cleaning schedule (times and tasks on the schedule) and the work were signed off.

Step 11: Instruct cleaners to close taps properly and switch off unnecessarily lights.

Commitment for Ideal CHC element 181

Staff and patients will be protected from communicable diseases through good hygiene practices.

181 Hand hygiene facilities are available

Process

Step 1: District management to ensure that all CHCs have running water

- if there is a break in the normal supply of clean running water, request repairs using the local prescribed process.

Step 2: Conduct a weekly inspection of all consumables to ensure the correct quantity is available. See Annexure 130.

Step 3: Ensure the availability of liquid hand wash soap and disposable hand paper towels in the appropriate areas.

Commitment for Ideal CHC elements 182 - 184

Staff and patients will be protected from communicable diseases through good practice disposal of general and health care risk waste.

182 SOP for managing general and health care waste is available

183 Health care waste is managed appropriately

184 Central storage are for health care waste is appropriate

Process

Step 1: Ensure that the facility has a SOP for managing general and health care risk waste. Verify that the content of the SOP contains the minimum requirement. See Annexure 131.

Step 2: Check that health care waste is managed appropriately. See Annexure 132.

Step 3: Display on notice board in dirty utility room 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

Step 4: 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
- disposal bins/boxes must be emptied as needed.

Step 5: Conduct spot checks on the status of the sanitary and general disposal bins/boxes to ensure compliance to the infection control measures. Non-functional sanitary disposal bins and general waste bins (broken and/or damaged) must be replaced by ordering new ones.

Step 6: Instruct the cleaners to inform the facility manager immediately if the bin liners is getting close to the minimum level.

Step 7: Ensure that health care waste is stored in an appropriate central storage area. See Annexure 133.

Commitment for Ideal CHC element 185

Toilets are available and functional at all times to ensure staff and patient safety

185 All toilets are clean, intact and functional

Process

Step 1: Obtain checklist for functional toilet status.

Step 2: Conduct a spot check of the toilets in your facility to see that they are intact and functional. See Annexure 134.

Step 3: If the toilets are not functional, put up a sign on the toilet door stating “Not Working - Do Not Use”

Step 4: Ensure prompt repairs of broken toilets.

Commitment for Ideal CHC element 186

The facility environment must be aesthetically pleasing to contribute positively to the mental health of patients and staff

186 Exterior of the facility and grounds are clean and well maintained

Process

Step 1: Appoint the required number of groundsmen as per the approved organogram. At facilities where groundsmen are shared with other facilities, ensure that a schedule is drawn up that indicates the schedule of the groundsmen at the different facilities.

Step 2: Ensure that groundsmen have been appropriately trained and are fully aware of their duties. This includes orientation of new groundsmen.

- if you have contract groundsmen, meet with the contractor and ensure that the groundsmen in your facility have been trained and have a clear understanding of their duties.

Step 3: Maintain records of training of each groundsman. Annexure 16 as an example.

Step 4: Do spot checks of the exterior to check whether the facility is neat and clean. See Annexure 135.

Step 5: Instruct groundsman to clean areas where weaknesses are identified.

Commitment for Ideal CHC elements 187 - 190

Waste is stored and removed from the facility in line with acceptable standards to ensure patient and staff safety

187 A signed waste removal service level agreement between the health department and the service provider is available

188 Health care risk waste is removed in line with the contract

189 The service level agreement for waste removal and disposal of waste is monitored

190 Breaches in waste removal contract are escalated to the relevant authority

Process

Step 1: Develop/obtain the SOP for waste management. Refer to section on waste management in the Practical Manual for implementation of the National IPC strategic framework for guidance. Available from www.health.gov.za.

Step 2: Train all staff on the importance of waste handling, segregation and the purpose of the colour categorisation.

Step 3: Maintain records of training of all staff. See Annexure 16 as an example.

Step 4: Place a poster for waste segregation (Annexure 74) in the dirty utility room.

Step 5: Conduct spot checks at the facility waste generation points to determine that correct waste handling and segregation is taking place.

Step 6: If the correct procedures for waste management are not adhered to, correct weaknesses through instructions to relevant staff.

Step 7: Ensure that all waste is stored in an access controlled general and health care risk waste storage areas

- if designated area is not available or conforming to required standard (refer to checklist of element 184), place a works order.

Step 8: Obtain and keep a copy of the signed waste removal SLA from the sub-district/district

Step 9: Read and understand the SLA so you are aware of the service delivery requirements that the waste removal service provider must comply with.

Step 10: Monitor waste removal to ensure that the service provider complies with the requirements of the SLA.

Step 11: Record each incident of non-compliance and escalate to the sub-district/district office.

Note to reviewers:

- Element 188: Removal of waste must be documented/recorded for example in a register. Assess records from the last three months to see if waste is collected as indicated in the service level agreement.
- Element 189: Monitoring compliance with the service level agreement will ensure that breaches in service delivery are identified. This could include a monitoring checklist, minutes of meetings, reports, receipts and disposal certificates
- Element 190: Evidence reflecting escalation of the breaches to the relevant authority must be available. This must be recorded in a document (evidence of submission to relevant authority must be available) or sent electronically via email.

Commitment for Ideal CHC element 191

The facility is pests free to ensure that the environment is clean

191 Records show that pest control is done according to schedule

Process

Step 1: Compile a pest control schedule for the facility. The frequency will depend on the current situation of the facility. If the facility is invested with pests, more frequent pest control will be needed. The schedule can be changed from time to time as the situation change in the facility. See Annexure 136 as an example.

Step 2: Monitor that pest control is conducted according to the set schedule. The manager must sign the schedule once the pest control has been conducted.

Note to reviewers:

Pest control should be conducted by the district office or through an appointed company. In rural areas and facilities where pests are not a big problem spraying with a high-performance residual insecticide spray is acceptable (example Fendona).

19: Security

Commitment for Ideal CHC elements 192 - 196

Patient and staff safety is assured at all time.

192	***Safety and security SOP is available***
193	***Perimeter fencing is intact***
194	***Parking for staff on the facility premises***
195	***There is a standard security guard room OR the facility has an alarm system linked to armed response***
196	***There is a security guard on duty OR the facility has an alarm system linked to armed response***

Process

Step 1: Ensure that the facility has a safety and security SOP. 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
- Provision of guarding services
- Patrolling of the health facility
- Equipment for security personnel. See Annexure 137.

Step 2: Conduct a monthly walk about to ensure that perimeter fencing is intact, gates are functioning, and the guard room is neat and tidy.

Step 3: If the CHC does not have parking for staff this must be requisitioned through the district/provincial infrastructure unit.

Step 4: The guard room must conform to the standards (see Annexure 138) or have an alarm system that is linked to armed response. Facilities that have an alarm system that is linked to armed response must ensure that the alarm is serviced as prescribed by the company that has installed the alarm.

Step 5: Inform the district/provincial infrastructure unit in writing of identified weaknesses in regard to fencing, parking and guard room.

Step 6: Keep a copy of correspondence with district infrastructure in this regard.

Step 7: Ensure that there is a duty roster for security officers where there is not an alarm system that is linked to armed response.

Note to reviewers:

- Facilities with the structural make-up that render perimeter fencing and separate guard house impossible/unnecessary e.g. in a multi story building in a city must score not applicable at element 193 and the section for the security guard room on element 195.
- The parking area for staff can be outside the perimeter of the facility (example in a building, area next to the facility). This parking area must however be within 500m walking distance and the parking area must have specific allocated space for staff working at the facility. Parking in the street is not acceptable as it is not allocated to staff.

Commitment for Ideal CHC element 197 - 198

Optimal security services are delivered at the facility to ensure safety and security of patients and staff.

197	***Security services rendered in according to contract OR provincial security policy/facility SOP***
198	***A signed copy of the service level agreement between the security company and the provincial department of health is available***

Process

Step 1: Obtain and keep a copy of the signed security SLA from the sub-district/district

Step 2: Read and understand the SLA so that you are aware of the service delivery requirements that the security service provider must comply with. Ensure that these services include the control of prohibited items.

Step 3: Orientate your staff on the terms of the SLA.

Step 4: Monitor if security services complies with the requirements of the SLA OR standard operating procedure. See Annexure 139.

Step 5: If weaknesses are identified discuss with the security officers working at your facility to take corrective action.

Step 6: If weaknesses persist call a meeting with the management of the security service provider. Keep records of these meetings.

Step 7: Escalate repeated incidents of non-compliance to the district office.

Note to reviewers:

For element 198: In facilities where provincial/district/in house staff performs the security duties, the content of the job description of the appointed staff must be reviewed. Check whether the job description addresses the facility's need in regard to security issues. Job descriptions for security staff must be signed.

Commitment for Ideal CHC elements 199 - 200

The safety of staff and patients are protected by managing security breaches appropriately and securing entrances.

199	***Security breaches are managed and recorded in a register***
200	***There is a security system at the entrance of the units***

Process

Step 1: Record all security breaches in a register or the security incident book. See Annexure 140 as an example of a register.

Step 2: Record how the breach was managed and what measures were taken to prevent the reoccurrence of the breach.

Step 3: Verify that the register has been completed in full and that all breaches were managed, use Annexure 141.

Step 4: Once the investigation of the breach has been finalised the security staff must sign off in the register.

Step 5: Ensure that there is a security system at the entrances of the 24 hour Emergency unit and the MOU. See Annexure 142.

Note to reviewers:

Where no security breaches occurred in a month, a “Null” record must be entered in the register and the register for that month must also be signed off.

20: Outbreak and Disaster preparedness

Commitment for Ideal CHC element 201

Patients and staff are protected against the risk of injury due to fire.

201 Functional firefighting equipment is available

Process

Step 1: Ensure that functional firefighting equipment (Annexure 143) is available in the facility.

Step 2: The district manager must ensure that there is a service level agreement with a competent service provider for servicing the facility's firefighting equipment.

Step 3: Conduct monthly inspections to ensure that equipment is present and intact.

Step 4: The service provider must service firefighting equipment at least yearly.

Step 5: A record must be kept of the services conducted. See Annexure 144 as an example. The facility manager must remind the service provider in good time of the next scheduled service date.

Step 6: If an item(s) of firefighting equipment has been used, immediately contact the service provider to restore functionality for future use.

Step 7: Escalate to sub-district/district manager in writing if corrective action is not timeously taken.

Commitment for Ideal CHC elements 202 - 205

The CHC is at ready for emergency evacuation all times.

202	***Evacuation plan is displayed in the manager's office and the main entrance***
203	***Contact numbers of healthcare personnel required in emergencies are available in the management offices and at reception***
204	***Emergency evacuation procedure is practiced annually***
205	***Deficiencies identified during the practice of the emergency evacuation drill are addressed***

Process

Step 1: Obtain a floor plan of the facility from the district office. Where there is no floor plan available from the district office, draw a floor plan. Excel can be used or neatly hand draw the floor plan.

Step 2: Use the floor plan to develop an emergency evacuation plan that visually displays the evacuation paths.

Step 3: Indicate all emergency exists, assembly points, main electrical power switch, main water shut off valve and firefighting equipment on the floor plan.

Step 4: Add in directional arrows to show the way to the various emergency exit points as well as the emergency assembly point. See Annexure 145 for an example of an evacuation plan.

Step 5: Visibly display the evacuation plan in all the service areas. Use Annexure 146 to check.

Step 6: Ensure that the contact numbers of healthcare personnel that will be required in emergencies is in the file for contact details in the manager's office and reception. Where there is no manager's office in the facility the contact numbers must be available in the most accessible office in the facility. Use Annexure 147 to check whether the contact details are available in all the service areas. Contact details of the following healthcare personnel must be included:

- District outbreak team,
- District Specialist Team OR General Medical Practitioner allocated to the facility,
- Local area manager,
- Referring district hospital (casualty section),
- District manager,
- Facility manager,
- Facility professional staff

Step 7: Conduct annually an evacuation drill. **Note: No critical patient must be left unattended during the evacuation practice.** Allocate a trained staff member to attend to them

- assign/designate roles to staff
- choose a date and time to practice evacuations that is not made known to staff
- set the scene and commence the evacuation drill in line with the plan.

Step 8: Debrief and give feedback to staff.

Step 9: Draw up an emergency evacuation drill practice report (see Annexure 148 as an example) and file. This report must include recommendations for improvement if applicable.

Step 10: Plan and implement remedial action within two weeks.

Step 11: Rerun the evacuation practice if necessary.

Commitment for Ideal CHC element 206

The facility staff is prepared to manage outbreaks effectively

206	***Standard Operating Procedure for outbreak notification and response are available***

Process

Step 1: Obtain the National Guidelines on Epidemic Preparedness and Response from www.health.gov.za.

Step 2: Use the Guideline to develop a SOP for outbreak notification and response for the facility. District offices should be guiding this process.

Step 3: All staff members to sign the acknowledgement form that they are aware of the content of the SOP. Attach this to the back of the SOP and file the document. See Annexure 89 as an example.

21: Transport

Commitment for Ideal CHC element 207 to 210

Patients and staff are transported safely.

207	***All official vehicles used to render services or transport patients are licensed annually***
208	***All official vehicles used to render services or transport patients are serviced according to manufacturer's schedule***
209	***All staff driving official vehicles to render services or transport patients have a valid driver's license***
210	***All staff driving official vehicles to render services or transport patients have a valid professional driving permits where applicable***

Process

Step 1: If the facility uses official vehicles, draw up a schedule indicating when each vehicle is due for license renewal. Check monthly which vehicles are due for license renewal and renew the license where indicated.

Step 2: If the facility uses official vehicles, draw up a schedule indicating when each vehicle is due for service. Check monthly which vehicles are due for a service and schedule the service accordingly.

Step 3: Draw up a schedule for staff that render transport services to indicate when their licenses/permits will expire. Check monthly:

- Which staff member's licenses will expire within the next three months. Remind those staff members to renew their licenses/permits.
- That the staff members whose licenses has expired in the specific month has renewed their licenses/permits.

Note to reviewers:

Facilities that do not make use of official vehicles mark not applicable for element 207 to 210.

COMPONENT 6: INFRASTRUCTURE AND SUPPORT SERVICES

22. Physical space and routine maintenance

Commitment for Ideal CHC elements 211 - 213

The physical space and environment is conducive to rendering quality health services.

211	***CHC space accommodates all services and staff at the 8 hour service area***
212	***CHC space accommodates all services and staff at the 24 hour Emergency unit***
213	***CHC space accommodates all services and staff at the MOU***

Process

Step 1: Determine if the size of the facility is sufficient to provide services based on the population to be served and PHC package of services provided. Refer to the size classification and facility reorganization sections in the ICSM manual to determine the required number of rooms/areas etc.

Step 2: Once the approximate classification has been calculated according to the process as set out in the ICSM manual, use Annexure 149, Annexure 150 and Annexure 151 to determine whether the size and configuration of the facility is sufficient in the 8 hour services, 24 hour emergency unit and the MOU.

Step 3: Prepare and submit a motivation to the district office for additions/renovations if needed.

Step 4: Make regular follow up with the district manager for feedback on this matter.

Commitment for Ideal CHC element 214

The facility has adequate natural ventilation or functional mechanical ventilation.

214 Clinical service areas have natural ventilation or functional mechanical ventilation

Process

Step 1: Ensure that the facility has natural ventilation (windows and doors that can be opened, cross ventilation between doors and windows) or functional mechanical ventilation (i.e. ceiling fans or air conditioners) in service areas.

Step 2: Use Annexure 152 to assess whether the facility has adequate ventilation in all service areas.

Commitment for Ideal CHC element 215

The facility is accessible for people in wheelchairs.

215 There is access for people in wheelchairs

Process

Step 1: Using the wheelchair access requirement checklist to check whether the facility complies with the criteria in all the service areas. See Annexure 153.

Step 2: Should the facility not comply, apply for the relevant alterations through the sub-district/district manager by following the relevant provincial protocol.

Commitment for Ideal CHC elements 216 - 218

The facility infrastructure must be maintained to provide an environment conducive for health service delivery.

216	***Maintenance schedule for building(s) and grounds are available***
217	***Building(s) is maintained according to schedule***
218	***Building(s) complies with safety regulations***

Process

Step 1: Using Annexure 154, compile a checklist of major infrastructure repairs and maintenance work required.

Step 2: Log a request to have major repairs onto the district's annual major maintenance plan.

Step 3: Obtain the maintenance schedule for the current financial year for the facility from the sub-district/district.

Step 4: Do regular follow-up to ensure that the maintenance is conducted according to the schedule.

Step 5: Follow-up with the sub-district/district if maintenance is not done according to schedule. Document all follow-ups. See Annexure 155.

Step 6: As soon as items for minor repair are identified, complete and submit a works order. Keep record of orders submitted and track progress. See Annexure 155 as an example.

Step 7: If no action has been taken within one week, escalate to sub-district/district.

Step 8: Obtain the certificates from the sub-district/district that is required to ensure that the facility is compliant with all safety regulations. File in the building maintenance file. See Annexure 156.

23. Essential equipment and furniture

Commitment to Ideal CHC elements 219 - 221

Essential equipment is maintained to ensure that it is functional.

219	***Staff are trained on the use of essential equipment***
220	***SOP for reactive maintenance of medical equipment is available***
221	***Maintenance plan for essential equipment is adhered to***

Process

Step 1: Schedule in-service training for all healthcare personnel on the equipment that is used in the facility. If there is equipment that staff is not familiar with, arrange through the sub district/district office that the supplier of the equipment conducts training for the healthcare personnel. Keep a register of all training conducted; see Annexure 16 as an example.

Step 2: Ensure that the reactive SOP for the maintenance of all medical equipment is available.

Step 3: Compile a maintenance schedule for the following equipment which is not exhaustive (see Annexure 157 as an example):

- Automatic External Defibrillator (AED) OR ECG monitor and defibrillator
- Pulse oximeter with adult & paediatric probes (recalibrated)
- Non invasive electronic blood pressure monitoring device including paediatric, adult & large adult cuff sizes (recalibration) (cuff bladders, valves and tubing replaced)
- Scales (recalibration),
- Hemoglobin meter (recalibration)

Step 4: Sign off on the maintenance schedule when the maintenance for specific equipment has been performed.

Step 5: Follow-up with the sub-district/district office if maintenance is not done according to schedule.

Commitment to Ideal CHC elements 222 - 227

Appropriate furniture and essential equipment is available in the 8 hour service area.

222	***Furniture is available and intact at the 8 hour service area***
223	***Essential equipment is available and functional at the 8 hour consultation areas***
224	***Furniture is available and intact at the Rehabilitation treatment area***
225	***Essential equipment is available and functional at the Rehabilitation treatment area***
226	***Furniture is available and intact at Oral Health services***
227	***Essential equipment is available and functional at Oral Health services***

Process

Step 1: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a standardised list with specifications for furniture and equipment from www.health.gov.za

Step 2: Obtain the list for the furniture and essential equipment required in the 8 hour service area

- furniture at the 8 hour service — Annexure 158
- essential equipment at the 8 hour service — Annexure 159
- furniture at the Rehabilitation treatment area — Annexure 160
- essential equipment at the Rehabilitation treatment area — Annexure 161
- furniture at Oral health services — Annexure 162
- essential equipment at Oral health services — Annexure 163

Step 3: Using the lists for furniture and essential equipment required in the different service areas in the 8 hour service, conduct a quarterly stock taking and ensure that all the items are available.

Step 4: Ensure that missing items are budgeted for.

Step 5: Order missing items using the standard procurement procedure.

Step 6: Immediately follow up if items were not received on the indicated date.

Note to reviewers:

For element 224 and 225: Only assess if the facility:

- Provides a full-time service.
- Provides an outreach service that comes on certain days to the CHC and the facility has a dedicated room and the equipment is kept at the facility. Try to arrange for the visiting therapist to be present on the day of assessment.

Commitment to Ideal CHC elements 228 - 232

Appropriate furniture and essential equipment is available in the 24 hour Emergency unit.

228	***Furniture is available and intact at the 24 hour emergency unit***
229	***Essential equipment is available and functional at the 24 hour emergency unit***
230	***There is a sterile pack for minor surgery***
231	***Resuscitation room is equipped with functional basic resuscitation equipment***
232	***Restore the emergency trolley in the 24 hour Emergency unit after each use***

Process

Step 1: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a standardised list with specifications for furniture and equipment from www.health.gov.za

Step 2: Obtain the list for the furniture and equipment required at the 24 hour Emergency unit

- furniture: Annexure 164
- essential equipment: Annexure 165
- sterile pack for minor surgery: Annexure 166
- resuscitation room: Annexure 167
- emergency trolley: Annexure 168

Step 3: Using the lists for furniture and essential equipment required in the 24 hour Emergency unite, conduct a quarterly stock taking and ensure that all the items are available.

Step 4: Ensure that missing items are budgeted for.

Step 5: Order missing items using the standard procurement procedure.

Step 6: Immediately follow up if items were not received on the indicated date.

Step 7: Designate a professional nurse to ensure on a daily basis that the emergency equipment as stipulated in Step 2 are available, clean and functional.

Note to reviewer:

Emergency sterile pack for minor surgery not be opened during assessment, check only expiry dates and the contents list outside the pack.

Commitment to Ideal CHC elements 233 - 236

Appropriate furniture and essential equipment are available in the MOU.

233	***Furniture is available and intact at the MOU***
234	***Essential equipment is available and functional in MOU***
235	***Sterile obstetric delivery pack are available***
236	***Restore the emergency trolley in the MOU daily or after each use***

Process

Step 1: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a standardised list with specifications for furniture and equipment from www.health.gov.za

Step 2: Obtain the list for the furniture and equipment required at the MOU

- furniture: Annexure 169
- essential equipment: Annexure 170
- sterile obstetric delivery pack: Annexure 171
- emergency trolley: Annexure 172

Step 3: Using the lists for furniture and essential equipment required in the MOU, conduct a quarterly stock taking and ensure that all the items are available.

Step 4: Ensure that missing items are budgeted for.

Step 5: Order missing items using the standard procurement procedure.

Step 6: Immediately follow up if items were not received on the indicated date.

Step 7: Designate a professional nurse to ensure on a daily basis that the emergency equipment as stipulated in Step 2 are available, clean and functional.

Note to reviewer:

Sterile obstetric packs not be opened during assessment, check only expiry dates and the contents list outside the pack.

Commitment to Ideal CHC element 237

Appropriate essential equipment is available to perform TOP and MMC

237 Essential equipment is available and functioning in the TOP and MMC procedure rooms

Process

Step 1: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a standardised list with specifications for equipment and supplies needed for the TOP and MMC procedure rooms from www.health.gov.za.

Step 2: Conduct regular audits for the equipment reuired in the TOP and MMC procedure rooms. See Annexure 173.

Step 3: Keep record of the completed audit lists for future reference.

Step 4: Designate a professional nurse to ensure on a daily basis that the emergency equipment as stipulated in Step 2 are available, clean and functional.

Commitment for Ideal CHC element 238 to 239

Oxygen must be consistently available to patients when needed.

238	***Oxygen cylinder with pressure gauge is available in resuscitation/ emergency room***
239	***Oxygen available in the cylinder is above the minimum level***

Process

Step 1: The facility's mobile oxygen cylinder in the different service areas must be fitted with a functional gauge at all times. See Annexure 174.

Step 2: The emergency oxygen cylinder has sufficient volume and pressure at all times. Designate a staff member to check this on a daily basis in the different service areas using Annexure 175.

Step 3: The designated staff member must complete the check sheet (See Annexure 176 as an example) on a daily basis to ensure that the oxygen level is as prescribed (above the minimum level).

Step 4: Should the oxygen in the cylinder be below the prescribed level contact the service provider to have the cylinder refilled or exchanged with a full one.

Commitment for Ideal CHC element 240

Imaging services is safe to use.

240 Imaging service unit is accredited

Process

Step 1: Ensure that the imaging services (can include radiography and ultrasound) must have a valid accreditation certificate. Obtain this certificate from the Provincial authority.

Note to reviewers:

If the facility does not provide imaging services, mark not applicable.

Commitment for Ideal CHC element 241

Assets in the facility are controlled.

241 An up-to-date asset register is available

Process

Step 1: Obtain an updated asset register from the sub-district/district office.

Step 2: Do regular spot check to check whether the assets in the facility correspond with the asset register of the sub-district/district office. See Annexure 177.

Step 3: Report any discrepancies to the sub-district/district office; keep record of the communication done.

Step 4: Report any stock that is lost due to theft immediately to the sub-district/district office to ensure that the asset register is kept up to date. Keep record of reports sent.

Commitment to Ideal CHC element 242

The facility uses space optimally.

242 Redundant and non-functional equipment is removed from the facility

Process

Step 1: If there are any items of equipment found to be redundant, inform the sub district/district to reallocate this to another facility.

Step 2: If there are any items of equipment found to be beyond repair, have this condemned and disposed of. Complete an asset disposal form for the equipment. See Annexure 178 as an example.

Step 3: Update asset register accordingly.

Note to reviewers:

Check whether there is any redundant equipment or non-functional equipment in the facility.

24. Bulk supplies

Commitment for Ideal CHC elements 243 - 244

Facilities must have clean, fresh running water and backup supply available at all times.

243 Facility has a functional piped water supply

244 Facility has emergency water supply

Process

Step 1: In cooperation with the local municipality ensure that there is clean piped water to the facility.

Step 2: Where there is no piped water ensure that the sub-district/district has planned for the installation of piped water.

Step 3: 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.

Step 4: Ensure that the facility has access to emergency water supply in the form of:

- water tanks that are regularly filled by the local municipality. The water level of the tank should be checked at least every fortnight.
- tanks on trailers that are brought to the facility when there is a break in piped water supply. A short SOP describing the process to follow to arrange for the backup water supply must be available.

Note to reviewers:

Element 244: Emergency water supply must be available. Water can be made available through amongst other containers with lids or water tanks (Jojos) or access to water trucks (this can be documented evidence). Documented evidence should be in the format of a (signed and dated) that outlines the process to follow for tanks on trailers to be brought to the facility.

Commitment for Ideal CHC elements 245

Facilities must have uninterrupted electricity supply.

245 Facility has access to a functional back-up electrical supply

Process

Step 1: In cooperation with the district infrastructure unit ensure that functional back-up electricity is available at the facility.

Step 2: Back-up electrical supply must be available in the form of:

- a generator permanently stationed at the facility OR
- Uninterrupted Power Supply (UPS) OR
- Solar power

Step 3: If back-up electricity to the facility is in the form of a generator, assign a staff member to check the fuel levels on a monthly basis and after every use.

- report and correct any defects
- make sure that the emergency contact number for the generator maintenance is prominently displayed on the facility notice board.

Step 4: Verify that the back-up electricity supply is functional and connected to essential equipment. See Annexure 179.

Commitment for Ideal CHC element 246

Removal of sewerage must be properly managed to ensure a safe and hygienic facility.

246 Sewerage system is functional

Process

Step 1: In cooperation with the local municipality, ensure that the facility is serviced by a piped sewerage removal system or a septic tank system.

Step 2: Should the facility experience problems with the sewerage system log a call for repairs with the district maintenance services.

Step 3: Make sure that the emergency contact number for the district maintenance services and the local municipality is prominently displayed on the facility notice board.

Note to reviewers:

When conducting a status determination observe that the sewerage system is functional, drains must not be blocked, both inside as well as outside the facility. There must also be no leaking drain pipes outside the building. Where the sewerage system is not functional, check that works orders has been completed to report it and follow-ups have been done where needed.

25. ICT infrastructure and hardware

Commitment for Ideal CHC element 247

A functional telephone system must always be available in the facility to allow proper communication.

247 There is a functional telephone in the facility

Process

Step 1: Check that there are functional telephones in the different service areas. See Annexure 180.

Step 2: Should the landline not be functional, contact the relevant service provider.

Step 3: If the fault persists for more than three days escalate it to the district.

Step 4: Keep record of all maintenance and repairs of telephone lines.

Commitment for Ideal CHC elements 248 - 250

Functional Information Communication Technology (ICT) equipment (computer, printer and e-mail) must be available.

248 There is a functional computer

249 There is functional printer connected to the computer

250 There is internet access

Process

Step 1: If there is no computer with printer and e-mail in the facility, order the ICT equipment using the ICT procurement order form. The ICT equipment purchase agreement must include maintenance.

Step 2: Update the asset register accordingly

Step 3: In the event that the ICT equipment is not functional, order the repair by logging a call with district ICT support.

Step 4: Using the district training plan, request training for relevant facility staff in correct use of the ICT equipment.

Step 5: Ensure that the facility has internet/intranet (that allows access to all required applications) access.

COMPONENT 7: HEALTH INFORMATION MANAGEMENT

26. District Health Information System (DHIS)

Commitment for Ideal CHC elements 251 - 256

Facilities generate and record accurate information for their own use and submission to district, provincial and national levels.

251	***Facility performance in response to burden of disease of the catchment population is displayed and is known to all clinical staff members***
252	***National District Health Information Management System policy OR Provincial SOP aligned with National Policy is available***
253	***Clinical personnel and data capturer trained on the facility level Standard Operating Guidelines for data management***
254	***Relevant DHIS registers are available and are kept up to date***
255	***Facility submits all monthly data on time to the next level***
256	***There is a functional computerised patient information system***

Process

Step 1: All clinical staff must be conversant with the burden of disease in their catchment population.

Step 2: The PHC package of services provided at the facility must be based on the burden of disease for the catchment area.

Step 3: Ensure that professional nurses and data capturers have been trained on the District Health Management Information System Policy

Step 4: Ensure that professional nurses and data capturers have been trained on the Facility Level Standard Operating Guidelines for Data Management

Step 5: Maintain records of training. See Annexure 16 as an example

Step 6: Data generated by the facility must be recorded in the approved PHC registers and kept up to date.

Step 7: Verify that monthly data that was captured are correct.

Step 8: Ensure that graphs are updated to the last quarter's data.

Step 9: Sign off data report.

Step 10: Submit all monthly data on time to the next level.

Step 11: Discuss facility performance using data/information in facility's monthly meetings.

Step 12: Correct data based on the sub-district/district's feedback where relevant. Document all evidence of monthly data feedback received from sub-district/district.

Step 13: In cooperation with national, provincial and districts offices, install and train staff on the electronic Health Patient Registration Information System/Primary Healthcare Information system

Step 14: Monitor that every patient is registered on the Health Patient Registration Information System.

COMPONENT 8: COMMUNICATION

27. Internal communication

Commitment for Ideal CHC element 257

Recommendations from the district quarterly performance review meetings are used to discuss the performance of the facility and plan corrective actions to improve facility performance.

257 There are sub-district/district quarterly facility performance review meetings

Process

Step 1: In cooperation with the district manager and area managers set dates for the quarterly performance review meetings as part of the sub-district/district annual calendar.

Step 2: Review each programme's performance against predetermined targets and explain reasons for variations.

Step 3: The facility manager must schedule a meeting with the facility staff one week before the quarterly performance review meetings to prepare the facility's presentation using the relevant provincial template.

Step 4: Deliver the facility's presentation and answer all questions at the quarterly performance review meetings.

- discuss what actions will be taken to achieve set targets and what changes need to be made within the facility. Make notes during the discussion.
- record activities, challenges and any good practices that you could replicate in your own facility from other facilities presentations

Step 5: File a copy of the presentation electronically and make sure that computer content is backed up appropriately.

Commitment for Ideal CHC element 258

Staff in the facility is well informed about the facility's current performance and future plans.

258 A staff meeting is held at least quarterly within the facility

Process

Step 1: Draw up a quarterly meeting schedule in consultation with all staff members. Facilities are free to have more frequent meeting on an ad hoc basis.

Step 2: Include quarterly meeting dates on the Annual Facility Calendar. See Annexure 181 as an example.

Step 3: Display quarterly meeting schedule for the year on the staff notice board. Attendance of all staff is compulsory except those who are on leave.

Step 4: Develop an agenda for the meeting. See Annexure 182 as an example.

Step 5: All staff who attended the meeting must sign the attendance register. See Annexure 183 as an example.

Step 6: Designate a staff member to take minutes.

Step 7: Minutes of the meeting will be available within three working days after the meeting and will be filed electronically in date order. Minutes are available for all staff to read.

Step 8: Review the action points after the meeting and ensure that all activities that were agreed upon at the meeting, are executed.

Commitment for Ideal CHC element 259

Staff is knowledgeable about all relevant policies and notifications. This knowledge is used to improve the facility's functioning and services to the patients.

259 Staff members demonstrate that incoming policies and notices have been read and are understood by appending their signatures on such policies and notifications

Process

Step 1: When new policies and notifications are received, check if they replace existing policies and notices.

Step 2: Discuss the new policies and notices with staff immediately.

Step 3: Check to see 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.

Step 4: 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. See Annexure 89 as an example.

Step 6: Verify that all staff has signed the acknowledgement form for the National guidelines for priority health conditions. See Annexure 184.

Step 5: If there are further questions regarding the policies and notices seek relevant answers from the relevant source or your local area manager.

28. Community engagement

Commitment for Ideal CHC elements 260 - 261

The community being served by the facility supports the facility management and staff by being involved in service planning and taking ownership and pride of their facility and its functioning.

260	***There is a functional clinic committee***
261	***Contact details of clinic committee members are visibly displayed***

Process

Step 1: Using the District Governance Structures Policy (www.health.gov.za) understand the roles, responsibilities and activities of the clinic committee as well as how to get a functional clinic committee established.

Step 2: Determine whether there is a clinic committee in place. If so, ascertain whether it is functional. See Annexure 185.

Step 3: If clinic committee is not in place or not functional obtain guidance through the district manager from the office of the MEC for Health.

Step 4: In cooperation with the office of the MEC obtain nominations of clinic committee members and ensure that the appointment process is taken to completion.

Step 5: Develop a clear and legible list of the names of clinic committee members and all their contact details

- place this list on patient notice board in the waiting area
- update this list when there are changes to clinic committee members.

Step 6: In cooperation with the chairperson of the clinic committee:

- develop a schedule of monthly meetings
- request training for clinic committee members from the district

- attend clinic committee meetings, ensure that agenda is developed, register is kept, and minutes are taken. See Annexure 181 / Annexure 182 as an example
- follow up actions arising out of clinic committee meetings.

Commitment for Ideal CHC element 262

Promote community ownership of the facility and its functions while strengthening health promotion and disease prevention in the community.

262 Facility has an annual open day

Process

Step 1: In consultation with facility staff and community leaders plan for open days. See an example of suggested services and activities for an open day. See Annexure 186 as an example.

Step 2: Log dates of the open day in the annual calendar to be displayed on the staff notice board. See Annexure 181 as an example.

Step 3: In cooperation with the clinic committee seek support from relevant sources.

Step 4: Ensure the necessary communication with stakeholders required for a successful open day.

Step 5: On the day of the event oversee the setup and activities including various health screening.

Step 6: Compile a report of the event including relevant statistics of screenings conducted.

Step 7: Submit the report to the sub-district/district and file the report.

COMPONENT 9: DISTRICT HEALTH SYSTEM SUPPORT

29. District health support

Commitment for Ideal CHC elements 263 - 264

The district supports the facility through Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) to function in line with the national quality standards. The district must provide comprehensive support on all aspects of the management of the facility.

263	***There is a health facility operational plan in line with district health plan***
264	***District PPTICRM visits all facilities at least once a year and those targeted to be Ideal in the specific year at least twice a year to ensure that weaknesses have been corrected and to record the Ideal Clinic Realisation status for the end of year report***

Process

Step 1: Develop a facility operational plan in line with the district health plan. See Annexure 187 that gives guidance on how to develop an operational plan.

Step 2: The PPTICRM, in cooperation with the facility manager, plan and agree on the dates for visits to provide the necessary support to the facility with regard to all the components, sub-components and elements of the Ideal CHC. See Annexure 188 for a schedule of when the various types of status determinations must be conducted.

Step3: Conduct the status determination and capture the results on the Ideal Clinic software.

Step 4: Using the generated quality improvement plan correct the weaknesses immediately.

Step 5: The status of the facility as well and the corrective actions must be presented at the quarterly district performance review meetings.

30. Emergency patient transport

Commitment for Ideal CHC elements 265 - 269

The facility must have access to emergency medical services (EMS) transport.

265	***There is a pre-determined EMS response time to the facility***
266	***Register for emergency transport request is available***
267	***Remedial action taken when determined EMS response time is not adhered to***
268	***Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available***
269	***SOP available for the handover from facility to EMS***

Process

Step 1: Obtain the norm for the response time relevant to the facility from the sub-district/district Emergency Medical Services (EMS) manager.

Step 2: Keep a register of actual emergency transport response time. See Annexure 189 as an example.

- the staff member requesting patient emergency transport must record the patient details (name, surname, date of birth/age/ID number), date and time patient transport was requested, reason for referral, referral destination, and date and time of patient collection in the ambulance response time
- calculate and record the response times in the register
- on a monthly basis monitor the trend in response time to determine whether the EMS complies with the norm.

Step 3: Verify that the content of the register has been completed in full. See Annexure 190.

Step 4: Escalate to the sub-district/district office if there are consistently long response times or for serious incidents where response time was poor. The district management must communicate the course of redress to the facility.

Step 5: If no response to the follow-up has been received from the sub-district/district office within seven days then escalate the query to the next level.

Note: All corresponded of remedial action taken must be documented, i.e. e-mails, memos etc. sent to the next in line management.

Step 6: Visibly display the contact details of the fire brigade, police station and ambulance in all areas where there are telephones. Check that the contact details are displayed in all the service areas. See Annexure 191.

Step 7: Develop a SOP that sets out the procedure to hand over patients to EMS staff.

Step 8: Verify that the content of the SOP is aligned with the requirements for the SOP. See Annexure 192.

Step 9: Staff to sign acknowledgment indicating that they are aware and know the content of the SOP and its application. See Annexure 89.

Note to reviewers:

- For element 265: The pre-determined response times agreed by the EMS and the District Office must be documented and available within the facility.
- For element 267: Evidence of quarterly reporting to the District Office or sub-district or designated forum will be required in the form of a report or an email sent to the relevant authority. Mark NA where there have been no delays in EMS response times.

31. Referral system

Commitment for Ideal CHC elements 270 - 273

Facility must have access to a rational and responsive referral system to ensure continuity of care between different levels of health service.

270 National Referral Policy is available

271 District SOP for the referral system is available

272 There is a referral register that records referred patients

273 Copy of referral letter available in the patient record

Process

Step 1: Obtain a copy of the National Referral Policy.

Step 2: Obtain a copy of the District SOP for referrals including referral pathways for the facility.

Step 3: Verify that the SOP adheres to the minimum requirements. See Annexure 193.

Step 4: Schedule orientation and training for all healthcare professionals so they know how to refer patients.

Step 5: Make a list of all the referral pathways for the facility as set-out in the SOP and display.

Step 6: Keep sufficient stock of standardised referral forms.

Step 7: Complete the patient referral form when a patient is referred. Hand a copy to the patient and keep a copy in the patient record.

Step 8: Keep record of all referred patients in the referral register. See Annexure 194 as an example.

Step 9: Verify that the referral register has been completed in full. Use Annexure 195.

Step 10: Randomly check whether the referral forms has been completed in full. See Annexure 196.

COMPONENT 10: PARTNERS AND STAKEHOLDERS

32. Partners support

Commitment for Ideal CHC elements 274 - 275

Implementing partners must support the activities of the facility.

274	***An up to date list of organisations that provide health related services in the catchment area and implementing health partners is available***
275	***The list of implementing health partners shows their areas of focus and business activities***

Process

Step 1: Obtain a list of implementing partners that are operating in the sub-district/district. The list must include their focus and business activities.

Step 2: Compile a list of implementing partners whose focus and business activities is needed by the facility. The list must be updated when details of the health partners change.

Step 3: The sub-district/district schedules an annual meeting in November with all identified health partners to discuss and agree on their contribution to support the facility in the next financial year.

Step 4: The sub-district/district develops and signs a memorandum of understanding on how the support is going to be carried out.

Step 5: The sub-district/district establishes a reporting framework for all implementing partners to the facility and district. See Annexure 197 as an example.

Step 6: The quarterly district review meeting could be used for implementing partners to present their support progress.

Step 7: Compile a list of all the organisation in the facility's catchment area that provide health related services. See Annexure 198 as an example of a template to use to compile the list.

33. Multi-sectoral collaboration

Commitment for Ideal CHC elements 276

There is continued cooperation and communication between the Provincial Department of Health and the South African Police Service and facilities

276	***There is an official memorandum of understanding between the PDOH and SAPS***

Process

Step 1: Provincial office to develop the memorandum of understanding with SAPS.

Step 2: The responsibilities of SAPS and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

Responsibilities of the PDoH:

- Ensure that its facilities are secure by providing proper fencing, perimeter lightning, and security guard houses with security guards.
- Ensure that all health facilities have the contact detail of the local SAPS for their respective areas.
- Inform SAPS of any matter that may or have cause a risk to the patients, staff or property of the Department.
- Work together with the SAPS when any matter at the facility need to be investigated.
- Ensure regular communication with the SAPS on a local level through the attendance of multisector forums in respective areas.

Responsibilities of SAP

- To assist the PDoH to ensure the safety of patients, staff and the property of the PDoH when called upon.
- To assist where necessary, if practically possible to monitor security and safety at health facilities by way of regular patrols near health facilities such

as clinics, community health centers and mobile clinics in high risks crime areas.

- To inform the PDoH where security risks have been identified and where necessary advise on measures that would improve the security.
- To investigate reported crime at facilities and to provide feedback to the PDoH in accordance with internal police prescripts.
- To engage the PDoH and relevant stakeholders forums on issues of safety and security at health facilities.
- To provide reasonable access to the SAPS at the workplace without compromising service delivery in order for the PDoH to promote health activities and health service delivery to the employees.
- To invite the SAPS where reasonably possible when organizing internal health promotions and other relevant programmes to ensure maximum benefit to employees.

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings. See Annexure 199 as an example. The same template can be used for all the memorandum of understanding listed in elements 276 to 280. Replace the purpose and responsibilities of both parties that pertains to the specific memorandum of understanding.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 89.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for Ideal CHC elements 277

There is continued cooperation and communication between the Provincial Department of Health and Department of Education

277 There is an official memorandum of understanding between the PDOH and Department of Education

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Education.

Step 2: The responsibilities of Department of Education and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

<u>Responsibilities of the PDoH:</u>

- Ensure that school health services are rendered to the quantile 1 and quantile 2 schools and that the relevant grades are covered by the school health policy.
- Together with Department of Education agree on a roster on when services will be delivered at the relevant schools.
- Provide health promoting activities during school visits or in case of outbreaks
- Keep a record of every child that was assessed at a school.
- Provide feedback to the school after assessments have been completed.
- Refer a child to another level/ service where services cannot be rendered at the school.
- Ensure regular communication with Department of Education through meetings to ensure that services are rendered as required.
- Health facilities to receive and treat referrals from schools.
- In case of outbreaks at schools, visit the school, investigate and ensure that the relevant activities take place to address the matter.
- Ensure that confidentiality is adhered to with regard to the health condition of learners.

Responsibilities of Department of Education

- Provide possible dates for visits to schools and communicate these dates to PDoH, district offices and facilities.
- Provide working space for the school health services to be rendered at a school.
- Ensure that the necessary approval forms were signed by parents prior to visits to school.
- Ensure that the services are arranged in such a manner that the maximum services can be rendered by the team during visits.
- Refer children with problems to the school health service or the local CHC.
- Secure the files of children that were seen by the school health services.
- Inform the local CHC in the event of any outbreak of any disease in the school and provide access to further investigations and treatments.
- Meet with the PDoH and stakeholders to plan for joint activities.
- Ensure confidentiality of health records.
- Organise health promotion and other programmes in conjunction with Department of Health to ensure maximum benefit to staff and communities

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 89.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for Ideal CHC elements 278

There is continued cooperation and communication between the Provincial Department of Health and Department of Social Services.

278	***There is an official memorandum of understanding between the PDOH and the Department of Social Development***

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Social Services.

Step 2: The responsibilities of Department of Social Services and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

<u>Responsibilities of the PDoH:</u>

- Render services in line with the Primary Health care re-engineered approach where ward base teams will be the extension of health services at a community level.
- Quality health services to be delivered at the health facility in line with the Ideal CHC standards.
- Refer patients to Social development where aspects are identified by the CHC or ward based services which need intervention from Social development.
- Meet on a regular basis at Provincial and local level to ensure a smooth working relationship with Department of Social Development.
- Organise health promotion and other programmes in conjunction with Department of Social Development to ensure maximum benefit to the communities.
- Monitor and communicate with Social development population health indicators that are affected by the mandate of social development.

Responsibilities of Department of Social Services

- Cooperate with the PDoH to ensure a coordinated community-based service.
- Will meet with the PDoH regularly to ensure that there is cooperation between the facility and Social Services.
- Social Development to ensure staff that services the respective area follow-up on referrals from the CHC.
- Channel health related referrals to the relevant ward base team or CHC.
- Work with PDoH to ensure a coordinated approach regarding programmes to enhance the service/
- Co-operate with PDoH in an annual joint quality assurance assessment of Old Age Homes and Children Homes.
- Train health staff on relevant Social Development programs.
- Provide access to support grants.
- Provide access to the PDoH for health promotion activities and health service delivery to staff where applicable.
- Organise health promotion and other programmes in conjunction with PDoH to ensure maximum benefit to staff and communities.

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 89.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for Ideal CHC elements 279

There is continued cooperation and communication between the Provincial Department of Health and Department of Public Works.

279	***There is an official memorandum of understanding between the PDOH and Department of Public Works***

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Public Works.

Step 2: The responsibilities of Department of Public Works and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

<u>Responsibilities of the PDoH:</u>

- Provide information to Department of Roads and Public works where new facilities are planned, upgrades and refurbishment are required.
- Inform Department of Roads and Public Works when the condition of roads makes it impossible to deliver services.
- Communicate with Department of Roads with relation to the need for road signage to health facilities from major access routes.
- Ensure that properties are well maintained and report shortcomings to public works.

<u>Responsibilities of Department of Public Works</u>

- Ensure that there are proper roads to health facilities.
- Ensure that roads are in good condition for health personnel and community to have health facility access.
- Ensure the safety of roads to limit motor vehicle accidents.
- Provide signage to health facilities from major access roads.

- Oversee capital building projects of the Department to ensure that it is in line with the needs of the Department.
- Ensure quality in the building process of facilities for the PDoH.
- Keep an immovable asset register of all properties of the PDoH
- Do the payments of all rates and taxes on PDoH's buildings
- Ensure regular maintenance of buildings.
- Ensure land acquisition for new facilities
- Provide access to the PDoH for health promotion activities and health service delivery to staff where applicable.
- Organise health promotion and other programmes in conjunction with PDoH to ensure maximum benefit to staff and communities.

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 89.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for Ideal CHC elements 280

There is continued cooperation and communication between the Provincial Department of Health and Department of Transport.

280	***There is an official memorandum of understanding between the PDOH and Department of Transport***

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Transport.

Step 2: The responsibilities of Department of Transport and DoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

<u>Responsibilities of the PDoH:</u>

- Work with the Department of Transport, Safety and Liaison to ensure campaigns preventing injuries and accidents.
- Liaise closely with the Department of Transport, Safety and Liaison to assist with crime prevention and control in and around the health facilities.
- Take all health vehicles on a regular base for Road worthy testing to ensure safe vehicles.
- Ensure that all PDoH vehicles are licensed.
- Provide information to Department of Transport on areas where public transport may be needed to make health facilities more accessible.

<u>Responsibilities of Department of Transport:</u>

- Facilitate and coordinate social crime prevention and road safety programmes and thus reduce accidents and injury.
- Coordinate crime prevention and community safety partnerships and thus influencing safety at health facilities.

- Coordinate licensing and road worthiness of vehicles and thus also ensuring safety of PDoH vehicles.
- Communication and awareness of Road safety Campaigns.
- Provide access to the PDoH for health promotion activities and health service delivery to staff where applicable.
- Organise health promotion and other programmes

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

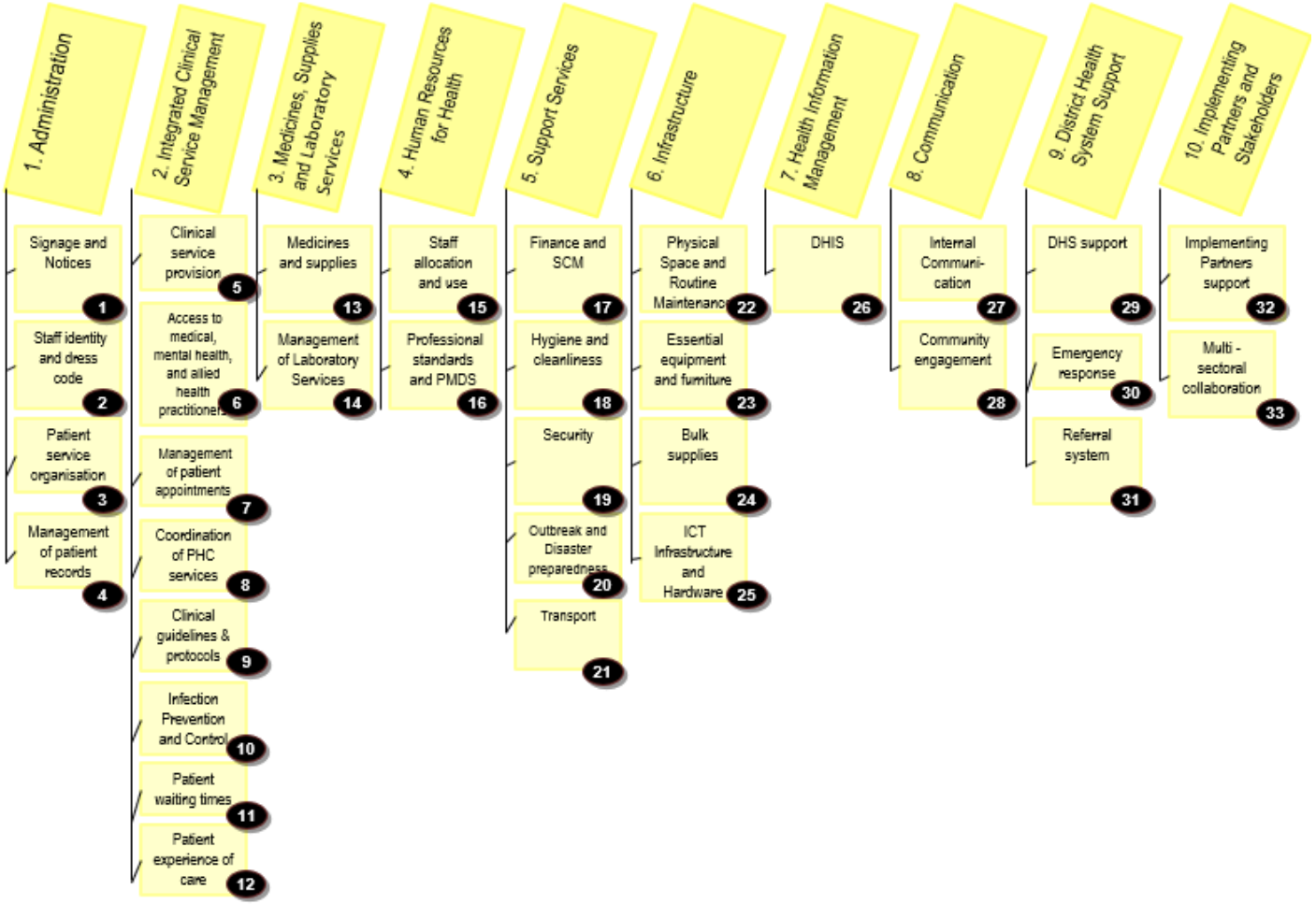
Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See Annexure 89.

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Annexure 1: Components and sub-component of Ideal CHC dashboard, version 1

10 Components and 33 Sub-Components



Annexure 2: Ideal Community Health Centre Realisation and Maintenance Framework, version 1

This framework contains a carefully selected set of elements that speaks to quality and safety. The tool is to be used to determine the status of a health facility's performance against these elements.

There are six main service areas in a CHC, i.e. 8 hour service area, the Rehabilitation treatment area, Oral Health services, Pharmacy, 24 hour Emergency Unit and the Midwife Obstetric Unit (MOU). To distinguish between the service areas the element number column is colour coded according to the service area as follows:

8 hour service area[3]

Rehabilitation treatment area

Oral Health services

24 hour Emergency unit

Midwife Obstetric Unit

Pharmacy[4]

If an element is applicable to more than one service area, the column for the element number is coloured with all the colours of the service areas that are applicable for the element. For elements that are applicable to more than one service area, but the measures on the checklist for that element is substantially different for the various areas, separate elements are added for each area.

Colour coding of text:

Text coloured in green indicates the elements that will be regulated according to the Norms and Standards Regulations applicable to different categories of health establishments.

Key and description for method of measurement

Key	Method of measurement (MM)
□	a) Check applicable documents e.g. policies, guidelines, SOP, data, etc.
?	b) Ask staff members and/or clients for their views or level of understanding
□	c) Objective observations and/or conclusion
□	d) Test the functionality of equipment/systems

[3] All elements for the 8 hour service will also be applicable for CHCs that has a 12 hour service

[4] All elements for the Pharmacy (except elements 110 to 112) will also be applicable for CHCs that only has a dispensary

Key and description for level of responsibility

Key	Description
NDoH	National Department of Health
P	Province
D	District
HF	Health facility

Key and description for weights

Key	Description
NNV	Non-negotiable Vitals
V	Vital
E	Essential
I	Important

Performance is scored in line with two colours as follows:

Green = Achieved (Yes)

Red = Not achieved (No)

For elements without a checklist

Binary scoring: 1 or 0

Achieved (**Green**): Yes = 1

Not-achieved (**Red**): No = 0

For elements with a checklist

Fractional scoring: e.g. 10/20 measures compliant on checklist, score = 0.5

Achieved (**Green**): NNV = 1; V ≥ 0.8; E ≥ 0.6; I ≥ 0.5

Not-achieved (**Red**): NNV <1; V < 0.8; E < 0.6; I < 0.5

WEIGHTING OF THE IDEAL CHC ELEMENTS

The Ideal CHC elements are divided into three weight categories namely vital, essential and important.

Definition of weight categories

Non-negotiable Vital

These are elements that can cause loss of life or prolonged period of recovery.

Vital

Extremely important (vital) elements that require immediate and full correction. These are elements that 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 are process and structural elements that indirectly affect the quality and safety of clinical care given to patients.

Important

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.

IDEAL COMMUNITY HEALTH CENTRE REALISATION AND MAINTENANCE COMPONENTS, SUB-COMPONENTS AND ELEMENTS - VERSION 1

Component	Sub Component		ELEMENTS	Weight	MM	Level of responsibility	Check list	Performance
1. Administration	**1. Signage and notices:** Monitor whether there is communication about the facility and the services provided							
		1	All external signage in place	I	😐	P	Y	
		2	Facility information board displayed at the entrance of the premises reflects relevant information for the facility	E	😐	D	Y	
		3	Disclaimer sign is clearly sign posted at the entrance of the facility	E	😐	D	Y	
		4	Vision, mission and values of the province/district are visibly displayed	I	😐	D		
		5	Facility organogram with contact details of the facility manager is displayed on a central notice board	I	😐	HF		
		6	Patients' Rights Charter is displayed in at least two local languages	I	😐	HF	Y	
		7	All service areas within the facility are clearly signposted	I	😐	HF	Y	
	2. Staff identity and dress code: Monitor whether staff uniform, protective clothing and mode of staff identification are in accordance with policy prescripts							
		8	There is a prescribed dress code for all service providers	I	📖	P		
		9	All healthcare professional staff members comply with prescribed dress code	I	?😐	HF	Y	
		10	All staff members wear an identification tag	I	😐	HF	Y	
	3. Patient service organisation: Monitor the processes that enable responsive patients service							
		11	Signposted helpdesk/reception services are available	E	😐📖	HF		
		12	There is a process that prioritises the very sick, frail and elderly patients at the 8 hour service area	V	?📖	HF	Y	
		13	SOP for triaging of patients in the 24 hour Emergency unit is available	V	?📖	HF	Y	
		14	Triage system is visibly displayed	E	😐📖	HF		
		15	There is a designated individual responsible for the management of queues at the 24 hour Emergency Unit	E	😐	HF		
		16	Functional wheelchair is available	E	?😐	HF	Y	
	4. Management of patient record: Monitor whether patients' records content is organised according to Integrated Clinical Services Management (ICSM) prescripts, whether the prescribed stationery is used and whether the patient records are managed appropriately							
		17	There is a single patient record irrespective of health conditions	I	😐📖	HF		
		18	Patient record content adheres to ICSM prescripts at the 8 hour service area	V	😐📖	HF	Y	
		19	Patient record content adheres to ICSM prescripts at the 24 Hour Emergency Unit	V	😐📖	HF	Y	
		20	Maternity Case Record including partogram is completed	V	😐📖	HF	Y	
		21	Mothers are provided with a discharge summary report	E	😐📖	HF	Y	

		22	District/provincial SOP/guideline for filing, archiving and disposal of patient records is available	E	🕮	P	Y	
1. Administration		23	District/provincial SOP guideline for filing, archiving and disposal of patient records is adhered to	E	😐	HF	Y	
		24	There is a single location for storage of all active patient records	I	😐	HF		
		25	Patient records are filed in close proximity to patient registration desk	I	?😐	HF		
		26	Retrieval of a patient's file takes less than ten minutes	I	?😐	HF		
		27	Records are not left unattended in public areas and only accessible to facility staff and patients	V	😐	HF	Y	
		28	Records are not left unattended in clinical service areas	E	😐	HF	Y	
		29	Priority stationery (clinical and administrative) is available at the facility in sufficient quantities	I	🕮	HF	Y	
2. Integrated Clinical Services Management (ICSM)	**5. Clinical service provision:** Monitor whether clinical integration of clinical care services allowing for four discrete streams (acute, chronic, MCSRH and health support services) of service delivery is adhered to as per service package and whether this results in improvement in the quality of health service delivering							
		30	Facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions, preventative and promotive health services and health support services	E	😐	HF		
		31	Patients are consulted, examined and counselled in privacy	I	😐	HF	Y	
		32	TB treatment success rate is at least 87% or has increased by at least 5% from the previous year	E	🕮	HF		
		33	TB (new pulmonary) defaulter rate < 5%	E	🕮	HF		
		34	Ante-natal visit rate before 20 weeks gestation is at least 70% or has increased by at least 5% from the previous year	E	🕮	HF		
		35	Ante-natal patient initiated on ART rate is at least 97% or has increased by at least 5% from the previous year	E	🕮	HF		
		36	Immunisation coverage under one year (annualised) is at least 86% or has increased by at least 5% from the previous year	E	🕮	HF		
		37	Quality Improvement plan address all areas, is signed and updated quarterly	E	🕮	HF	Y	
		38	Six monthly district/sub-district clinical performance review report with action plan from clinical quality supervisors are available	E	🕮	D		
		39	Quarterly maternal and perinatal morbidity and mortality meetings are attended	E	🕮	D		
		40	Patients are formally handed over at the end of each shift	E	🕮	HF	Y	
		41	Correct handover procedure was followed between the facility and EMS	E	🕮	HF	Y	
		42	Patients who have been triaged as requiring immediate, very urgent care are seen within the target time frames	E	🕮	HF	Y	
		43	Protocols and guidelines regarding examination and stabilization of patients is adhered to	E	🕮	HF	Y	
	6. Access to medical, mental health, allied health practitioners and adolescent friendly services: Monitor patient and staff access to clinical expertise at PHC level							
		44	Facility has a doctor at all times	V	🕮	D		
		45	Patients have access to oral health services	I	🕮	D		
		46	Patients have access to health support services	I	🕮	D	Y	
		47	Patients have access to eye health services	I	🕮	D		
		48	Patients have access to mental health services	E	🕮	D		

2. Integrated Clinical Services Management (ICSM)		49	Patients have access to TOP	I	🕮	D		
		50	Patients have access to MMC	I	🕮	D		
		51	Adolescent and Youth Friendly Health Services are provided	I	🕮	D	**Y**	
	7. Management of patient appointments: Monitor whether an ICSM patient appointment system is adhered to							
		52	ICSM compliant patient appointment system for patients with chronic health conditions or requiring MCSRH and health support services is used	I	🕮	HF		
		53	Records of booked patients are retrieved not later than the day before the appointment	I	😐	HF		
		54	Pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date/or patients are enrolled on the CCMDD/CDU programme	E	? 😐	HF		
	8. Coordination of PHC services: Monitor whether there is coordinated planning and execution between PHC facility, School Health Team, community-based and environmental health services							
		55	Facility does referrals to and receives referrals from school health services in its catchment area	I	🕮	D		
		56	Facility refers patients with chronic but stable health conditions to home- and community-based services for support	E	🕮	HF		
		57	Facility refers environmental health related risks to environmental health services	I	🕮	D	**Y**	
	9. Clinical guidelines and protocols: Monitor whether clinical guidelines and protocols are available, whether staff have received training on their use and whether they are being appropriately applied							
		58	ICSM compliant package of clinical guidelines is available in all consulting rooms	E	🕮	HF	**Y**	
		59	National guidelines on priority health conditions are available in the facility	E	🕮	HF	**Y**	
		60	Resuscitation protocol is available	E	🕮	HF		
		61	SOP for refusal of treatment available	E	🕮	HF		
		62	SOP for handover between shifts available	E	🕮	HF	**Y**	
		63	SOP for safe administration of medicine is available	V	🕮	HF	**Y**	
		64	SOP for informed consent available	V	🕮	HF	**Y**	
		65	SOP for identification of patients is available	V	🕮	HF	**Y**	
		66	80% of professional nurses have been fully trained on Adult Primary Care OR Practical Approach to Care Kit	E	🕮	D		
		67	80% of professional nurses have been fully trained on Integrated Management of Childhood Illness	E	🕮	D		
		68	80% of professional nurses have been trained on Basic Life Support	V	🕮	D		
		69	Professional nurses at the facility are trained on BANC Plus	E	🕮	D	Y	
		70	80% of professional nurses at the MOU are trained on ESMOE	E	🕮	D		
		71	50% of professional nurses are trained on Mother Baby Friendly Initiative	E	🕮	D		
		72	CHC professional nurses performing Termination of Pregnancy procedure are trained	E	🕮	D		
		73	National Guideline for Patient Safety Incident Reporting and Learning is available	E	🕮	NDoH		

2. Integrated Clinical Services Management (ICSM)		74	Facility/district SOP for Patient Safety Incident Reporting and Learning is available	E	🕮	HF	Y	
		75	Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning	V	🕮	HF	Y	
		76	All SAC 1 adverse events are reported to the next level of management within 24 hours	V	🕮	HF		
		77	National Clinical Audit Guideline is available	E	🕮	NDoH		
		78	Clinical audits are conducted annually on priority health conditions	E	🕮	HF	Y	
		79	80% of records audited are compliant	E	🕮	HF	Y	
		80	Clinical audit meetings are conducted quarterly in line with the guidelines	E	🕮	HF		
		81	National guidelines are followed for all notifiable medical conditions	V	?🕮	HF	Y	
		82	SOP for the management of patients with highly infectious diseases is available	V	🕮	HF	Y	
	10. Infection prevention and control: Monitor adherence to prescribed infection prevention and control policies and procedures							
		83	National Infection Prevention and Control strategic framework is available	E	🕮	NDoH		
		84	Facility has a functional Infection Prevention and Control programme	E	🕮	HF	Y	
		85	SOP on standard precautions is available	V	🕮	HF	Y	
		86	All staff have received in-service training in the last two years on standard precautions that is in-line with the SOP	V	🕮	HF	Y	
		87	Posters on hand hygiene is displayed	V	🕮	HF	Y	
		88	Awareness day on hand hygiene is held annually	I	🕮	HF		
		89	Poster on cough etiquette is displayed in every waiting area	I	🕮	HF	Y	
		90	Staff wear appropriate personal protective clothing	V	?😐	HF	Y	
		91	Linen in use is sufficient, clean, appropriately used and not torn	E	😐	HF	Y	
		92	Dirty, soiled and infectious linen are collected in a wheeled cart or trolley	E	😐	HF	Y	
		93	Sharps are disposed of appropriately	V	😐	HF	Y	
		94	Register for human tissue is available	E	🕮	HF		
		95	An annual risk assessment for infection prevention and control compliance is undertaken by the designated staff member assigned to the infection prevention and control	I	🕮	HF		
		96	All staff are made aware of the provincial letter/memo/circular that inform staff of the procedure to follow for prophylactic immunisations	E	🕮	HF	Y	
	11. Patient waiting time: Monitor adherence to the facility's prescribed waiting times							
		97	National Guideline for the Management of Waiting Times is available	I	🕮	NDoH		
		98	National target of not more than three hours for total time spent in a facility is visibly displayed at the reception of the 8 hour service areas	E	😐🕮	HF		

2. Integrated Clinical Services Management (ICSM).		99	Waiting time for 24 hour Emergency unit is visibly posted in the waiting area	E	😐📖	HF		
		100	Waiting time tools to record waiting time is available	V	📖	HF		
		101	Waiting time survey report is available	E	📖	HF		
		102	Average time that a patient spends in the facility is no longer than 3 hours at the 8 hour service areas	E	📖	HF		
	12. 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 facility and whether complaints are managed within the prescribed time							
		103	National Patient Experience of Care Guideline is available	E	📖	NDoH		
		104	Results of the annual Patient Experience of Care Survey are visibly displayed at the main waiting area	E	📖	HF	Y	
		105	An average overall score of 80% is obtained in the Patient Experience of Care Survey	E	📖	HF		
		106	National Guideline to Manage Complaints/Compliments/Suggestions is available	E	📖	NDoH		
		107	Complaints/compliments/suggestions toolkit is available at the main entrances/exits	E	📖😐	HF	Y	
		108	Complaints/compliments/suggestions records comply with the National Guideline to Manage Complaints/Compliments/Suggestions	E	📖	HF	Y	
		109	Targets set for complaint indicators are met	E	📖	HF	Y	
3. Medicines, Supplies and Laboratory Services	**13. Medicines and supplies:** Monitor consistent availability of required good quality medicines and supplies							
		110	License for Pharmacy issued by the Director-General of the National Department of Health is available	V	📖	D		
		111	Certificate of recording of registration of the pharmacy with the South African Pharmacy Council and proof that payment of the annual fee is up to date	V	📖	HF		
		112	Certificate of registration of the responsible pharmacist of the facility with the South African Pharmacy Council available	E	📖	D		
		113	Proof of registration of all other pharmacist/s or pharmacist/s assistant with the South African Pharmacy Council available	E	📖	HF		
		114	Authorisation for prescribing and dispensing by professional nurse available (Section 56I.6 authorisation)	E	📖	D		
		115	Duty roster indicates that a pharmacist is available during operational hours	E	📖	HF		
		116	There is access control at the pharmacy/dispensary at all times	E	😐	HF		
		117	Legible signage at the entrance of the unit indicates the days and times when service are offered	I	😐	HF		
		118	There is a process that prioritises the very sick, frail and elderly patients is implemented	I	?😐	HF	Y	
		119	There is a 'No unauthorised entry' sign on the door	E	😐	HF		
		120	SOP for the management of availability of medicines is available	E	📖	HF	Y	
		121	Goods received voucher available and completed according to SOP	E	📖	HF		
		122	Hand hygiene facilities are available	V	😐	HF	Y	
		123	Cleaning schedule is available	E	📖	HF		
		124	Cleaning is carried out in accordance with the schedule	V	📖	HF		
		125	All work completed is signed off by cleaners and verified by manager or delegated staff member	E	📖	HF		
		126	Pharmacy/dispensary and waiting area are clean	V	😐	HF	Y	

3. Medicines, Supplies and Laboratory Services		127	Medicines are stored to maintain quality in the pharmacy/dispensary	I	😐	HF	Y	
		128	Medicine room/cupboard/trolley is neat	I	😐	HF	Y	
		129	Temperature of the pharmacy/dispensary is maintained within the safety range	V	📖	HF	Y	
		130	Cold chain procedure for vaccines is maintained	V	📖	HF	Y	
		131	Medicines dispensed for patients are labeled in accordance with applicable legislation	V	📖	HF	Y	
		132	The register for schedule 6 medicine is completed correctly	V	📖	HF		
		133	Schedule 6 medicine in stock correspond with the balance recorded in the register	V	📖	HF		
		134	An electronic stock management system is used to manage medicine inventory	E	😐📖	HF	Y	
		135	Stock take conducted in the past 12 months	V	📖	HF		
		136	Medicines on the tracer medicine list are available	V	😐📖	HF	Y	
		137	Re-ordering stock levels (min/max) are determined for each item on the formulary	V	😐📖	HF		
		138	Expired medicine is disposed of according to prescribed procedures	E	?	HF	Y	
		139	There is no expired medicine on the shelves	V	😐	HF		
		140	Waste receptacles for pharmaceutical waste are available	V	😐	HF		
		141	Health care waste is managed appropriately	E	😐	HF	Y	
		142	Basic medical supplies (consumables) are available	V	📖	HF	Y	
		143	Basic consumables are available for the Rehabilitation treatment area	E	📖	HF	Y	
		144	Basic medical supplies (consumables) are available for the Oral Health services	E	📖	HF	Y	
	14. Management of laboratory services: Monitor consistent availability and use of laboratory services							
		145	The Primary Health Care Laboratory Handbook is available	E	📖	NDoH		
		146	Required functional diagnostic equipment and concurrent consumables for point of care testing are available	V	😐	HF	Y	
		147	Required specimen collection materials and stationery are available	V	😐	HF	Y	
		148	Specimens are collected, packaged, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook	E	😐	HF	Y	
		149	Laboratory results are received from the laboratory within the specified turnaround times	E	📖	HF	Y	
		150	Facility is enrolled as testing point in the NHLS HIV- Proficiency Testing scheme	I		HF		
		151	Facility controls rapid test kit performances by running one negative and one positive control on a weekly basis	E		HF		

4. Human Resources for Health	**15. Staff allocation and use:** Monitor whether the PHC facility has the required HRH capacity and whether staff are appropriately applied							
		152	Staffing needs have been determined in line with workload requirements	V	?📖	D		
		153	Staff appointed in line with determined requirements	V	📖	D	Y	
		154	Facility has a dedicated manager	E	📖	D		
		155	Work allocation schedule is signed by all staff members	I	📖	HF		
		156	Leave policy is available	I	📖	D		
		157	An annual leave schedule is available	I	📖	HF		
	16. Professional standards and Performance Management Development System (PMDS): Monitor whether staff are managed according to Department of Public Service Administration (DPSA) and Department of Labour prescripts							
		158	Record of staff induction is available	I	📖	HF		
		159	All healthcare workers have current registration with relevant professional bodies	V	📖	HF	Y	
		160	Performance Management guidelines are adhered to	E	📖	HF	Y	
		161	Continued staff development needs are determined for the current financial year and submitted to the district manager	I	📖	HF		
		162	Training records reflect planned training is conducted as per the district training programme	I	📖	HF		
		163	The disciplinary procedure is available	I	📖	HF		
		164	The grievance procedure is available	I	📖	HF		
		165	Staff satisfaction survey is conducted annually	I	📖	D		
		166	The results of the staff satisfaction survey are used to improve the work environment	I	📖	HF		
		167	SOP for management of occupational health and safety incidents is available	E	📖	HF	Y	
		168	Health and Safety representative appointed (NA is staff establishment is less than 20 staff members)	E	📖	HF		
		169	Health and Safety committee appointed (NA is less than 2 safety reps)	E	📖	HF		
		170	Occupational Health and Safety incidents are managed and recorded in a register	E	📖	HF	Y	
		171	Occupational health and safety risk assessment has been conducted in the past two years	E	📖	HF		
		172	Risk mitigation interventions are implemented for identified occupational health and safety incidents	E	📖	HF		
5. Support Services	**17. Finance and supply chain management:** Monitor the consistent availability of a functional supply chain management system as well as the availability of funds required for optimal service provision							
		173	Facility has a dedicated budget	I	📖	D		
		174	Facility has a SOP for obtaining general supplies	E	📖	HF		
	18. Hygiene and cleanliness: Monitor whether the required systems and procedures are in place to ensure consistent cleanliness in and around a facility							
		175	All cleaners are trained on cleaning	V	📖	HF		
		176	Cleaning schedules are available for all areas in the facility	E	📖	HF	Y	
		177	Cleaning is carried out in accordance with the schedule	V	📖	HF		

5. Support Services		178	All work completed is signed off by cleaners and verified by manager or delegated staff member	E	🕮	HF	Y	
		179	Disinfectant, cleaning materials and equipment are available	V	?🕮	HF	Y	
		180	Service areas are clean	V	😐	HF	Y	
		181	Hand hygiene and sanitary facilities are available	V	😐	HF	Y	
		182	SOP for managing general and health care waste is available	V	🕮	HF	Y	
		183	Health care waste is managed appropriately	V	?😐	HF	Y	
		184	Central storage area for health care waste is appropriate	V	😐	D	Y	
		185	All toilets are clean, intact and functional	V	?😐	HF	Y	
		186	Exterior of the facility is clean and well maintained	E	😐	HF	Y	
		187	A signed waste removal service level agreement between the health department and the service provider is available	E	🕮	P		
		188	Health care risk waste is removed in line with the contract	V	?🕮	HF		
		189	The service level agreement for waste removal and disposal of waste is monitored	E	🕮	HF		
		190	Breaches in waste removal contract are escalated to the relevant authority	E	🕮	HF		
		191	Records show that pest control is done according to schedule	V	🕮	HF		
	19. Security: Monitor whether systems processes, procedures are in place to protect the safety of assets, infrastructure, patients and staff of the PHC facility							
		192	Safety and security SOP is available	E	🕮	HF	Y	
		193	Perimeter fencing is intact	I	😐	HF		
		194	Parking for staff in provided on the facility premises	I	😐	D		
		195	There is a standard security guard room OR the facility has an alarm system linked to armed response	I	😐	D	Y	
		196	There is a security guard on duty OR the facility has an alarm system linked to armed response	I	😐	D		
		197	Security services rendered according to contract OR provincial security policy	E	😐🕮	HF	Y	
		198	Signed copy of the service level agreement between the security company and the provincial department of health is available	E	?🕮	D		
		199	Security breaches are managed and recorded in a register	E	🕮	HF	Y	
		200	There is a security system at the entrance of the units	E	😐	D	Y	
	20. Outbreak and Disaster preparedness: Monitor whether firefighting equipment is available and whether staff know how to use it and whether disaster drills are conducted							
		201	Functional firefighting equipment is available	V	😐	D	Y	

5. Support Services		202	Evacuation plan is displayed in designated areas	I	🕮	HF	Y	
		203	Contact numbers of healthcare personnel required in emergencies are available in designated areas	I	🕮	HF	Y	
		204	The emergency evacuation procedure is practiced annually	E	🕮	HF		
		205	Deficiencies identified during the practice of the emergency evacuation drill are addressed	E	🕮	HF		
		206	SOP for outbreak notification and response are available	E	🕮?	HF		
	21. Transport: Monitor whether staff and patients are transported safely							
		207	All official vehicles used to render services or transport patients are licensed	E	🕮	D		
		208	All official vehicles used to render services or transport patients are serviced according to manufacturer's schedule	E	🕮	D		
		209	All staff driving official vehicles to render services or transport patients have a valid driver's license	E	🕮	D		
		210	All staff driving official vehicles to render services or transport patients have a valid professional driving permits where applicable	E	🕮	D		
6. Infrastructure	**22. Physical space and routine maintenance:** Monitor whether the physical space is adequate for the PHC facility workload, disabled persons and whether timely routine maintenance is undertaken							
		211	CHC space accommodates all services and staff at the 8 hour service area	E	😐🕮	D	Y	
		212	CHC space accommodates all services and staff at the 24 hour Emergency Unit	E	😐🕮	D	Y	
		213	CHC space accommodates all services and staff at the MOU	E	😐🕮	D	Y	
		214	Clinical service areas have natural ventilation or functional mechanical ventilation	V	😐	D	Y	
		215	There is access for people in wheelchairs	E	😐	D	Y	
		216	Maintenance schedule for building (s) and grounds are available	V	🕮	D		
		217	Building(s) is maintained	E	😐🕮	D	Y	
		218	Building(s) is compliant with safety regulations	V	🕮	D	Y	
	23. Essential equipment and furniture: Monitor whether essential equipment and required furniture are available							
		219	Staff are trained on the use of essential equipment	E	🕮	HF		
		220	SOP for reactive maintenance of medical equipment is available	I	🕮	HF		
		221	Maintenance plan for essential equipment is adhered to	E	🕮	HF		
		222	Furniture is available and intact at the 8 hour service areas	I	😐	HF	Y	
		223	Essential equipment is available and functional at 8 hour consulting areas	V	😐	HF	Y	
		224	Furniture is available and intact at the Rehabilitation treatment area	E	😐	HF	Y	
		225	Essential equipment is available and functional at the Rehabilitation treatment area	V	😐	HF	Y	
		226	Furniture is available and functional at Oral health services	E	😐	HF	Y	
		227	Essential equipment is available and functional at Oral Health services	V	😐	HF	Y	

6. Infrastructure		228	Furniture is available and intact at the 24 hour Emergency Unit	I	😐	HF	Y	
		229	Essential equipment is available at the 24 hour Emergency Unit	V	😐	HF	Y	
		230	Sterile packs for minor surgery are available	V	😐	HF	Y	
		231	Resuscitation room is equipped with functional basic equipment for resuscitation	V	😐📖	HF	Y	
		232	Restore the emergency trolley after each usage	NNV	😐📖	HF	Y	
		233	Furniture is available and intact in the MOU	E	😐	HF	Y	
		234	Essential equipment is available and functioning in MOU	V	😐	HF	Y	
		235	Sterile obstetric delivery packs are available	V	😐	HF	Y	
		236	Restore the emergency trolley in the MOU daily or after each usage	NNV	😐📖	HF	Y	
		237	Essential equipment is available and functioning in the TOP and MMC procedure rooms	V	😐	HF	Y	
		238	Functional oxygen cylinders with a pressure gauge is available	NVV	😐	HF	Y	
		239	Oxygen available in the cylinder is above the minimum level	NVV	😐	HF	Y	
		240	Imaging service unit is accredited	E	📖	HF		
		241	An up to date asset register is available	I	😐📖	HF	Y	
		242	Redundant and non-functional equipment is removed from the facility	I	😐	HF		
	24. Bulk supplies: Monitor whether the required electricity supply, water supply and sewerage services are constantly available							
		243	Facility has a functional piped potable water supply	V	?👎	D		
		244	Facility has emergency water supply	V	👎😐	D		
		245	Facility has a functional back-up electrical supply available in designated areas	V	?😐	D	Y	
		246	The sewerage system is functional	V	👎😐	D		
	25. ICT infrastructure and hardware: Monitor whether systems for internal and external electronic communication are available and functional							
		247	There is a functional telephone in the facility in designated areas	E	?👎	D	Y	
		248	There is a functional computer	I	?👎	HF		
		249	There is functional printer connected to the computer	I	?👎	HF		
		250	There is internet access	I	?👎	D		
7. Health Information Management	**26. District Health Information System (DHIS):** Monitor whether there is an appropriate information system that produces information for service planning and decision making							
		251	Facility performance in response to burden of disease of the catchment population is displayed and is known to all clinical staff members	I	?😐	HF		
		252	National District Health Information Management System policy available OR Provincial SOP aligned with National Policy is available	I	📖	HF		
		253	Clinical personnel and data capturer trained on the facility level Standard Operating Guidelines for Data Management	I	📖	HF		

		254	Relevant DHIS registers are available and are kept up to date	I	?☹	HF		
		255	Facility submits all monthly data on time to the next level	I	🕮	HF		
		256	There is a functional computerised patient information system	I	?🖒	D		
8. Communication	**27. Internal communication:** Monitor whether the communications system required for improved quality for service delivery is in place							
		257	There are sub-district/district quarterly facility performance review meetings	I	🕮	D		
		258	A staff meeting is held at least quarterly within the facility	I	🕮	HF		
		259	Staff members demonstrate that incoming policies and notices have been read and are understood by appending their signatures on such policies and notifications	E	🕮	HF	Y	
	28. Community engagement: Monitor whether the community participates in PHC facility activities through representation in a functional clinic committee							
		260	There is a functional clinic committee	E	🕮	P	Y	
		261	Contact details of clinic committee members are visibly displayed	I	☹	HF		
		262	The facility hosts an annual open day	I	🕮	HF		
9. District Health System Support	**29. District Health Support (DHS):** Monitor the support provided to the facility through guidance from district management, regular Ideal CHC status measurement by the PPTICRM as well as through visits from the district support and health programme managers							
		263	There is a health facility operational plan in line with district health plan	I	🕮	HF		
		264	District PPTICRM visits all facilities at least once a year and those targeted to be Ideal in the specific year at least twice a year to ensure that weaknesses have been corrected and to record the Ideal CHC Realisation status for the end of year report	E	?🕮	D		
	30. Emergency response: Monitor the effectiveness of emergency responses							
		265	There is a pre-determined EMS response time to the facility	E	?🕮	D		
		266	Register for emergency transport requests is available	E	🕮	D	Y	
		267	Remedial action taken when predetermined EMS response time is not adhered to	E	🕮	D		
		268	Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available	V	🕮	HF	Y	
		269	SOP available for the handover of patients between the facility and EMS	E	🕮	HF	Y	
	31. Referral system: Monitor whether patients have access to appropriate levels of health care							
		270	National Referral Policy is available	I	🕮	NDoH		
		271	District SOP for the referral system is available	E	🕮	HF	Y	
		272	There is a referral register that records referred patients	E	🕮	HF	Y	
		273	Copy of referral form available in the patient record	E	🕮	HF	Y	
10. Implementing Partners and Stakeholders	**32. Implementing partners support:** Monitor the support that is provided by implementing partners							
		274	An up to date list of all organisations that provide health related services in the catchment area and implementing health partners is available	I	🕮	HF		
		275	The list of implementing health partners shows their areas of focus and business activities	I	?🕮	HF		
	33. Multi-sectoral collaboration: Monitor the systems in place to respond to the social determinants of health							
		276	There is an official memorandum of understanding between the PDOH and SAPS	I	🕮	P		
		277	There is an official memorandum of understanding between the PDOH and Department of Education	I	🕮	P		

		278	There is an official memorandum of understanding between the PDOH and the Department of Social Development	I	🕮	P		
		279	There is an official memorandum of understanding between the PDOH and Department of Public Works	I	🕮	P		
		280	There is an official memorandum of understanding between the PDOH and Department of Transport	I	🕮	P		

Summary of Ideal CHC categories

Weights	Silver	Gold	Platinum
Non-negotiable Vitals (4 elements)	100%	100%	100%
Vital (65 elements)	60-69%	70-79%	≥80%
Essential (134 elements)	50-59%	60-69%	≥70%
Important (77 elements)	50-59%	60-69%	≥70%

Annexure 3: Checklist for element 1 - External signage in place

Use the checklist below to check the facility's external signage

Scoring - in column for score mark as follows:

Y (Yes) = if present, **N** (No) = if not present, **NA** (Not applicable) = for small facilities or where certain services are not rendered.

External signage	Score
Geographical location signage from main roads	
a. Both directions on each main road	
b. Within 1 km of CHC	
c. No obstructions to visibility	
Facility gate entrance signage	
a. Vehicles and pedestrians will be searched	
b. Entry and parking are at own risk	
c. Directional signage for MOU	
d. Directional signage for 24 hour Emergency Services	
e. Directional signs for deliveries	
Specific external locations:	
a. Emergency Assembly Point	
Waste storage:	
a. Health care Risk Waste (medical waste)	
b. Health care General Waste	
At or near to main entrance of building:	
a. Ambulance parking sign OR area marked on paving	
b. Disabled parking sign OR area marked on paving	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 4: Checklist for element 2 - Facility information board displayed at the entrance of the facility reflects relevant information for the facility

Use the checklist below to check the facility's information board

Scoring - in column for score mark as follows:

Y (Yes) = if present, **N** (No) = if not present

Information	Score
Facility's name	
Service hours of the facility	
Physical address of the facility	
Contact details of the facility	
Contact details of the emergency services	
Service package	
Total	
Score (Total ÷ 6)	

Annexure 5: Checklist for element 3 – Disclaimer sign is clearly sign posted at the entrance of the facility

Use the checklist below to check whether the disclaimer sign of the facility displays the disclaimers as indicated

Scoring - in column for score mark as follows:

Y (Yes) = if present, **N** (No) = if not present

Information	Score
No weapons	
No smoking	
No animals (except for service animals)	
No littering	
No Hawkers	
Total	
Score (Total ÷ 5)	

Annexure 6: Patient's Rights Charter

The Patients' Rights Charter

For many decades the vast majority of the South African population has experienced either a denial or violation of fundamental human rights, including rights to health care services. To ensure the realisation of the right of access to health care services as guaranteed in the Constitution of the Republic of South Africa (Act No 108 of 1996), the Department of Health is committed to upholding, promoting and protecting this right and therefore proclaims this **PATIENTS' RIGHTS CHARTER** as a common standard for achieving the realisation of this right.

This Charter is subject to the provisions of any law operating within the Republic of South Africa and to the financial means of the country.

A healthy and safe environment

Everyone has the right to a healthy and safe environment that will ensure their physical and mental health or well-being, including adequate water supply, sanitation and waste disposal as well as protection from all forms of environmental danger, such as pollution, ecological degradation or infection.

Participation in decision-making

Every citizen has the right to participate in the development of health policies and everyone has the right to participate in decision-making on matters affecting one's health

Access to healthcare

Everyone has the right of access to health care services that include:

i. receiving timely emergency care at any health care facility that is open regardless of one's ability to pay;
ii. treatment and rehabilitation that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;
iii. provision for special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, person living with HIV or AIDS patients;
iv. counselling without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS;
v. palliative care that is affordable and effective in cases of incurable or terminal illness;
vi. a positive disposition displayed by health care providers that demonstrate courtesy, human dignity, patience, empathy and tolerance; and
vii. health information that includes the availability of health services and how best to use such services and such information shall be in the language understood by the patient.

Knowledge of one's health insurance/medical aid scheme

A member of a health insurance or medical aid scheme is entitled to information about that insurance or medical aid scheme and to challenge, where necessary, the decisions of such health insurance or medical aid scheme relating to the member.

Choice of health services

Everyone has the right to choose a particular health care provider for services or a particular health facility for treatment provided that such choice shall not be contrary to the ethical standards applicable to such health care providers or facilities, and the choice of facilities in line with prescribed service delivery guide lines.

Be treated by a named health care provider

Everyone has the right to know the person that is providing health care and therefore must be attended to by clearly identified health care providers

Confidentiality and privacy

Information concerning one's health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of any law or an order of the court.

Informed consent

Everyone has the right to be given full and accurate information about the nature of one's illnesses, diagnostic procedures, the proposed treatment and the costs involved, for one to make a decision that affects anyone of these elements.

Refusal of treatment

A person may refuse treatment and such refusal shall be verbal or in writing provided that such refusal does not endanger the health of others.

Be referred for a second opinion

Everyone has the right to be referred for a second opinion on request to a health provider of one's choice.

Continuity of care

No one shall be abandoned by a health care professional worker or a health facility which initially took responsibility for one's health.

Complain about health services

Everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation

Every patient or client has the following responsibilities:

- Advise the health care providers on his or her wishes with regard to his or her death.
- Comply with the prescribed treatment or rehabilitation procedures.
- Enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.
- Take care of health records in his or her possession.
- Take care of his or her health.
- Care for and protect the environment.
- Respect the rights of other patients and health providers.
- Utilise the health care system properly and not abuse it.
- Know his or her local health services and what they offer.
- Provide health care providers with the relevant and accurate information for diagnostic, treatment, rehabilitation or counseling purposes

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Annexure 7: Checklist for element 6: Patients' Rights Charter is displayed in at least two local languages

Use the checklist below to check whether the Patients' Rights Charter is displayed in at least two local languages in the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = if present, **N** (No) = if not present, **NA** (not applicable) = if the facility does not have the service area

Area	**Score**
All waiting areas in the 8 hours service area	
24 Hour Emergency Unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 8: Checklist for element 7 - All service areas within the facility are clearly signposted

Use the checklist below to check whether all service areas within the facility are clearly signposted

Scoring - in column for score mark as follows:

Y (Yes) = if present, **N** (No) = if not present, **NA** (not applicable) = if the facility does not have the service area

Internal Branding	**Score**
Help Desk/Reception	
Complaints/suggestions/compliments box	
Pharmacy/ dispensary	
Time and days services are offered at the pharmacy/dispensary are displayed at eh entrance of the pharmacy/dispensary	
Chronic Medicine Collection (CCMDD/CDU)	
24 Hour Emergency Unit	
Midwife Obstetric Unit	
Oral Health Services	
X-rays (if applicable)	
Facility Manager – door identifier	
Emergency exit(s)	
Exit(s)	
Assembly points	
Stairs (if applicable)	
Patient Toilets	
Directional arrows to toilets	
Disabled toilet pictogram	
Female toilet pictogram	
Male toilet pictogram	
Directional signs for 8 hours service areas - Colour-coded signage for each of the 4 streams of care service areas	
Acute/minor ailments (orange)	
Chronic Diseases (blue)	
MCWH (deep green)	
Health Support Services (yellow)	

Functional room signage (each area/room should be labeled)	
Vital signs	
Counselling room/s	
Consultation room/s	
Dressing room	
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)	
Dirty utility room/sluice	
Laundry	
Cleaner's room	
Linen room	
Staff Kitchen	
Patient records storage room	
Community Outreach Service (if applicable)	
Staff toilet(s)	
Staff room	
Boardroom/multi-purpose meeting room	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 9: Example of a dress code for staff

Dress code for staff	
All staff members	
• **An identification tag must be visibly displayed at chest level. The tag shall include the following information:** ○ emblem of the provincial Department of Health ○ initial/full names and surname of the staff member ○ staff designation e.g. "professional nurse", “data capturer”, “general assistant" • **General appearance for all staff members** ○ clothing must be clean, neat and fit properly ○ shoes must be clean and in good condition ○ good personal hygiene principles must be adhered to at all times ○ the following is not allowed: ➢ clogs, crocs, slip-ons ➢ t-shirts ➢ jeans, leggings, tights ➢ see through clothes ➢ low-cut necklines ➢ hats • **General appearance applicable for staff that provide direct patient care** ○ may not wear artificial nails or colored nail polish ○ nails must be short, clean and neatly trimmed ○ hair must be clean and long hair must be tied back ○ minimal jewelry must be worn ○ sleeves must be short (for infection control purposes)	
Dress code for nursing staff	
Prescribed uniform for females: • white blouses (no see- through type) • navy jersey/jacket in the winter season • navy skirt/slacks • navy/black court/flat shoes - no clogs, crocs, slip-ons allowed • skin colour stockings • South African Nursing Council (SANC) approved distinguishing devises (epaulettes) must be worn at all times according to the nursing staff’s professional qualifications	**Prescribed uniform for males:** • white collared shirts • navy jersey/jacket in the winter season • navy trousers • navy blue/black socks • black shoes – no clogs, crocs, slip-ons allowed • SANC approved distinguishing devises (epaulettes) must be worn at all times according to the nursing staff’s professional qualifications
Dress code for doctors	
Prescribed uniform for females: • neat blouses (no see- through type) • neat skirt/slacks • neat dress with appropriate length (not shorter than 10cm from above the knee) • jersey/jacket in the winter season	**Prescribed uniform for males:** • neat collared shirts • neat trousers • jersey/jacket in the winter season • socks • closed shoes – no clogs, crocs, slip-ons

• court/flat shoes - no clogs, crocs, slip-ons • optional - white coat worn over clothes	• optional - white coat worn over clothes
Dress code for allied health workers	
Allied groups	Dress colours
Occupational Therapist Radiologist Speech Therapist Physiotherapist Dieticians and Nutritionist	green brown red light blue navy
Prescribed uniform for females: • neat blouses (no see- through type) • skirt/slacks • neat dress with appropriate length (not shorter than 10cm from above the knee) • jersey/jacket in the winter season • court/flat shoes - no clogs, crocs, slip-ons	**Prescribed uniform for males:** • neat collared shirts • trousers • jersey/jacket in the winter season • socks • black shoes – no clogs, crocs, slip-ons
Dress code for administration staff, data capturers	
• short or long sleeve shirt/blouse • skirt/dresses of appropriate length, smart casual trousers • cardigan, jersey or jacket in the winter season	
Dress code for general assistants, community health workers and lay-councilors	
• neat shirt or golf shirt (colours can be determined by district/province) • neat trousers or skirts (colours can be determined by district/province) • jersey or jacket in the winter season • closed shoes and socks – no clogs, crocs, slip-ons allowed	

Annexure 10: Checklist for element 9 - All staff members comply with prescribed dress code

Use the checklist below to check that staff on duty are dressed according to prescribed dress code

Scoring – in column for score mark as follows:

Check – randomly select five healthcare professional staff members to review

Y (Yes) = if present and adhered to, **N** (No) = if not present or not adhered to, **NA** (Not applicable) = if the facility does not have all the service area

Item	**Staff member 8 hour service**	**Staff member 8 hour service**	**Staff member 24 hour Emergency unit**	**Staff member 24 hour Emergency unit**	**Staff member MOU**	**Staff member MOU**
Nails short						
Jewellery minimal (plain wedding band, small ear rings, no necklaces)						
Dress/skirts OR pants (dress/skirt should not be shorter than knee length)						
Tailored clothes (not too tight nor too loose)						
Distinguishing devices worn						
Total						
Total maximum possible score (sum of all scores minus those marked NA)						
Score (Total ÷ Total maximum possible score)						

Annexure 11: Checklist for element 10 - All staff members wear an identification tag

Use the checklist below to check that the staff on duty wear official identification tags

Scoring - in column for score mark as follows:

Check - randomly select five staff members in each service area as indicated to review.

Y (Yes) = if present and adhered to, **N** (No) = if not present or not adhered to, **NA** (Not applicable) = if there are not enough staff on duty/appointed to evaluate, check those on duty OR the facility does not have all the service areas

Staff member	**Score 8 hour service**	**Score Rehabilitation service area**	**Score Oral Health**	**Score Pharmacy/ dispensary**	**Score 24 Hour Emergency Unit**	**Score MOU**
Staff member 1						
Staff member 2						
Staff member 3						
Staff member 4						
Staff member 5						
Total						
Total maximum possible score (sum of all scores minus those marked NA)						
Score (Total ÷ Total maximum possible score)						

Note: Identification tag must include the emblem of the facility/district or provincial department of health, full names/initials and surname of the staff member.

Annexure 12: Notice for prioritisation of very sick, frail and elderly patients

PLEASE NOTE

THE VERY SICK, FRAIL AND ELDERLY PATIENTS

WILL BE GIVEN PRIORITY

AND MOVED TO THE FRONT OF THE QUEUE

Annexure 7: Checklist for element 12 - There is a process that prioritises the very sick, frail and elderly patients at the 8 hour service area

Use the checklist below to check whether there is a process that prioritises the very sick, frail and elderly

Scoring - in column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant

Item	**Score**
The process to fast track very sick, frail and elderly users to the front of the queue is implemented. (The process to implement the fast-tracking of vulnerable users must be evident on observation of the waiting room. This should at a minimum include a poster or information provided to users about the process)	
SOP to prioritise the very sick, frail and elderly patients is available	
The SOP to prioritise the very sick, frail and elderly patients covers the following aspects:	
Prioritization procedure for the facility is described	
The procedure is displayed in at least two official languages in the waiting area indicating the prioritisation process	
In-service training of ALL staff on prioritisation process	
Delegate the function of prioritisation process to a designated staff member	
Conduct random spot checks during the day to determine whether the very sick, frail, and elderly patients are prioritised	
Total	
Score (Total ÷ 7)	

Annexure 14: Checklist for element 13: SOP for triaging of patients in the 24 Hour Emergency unit is available

Use the checklist below to check whether the SOP covers the following topics.

Scoring - in column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant; **NA** (not applicable) = if the facility does not have a 24 hour Emergency unit

Item	**Score**
Describe the designation of the healthcare provider/s who should conduct the triage	
Location or area where the triage should be conducted	
Equipment and material required in the triage area	
Triage process is described for different categories of patients	
Documentation of triage findings	
Total	
Score ÷ 5	

Annexure 15: Checklist for element 16: Functional wheelchair is available

Use the checklist below to check whether there is a wheelchair available at the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = if present, **N** (No) = if not present, **NA** (not applicable) = if the facility does not have the service area

Area	**Score**
8 hours service area	
24 Hour Emergency Unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 16: Example of a Template for training register for staff

By signing against my name in the table below I acknowledge that I have undergone formal training on how to..... (insert details on specific training e.g. clean the facility)

STAFF NAME AND SURNAME	PERSAL NUMBER	DESIGNATION	SIGNATURE	DATE

Annexure 17: Checklist for element 12 - Patient records adheres to ICSM prescripts at the 8 hour service area

Use the checklist below to check whether patient records comply with ICSM prescripts

Scoring - in column for score mark as follows:

Check - randomly select seven records of patients who were seen in the past three months. Audit the last visit. The type of record to be audited is indicated in the table below.

Y (Yes) = recorded, **N** (No) = not recorded, **NA** (Not applicable) = if patient did not receive relevant treatment/measure does not apply to the particular type of record selected

Type of information/notes	**8 hour service area**						
	Adult acute/ minor ailment	**Adult chronic**	**Adult maternal health**	**Sick Child (IMCI)**	**Well baby**	**Oral health**	**Allied health**
Administrative details (on cover of record)							
CHC's name							
Name and surname							
Patient file number							
ID/Refugee/passport number OR date of birth							
Gender							
Demographic details							
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 – first visit							
Type of employment							
Social (type of employment, living conditions, social assistance, cooking method)							
Social(school grade, social assistance, nutrition, where child resides)							
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)							
Family history of chronic conditions							
Known chronic conditions							
Surgical history							
Allergies							
Clinical management							
Length/Height of patient at the 1st visit							
Weight at every visit							
Body mass index (BMI) calculated at the 1st and 7th visit s							

Weight-for-height z score							
MUAC (every 3 months)							
Temperature							
Blood pressure at every visit							
Respiratory rate							
Pulse rate at every visit							
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							
Presenting complaints							
Examination							
General (JACCOLDMP)							
Respiratory							
Cardiovascular							
Gastro intestinal							
Mental state							
Central nervous system (CNS)							
Musculo-skeletel							
Diagnosis							
Patient management							
Investigation/tests requested							
Date of investigation/test requested							
Results of investigations/test recorded							
Health education provided							
Treatment prescribed							
Rehabilitation (where applicable)							
Referral (where applicable)							
Date of next visit indicated (where applicable)							
Health Care Practitioner's name and surname							
Health Care Practitioner's qualification							
Health Care Practitioner's signature							
Date signed by Health Care Practitioner							
HPCSA Number							
Child health records							
History of immunisations							
Deworming treatment							
Vit A supplementation							
Developmental screening (6, 14, 6, 9, 18 months and 3, 5-6 years)							
Growth charts completed							
Basic screening completed according to Road to Health Charts							
Maternal health records							
BANC 1st visit							
Obstetric history							
Previous obstetric history and family							
Gestational age							
General examinations							
Abdomen – FHH examination							
Vaginal examination							

HIV status							
Pregnancy risk screening							
Health education provided, including information on MomConnect							
Health Care Practitioner's name and surname							
Health Care Practitioner's qualification							
Health Care Practitioner's signature							
Date signed by Health Care Practitioner							
BANC PLUS follow-up visits							
HIV status (retest)							
General examination							
Abdomen examination							
Supplements (for mother)							
Feeding practices for baby discussed							
Gestational graph plotted per visit							
Health Care Practitioner's name and surname							
Health Care Practitioner's qualification							
Health Care Practitioner's signature							
Date signed by Health Care Practitioner							
Delivery summary							
Birth date							
Birth weight							
Apgar score							
Delivery mode							
Pregnancy outcome							
Health Care Practitioner's name and surname							
Health Care Practitioner's qualification							
Health Care Practitioner's signature							
Date signed by Health Care Practitioner							
Postnatal care Visits							
General examination (3-6 days post delivery)							
General examination (6 weeks post delivery)							
Health education							
Health Care Practitioner's name and surname							
Health Care Practitioner's qualification							
Health Care Practitioner's signature							
Date signed by Health Care Practitioner							
Prescription							
Patient's name and surname							
ID number							
Age							
Allergies							
Name of medication							
Strength of medication							
Quantity							
Dosage							
Dosage form							
Batch number							
Prescriber's name and surname							
Prescriber's qualification							
Prescriber's signature							
Date signed by prescriber (*Date of issue of prescription)*							
Dispenser's name and surname							
Dispenser's signature							

HPCSA number							
Consent form (where applicable)							
Patient's full names and surname are written on the consent form							
The user's age or date of birth or identity number is documented in the consent form							
The exact nature of the operation/procedure/treatment is written on the consent form							
The consent form is signed by the patient or parent/guardian							
The consent form is signed by the health care provider							
The consent form is dated							
The information is legible							
Total							
Total maximum possible score (sum of all scores minus those marked NA)							
Score (Total ÷ Total maximum possible score)							

Annexure 18: Checklist for element 19: Patient records adheres to ICSM prescripts at the 24 hour Emergency Unit

Use the checklist below to check whether patient records comply with ICSM prescripts

Scoring - in column for score mark as follows:

Check - randomly select three records of patients who were seen in the past three months. Audit the last visit. The type of record to be audited is indicated in the table below.

Y (Yes) = recorded, **N** (No) = not recorded, **NA** (Not applicable) = if patient did not receive relevant treatment/measure does not apply to the particular type of record selected

Type of information/notes	**Record 1 adult**	**Record 2 adult**	**Record 3 Child**
Administrative details (on cover of record)			
CHC's name			
Name and surname			
Patient file number			
ID/Refugee/passport number OR date of birth			
Demographic details			
Residential address			
Personal contact details			
Next of kin contact details			
Employment contact details (if employed)			
Marital status			
Patient profile – first visit			
Type of employment			
Social (type of employment, living conditions, social assistance, cooking method)			
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)			
Family history of chronic conditions			
Known chronic conditions			
Surgical history			
Allergies			
Clinical management			
Length/Height of patient at the 1st visit			
Weight at every visit			
Body mass index (BMI) calculated at the 1st and 7th visits			
Temperature			
Blood pressure at every visit			
Pulse rate at every visit			
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			
Presenting complaints			
Examination			

General (JACCOL)			
Respiratory			
Cardiovascular			
Gastro intestinal			
Mental state			
Central nervous system (CNS)			
Musculo-skeletel			
Diagnosis			
Patient management			
Investigation/tests requested			
Date of investigation/test requested			
Results of investigations/test recorded			
Health education provided			
Treatment prescribed			
Rehabilitation (where applicable)			
Referral (where applicable)			
Date of next visit indicated (where applicable)			
Health Care Practitioner's name and surname			
Health Care Practitioner's qualification			
Health Care Practitioner's signature			
Date signed by Health Care Practitioner			
SANC/HPCSA Number			
Prescription			
Patient's name and surname			
ID number			
Age			
Allergies			
Name of medication			
Strength of medication			
Quantity			
Dosage			
Dosage form			
Batch number			
Prescriber's name and surname			
Prescriber's qualification			
Prescriber's signature			
Date signed by prescriber			
Dispenser's name and surname (*Date of issue of prescription)*			
Dispenser's signature			
HPCSA number			
Consent form (where applicable)			
Patient's full names and surname are written on the consent form			
The user's age or date of birth or identity number is documented in the consent form			
The exact nature of the operation/procedure/treatment is written on the consent form			
The consent form is signed by the patient or parent/guardian			
The consent form is signed by the health care provider			
The consent form is dated			
The information is legible			
Total			
Total max possible score (sum of all scores minus those marked NA)			
Score (Total ÷ Total maximum possible score)			

Annexure 19: Checklist for element 20: Maternity Case Record including partogram is completed

Use the checklist below to check whether patient records comply with ICSM prescripts

Scoring - in column for score mark as follows:

Check - randomly select five records of female patients seen in the past three months in the MOU. Audit the last visit.

Y (Yes) = recorded, **N** (No) = not recorded, **NA** (Not applicable) = if patient did not receive relevant treatment/measure does not apply to the particular type of record selected

Type of information/notes	**Record 1**	**Record 2**	**Record 3**	**Record 4**	**Record 5**
Administrative details (on cover of record)					
CHC's name					
Name and surname					
Patient file number					
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 resides)					
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					
Booked under 20 weeks					
Booked after 20 weeks					
LNMP (Last normal menstrual period)					
EDD (expected date of delivery)					
Future contraception selected					
Infant feeding discussed					
Risk assessment					
Clinical management					
Height of patient					
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)					
Respiratory					
Cardiovascular					
Gastro intestinal					
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 with each visit from 20 weeks onwards					
Symphysis fundal height (SFH) at each visit					
Intrauterine growth restriction (IUGR) assessed					
Maternal and foetal risks listed					
Foetal movements felt					
Foetal presentation from 36 weeks					
Partogram completed fully: (Each assessment section to be fully completed)					
Observation chart for antenatal problem admissions completed fully					
Observation chart completed fully (if diagnosis of labour is doubtful)					
Labour: Initial Assessment Completed					
Decision: assessment, diagnosis and management					
Foetal heart rate					
Method of placenta delivery					
Findings on placenta examination					
Findings on membranes examination					
State of perineum					
State of uterus					
Blood loss checked					
Feeding initiated					
Maternal and foetal risks listed					
Admission findings counter singed					
Assessment of Newborn form completed:					
a. Birth time					
b. Birth date					
c. Risk factors to baby					
d. Konakion administered					
e. Eye prophylaxis administered					

Health Care Practitioner's name and surname					
Health Care Practitioner's qualification					
Health Care Practitioner's signature					
Date signed by Health Care Practitioner					
HPCSA Number					
Consent form (where applicable)					
Patient's full names and surname are written on the consent form					
The user's age or date of birth or identity number is documented in the consent form					
The exact nature of the operation/procedure/treatment is written on the consent form					
The consent form is signed by the patient or parent/guardian					
The consent form is signed by the health care provider					
The consent form is dated					
The information is legible					
Total					
Total maximum possible score (sum of all scores minus those marked NA)					
Score (Total ÷ Total maximum possible score)					

Annexure 20: Checklist for element 21: Mothers are provided with a discharge summary report

Use the checklist below to verify that the discharge report describes the information as listed

Scoring – in column for score mark as follows:

Check – randomly select tow discharge reports

Y (Yes) = compliant; **N** (No) = not compliant

Item	**Score Discharge report 1**	**Score Discharge report 2**
Name and Surname of Patient		
Date of birth		
Identity number or passport number		
Date of delivery		
Date of discharge		
Type of delivery		
Name of the facility to which the patient was admitted		
Examination on discharge conducted		
Family Planning (contraception) discussed		
Feeding options discussed		
Medicine and treatment given		
Postnatal advice on discharge		
Information regarding baby:		
Gender		
Weight		
Head circumference		
Length		
BCG given		
Polio given		
Name and surname of health care provider		
Health care provider's qualification		
Signature of health care provider completing the report		
Date signed by health care provider		
Total		
Score (Total ÷ 34)		

Annexure 21: Checklist for element 22: District/Provincial SOP/guideline for archiving and disposal of patient records is aligned to the National guideline

Use the checklist below to verify that the SOP/guideline describes the topics as listed

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Accessing of patient records	
Tracking of patient records	
Filing of patient records	
Storage of patient records	
Archiving of patient records	
Disposal of patient records	
Total	
Score (Total ÷ 6)	

Annexure 22: Checklist for element 23: Guideline for accessing, tracking, filing, archiving and disposal of patient records is adhered to

Use the checklist below to determine whether the facility adheres to the SOP for filing, archiving and disposal of patient records

Scoring - in column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant

Item	Score
Patient record storage room adheres to the following:	
Lockable with a security gate OR electronically controlled entrance (tag)	
There is a 'No unauthorised entry' sign on the door	
Shelves OR cabinets to store files	
Lowest shelf OR cabinets start at least 100 mm off the floor ant the top of shelving is not less than 320 mm from the ceiling to allow airflow	
Aisle and shelves OR Cabinets labeled 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 for patient records adheres to the following:	
Facility has a patient record for patients that consulted at the facility	
Standardised unique record registration number 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 to check that all patient records that were 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	
Copy of disposal certificates available. Copies must correspond with entries in disposal register	
Access for patient to their records	
The SOP/guideline for filing, archiving and disposal of patient records describes the process to follow for patients to access their patient record	
Total	
Score (Total ÷ 17)	

Annexure 23: Checklist for element 27: Records are not left unattended in public areas and only accessible to facility staff and patients

Use the checklist below to check whether records are not left unattended at the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = if present, **N** (No) = if not present, **NA** (not applicable) = if the facility does not have the service area

Area	**Score**
8 hours service area	
24 Hour Emergency Unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 24: Checklist for element 28: Records are not left unattended in clinical service areas

Use the checklist below to check whether records are left unattended at the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = if present, **N** (No) = if not present, **NA** (not applicable) = if the facility does not have the service area

Area	**Score**
8 hours service area	
24 Hour Emergency Unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 25: Checklist for element 29: Priority stationery is available at the facility in sufficient quantities

Use the checklist below to check stationery availability

Scoring - in column for score mark as follows:

Y (Yes) = present, **N** (No) = not present, **NA** (not applicable) = if stationery is not applicable to the facility

Stationery type	**Facility minimum required quantity (Record must be available stipulating the facility's minimum quantities)**	**Score**
Goods and supplies order forms/books		
Patient record for adults		
Patient record for children		
Road to Health Booklet for Boys and Girls		
Appointment Cards – General		
Patient information registers/Tick sheet		
WBPHCOT referral forms		
General referral forms		
Sick note		
Maternity Case Record with Partogram		
Refusal of treatment forms		
Total		
Total maximum possible score (sum of all scores minus those marked NA)		
Score (Total ÷ Total maximum possible score)		

Annexure 268: Training register for staff trained on Integrated Clinical Service Management

By signing against my name in the table below I acknowledge that I have undergone formal training on indicated modules of ICSM.

Staff name and surname	Persal number	Desig-nation	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6	Module 7	Module 8	Module 9	Module 10	Module 11	Module 12
			Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date

Annexure 27: Checklist for element 31: Patients are consulted, examined and counselled in privacy in the 8 hour service area

Use the checklist below to check whether patients have consulted, examined and counselled in privacy

Scoring - in column for score mark as follows:

Y (Yes) = complaint, **N** (No) = not compliant, **NA** (not applicable) = if the facility does not have the service area

Area	**Score**
Consultation room in 8 hours service area	
Rehabilitation treatment area	
Oral Health	
24 Hour Emergency Unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 28: Quality improvement plan

QUALITY IMPROVEMENT PLAN

Facility Name: _____

Date Generated: _____

Element #	Element	Weight	Respon-sibility	No	Partial	Comment	Activity	By Whom	When	Results

ADDITIONAL AREAS FOR IMPROVEMENT AS IDENTIFIED TRHOUGH SURVEYS, RISK ASSESSMENTS, COMPLAINTS				
Item	Activity	By Whom	When	Results

Name and Surname of facility manager: _____

Signature: _____

Date: _____

Annexure 29: Checklist for element 37: Quality Improvement plan address all areas, is signed and updated quarterly

Use the checklist below to check whether the facility's quality improvement plan address all areas, is signed and updated quarterly

Scoring - in column for score mark as follows:

Y (Yes) = Compliant, **N** (No) = no compliant, **NA** (not applicable) = if no gaps were identified in the specific area (verify whether there were no improvements needed by checking the results of the relating element)

Item	Score
Quality improvement plan is updated quarterly	
Quality improvement plan is signed by the facility manager	
Quality improvement plan address the following:	
Elements failed on the CHC framework	
Gaps identified through:	
Patient experience of care surveys	
Complaints, compliments and suggestion	
Patient safety incidents	
Clinical record audit	
Annual risk assessment for infection prevention and control	
Occupational health and safety register	
Security breaches	
Loss to follow-up of HIV and TB patients	
Tracer list medicine stock-out	
Laboratory specimen collection material stock-out	
Waiting Time	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 30: Checklist for element 40: Patients are formally handed over at the end of each shift

Use the checklist below to check whether formal handover of patients is done

Scoring - in column for score mark as follows:

Check – Select two records of patients in each of the areas as indicated who were handed over between shifts.

Y (Yes) = compliant; N (No) = not compliant; **NA** (not applicable) = if the facility does not have the service area

Item	**24 Hour Emergency unit**		**MOU**	
	Score Record 1	**Score Record 2**	**Score Record 1**	**Score Record 2**
Time of patient handover is documented				
Obstetric history (gravidity and parity)				
Antenatal history				
Vital signs				
Stage of labour				
Progress of labour				
Time next examination is due				
Treatment required during the next shift				
Signature to confirm handover done				
Condition of patient is documented after handover				
Total				
Total maximum possible score (sum of all scores minus those marked NA)				
Score (Total ÷ Total maximum possible score)				

Annexure 31: Checklist for element 41: Correct handover procedure was followed between the facility and EMS

Use the checklist below to check whether the correct procedure was followed between the facility and EMS

Scoring - in column for score mark as follows:
Check – Select two records of patients in each area as indicated who were transferred via EMS according to EMS register. Note if the facility does not have a 24 hour emergency unit, assess in the 8 hour emergency unit.
Y (Yes) = compliant; N (No) = not compliant; NA = if no patients were transferred via EMS or process is NA or facility has fewer areas than indicated

Item	24 Hour Emergency unit/ 8 hour service area		MOU	
	Score Record 1	Score Record 2	Score Record 1	Score Record 2
Arrival time of EMS				
Handover time				
Method of transfer of patient from facility to Ambulance				
Confirmation of patient identity				
Clinical condition				
Vital signs				
Clinical condition of the baby (where applicable)				
Method of transfer of patient form facility to ambulance, i.e. walking, stretcher or wheelchair				
Treatment provided				
Treatment required during transfer				
Monitoring required during transfer				
The receiving facility expecting the patient				
Name of the health care provider who telephonically accepted the transfer at the receiving hospital				
Previous/known medical history (treatment given to user, how the patient was managed by EMS prior to arriving at the facility)				
Transfer letter and/or maternity records to be handed over to the receiving facility (where applicable)				
The name and designation of the health care provider receiving the patient				
Signatures of transferring and receiving personnel				
Total				
Total maximum possible score (sum of all scores minus those marked NA)				
Score (Total ÷ Total maximum possible score)				

Annexure 32: Checklist for element 42: Patients who have been triaged as requiring immediate, very urgent care, are seen within the target time frames

Use the checklist below to check whether patients have been triaged as required

Scoring - in column for score mark as follows:

Check – randomly select records of three patients who were triaged at the 24 hour emergency unit as requiring immediate, urgent or very urgent care. Compare the time the patient was triaged with the time the patient was seen to evaluate whether the patient was seen within the triage time scale as indicated on the triage algorithm.

Y (Yes) = if patient was seen within the target time frame, **N** (No) = if patient was not seen within the target time frame

Item	**Score**
Record 1	
Record 2	
Record 3	
Total	
Score (Total ÷ 3)	

Annexure 33: Checklist for element 43: Protocol and guidelines regarding examination and stabilisation of patients is adhered to

Use the checklist below to check whether patients have been stabilised according to guidelines and protocols

Scoring - in column for score mark as follows:

Check – randomly select records of three patients who were triaged as requiring immediate, very urgent care.

Y (Yes) = compliant, N (No) = not compliant

Item	**Score** **Record 1**	**Score** **Record 2**	**Score** **Record 3**
Triage category or score			
Initial clinician's assessment			
Medical history			
Physical examination			
Investigations ordered			
Provisional diagnosis			
Final diagnosis (N/A where final diagnosis has not been made prior to transfer)			
Interventions made to stabilize the patient			
All vital signs have been monitored			
Transfer arrangements for the receiving facility			
Total			
Score (Total ÷ 30)			

Annexure 34: checklist for element 46: Patients have access to health support services

Use the checklist below to check whether patients have access to health support services

Scoring - in column for score mark as follows:

Y (Yes) = if patients have access onsite or via referral (referral facilities for each service must be describe in the facility's), N (No) = if patients don't have access on site or via referral

Item	**Score**
Occupational therapy services	
Physiotherapy services	
Dietetic services	
Social work services	
Speech and hearing services	
Total	
Score (Total ÷ 5)	

Annexure 35: Poster promoting adolescent and youth services

ADOLESCENT AND YOUTH SERVICES

Service times: 14h00 to 17h00

These are service times dedicated to adolescent and youth services. However, adolescents will be assisted throughout the day if a specific condition requires this.

Services will be provided in a friendly and supportive manner and include health promotion and disease prevention as well as curative interventions relating to sexual and reproductive health, HIV/AIDS and TB, mental health/illness, drug and substance abuse and violence and injury.

Annexure 36: Profile for adolescent and youth in the catchment area

Facility profile for adolescents and youth in the catchment area

Item	Percentage/Rate
Percentage youth (ages 10 to 24 years) in province (obtained from Stats SA's data)	
School dropout rate in the province (obtained from Stats SA's data)	
Percentage of youth who obtained tertiary qualifications in the province	
Percentage of youth unemployment in the province (obtained from Stats SA's data)	
Teenage pregnancies rate in the catchment area (obtained from DHIS)	
Description of strengths and challenges pertaining to youth in the catchment area using the above statistics	

Annexure 37: Checklist for element 51 - Adolescent and youth friendly health services are provided

Use the checklist below to check whether the facility renders services that are adolescent and youth friendly

Scoring – in column for score mark as follows:

Y (Yes) = if present and compliant; **N** (No) = if not present or not compliant

Item	Score
The National Adolescent and Youth Health Policy is available	
A poster indicating that the facility allocates dedicated time to consult adolescents and youth after school hours is visibly posted in the reception area and in consulting room(s) where AYFS are provided	
Facility's AYFS poster displays its comprehensive integrated package of AYFS services provided	
The facility's staff development plan makes provision for all healthcare professionals to be trained in AYFS	
The training register/record reflect that the healthcare professionals providing comprehensive integrated package of services to young people are trained on AYFS	
Facility's clinic committee includes a representative of the adolescent and youth sector aged 18-24 years	
Facility has a brief profile of adolescents and youth in its catchment area, including their challenges	
Total score	
Percentage (Total score ÷ 7) x 100	**%**

Annexure 38: Appointment scheduling process

1. PRE-APPOINTMENT RETRIEVAL OF CLINICAL RECORDS

Between 48 and 72 hours prior to the patient's appointment

- The designated appointment clerk, together with the administrative clerk at the front desk, should retrieve patients' records for each of the planned services.
- The clinical records then need to be provided for the relevant professional nurse who will be consulting planned patients for the various services.
- The relevant prescription and laboratory investigations should be updated where necessary.
- Clinical records should then be submitted to the pharmacy, or the nurse should pre-dispense the medication and store it appropriately.
- The patients' clinical records should then be stored at the registration point.

2. SCHEDULING OF PATIENT APPOINTMENTS

Once the starting date for consulting patients according to a scheduling system has been determined, the scheduling of patients should commence.

Who is responsible for scheduling the patients?

If only a single room is utilised to see patients with appointments for either chronic or MC&SRH, then the professional nurse could schedule the patient's next visit.

If more than one consultation room is used, then an appointment scheduling desk should be established near the exit of the facility, or patients should return to reception to schedule the next appointment.

How is the appointment date decided?

Depending on the patient's condition (immunisation, family planning, well-baby, post-natal care, ANC, and chronic care) and availability of medication at the facility, the patient will either return on a monthly basis, every 2nd or 3rd month or 6 monthly to the facility.

- The maximum number of patients to be consulted daily is pre-determined.
- At the beginning of each week, the professional nurses should determine and provide a 5- day period on which returning patients should be scheduled.
- This should be calculated between 25 and 30 days after the current date.
- The patient should then be given a choice as to the exact date when they would like to return within this period. The date should not be imposed on the patient.

Scheduling the appointment

Patients receiving an appointment will fall into various categories:

- Requiring a full clinical examination (6 month visit)
- Repeat visit (chronic, immunisation, family planning)
- Consultation by doctor
- Collection of medication – CCMDD facility based

The format chosen to schedule patients will be facility specific – a time format should be used as this spreads the workload.

In order to avoid the batching of patients and prolonging the waiting times, patients should be offered time slots for attending the appointment.

Patients requiring 6-month appointments should be distributed equally across the time slots or scheduled in a specific time slot to avoid prolonging the waiting times for other patients.

The time slots should be per 2-hour session with 10 patients scheduled per two-hour session (see example on the following page). At the end of each slot, two to three slots should be left blank for patients that missed scheduled appointments but returned within the 96-hour grace period.

Note: Frail, elderly and high-risk clients should be given priority.

Adolescents and youth should be scheduled after school hours.

Complete the consultation room number, day of the week and date.

Patients Details

Consultation Room: 5 Day of the week(circle) Date:

MON	TUES	WED
THUR	FRI	SAT

DD/MM/YYYY

No.	Record number	Full name and surname of patient	Comment	Record Retrieved		Appointment Attended		Record returned	
				Y	N	Y	N	Y	N
07.30-10.00									
1.	**2468013579**	**Mary Saints**	**CCMDD**	**Y**	N	Y	N	Y	**N**
2.					N	Y	N	Y	N
3.					N	Y	N	Y	N
4.					N	Y	N	Y	N
5.					N	Y	N		N
6.						Y			
7.					N	Y			
8.					N	Y			
9.					N	Y			
10.	**1234567890**	**James Doe**	**FU**	Y	N	Y			
10.15-12.45 (Tea time = 10.00-10.15)									
11.						Y	N		N
12.							N	Y	N
13.							N	Y	N
14.							N	Y	N
15.							N	Y	N
16.	**2345678901**	**Polly Jacaranda**	**LR**				**N**	Y	**N**
17.							N	Y	N
18.							N	Y	N
19.							N	Y	N
20.							N	Y	N
13.30-16.00 (Lunch time= 12.45-1.30)									
21.				Y	N	Y			
22.				Y	N	Y			
23.				Y	N	Y			
24.				Y	N	Y			
25.				Y	N	Y	N		N
26.				Y	N	Y	N	Y	N
27.				Y	N	Y	N	Y	N
Missed appointments (*Record all patients who present with 5 working days of a missed appointment bellow.*)									
28.	**5678901234**	**Zenthembe Ndlovu**		**Y**	N	**Y**	N	Y	N
29.				Y	N	Y	N	Y	N
30.							N	Y	N
31.									N
32.									N

Complete Patient file number here. The unique patient record number generated by HPRS is 10 digits

Indicate if the patient's file was pre-retrieved. This should be done 48-72 hours before the scheduled

Indicate if the patient's record was returned to reception for

Indicate reason for appointment, e.g. laboratory results (LR), referred for doctor consultation (DR), collection of meds only (CCMDD), regular follow-up (6mth FU). This is done at the time that the

Complete patient's full name and

Indicate if the patient attended the

At the end of the day indicate how many patients attended their appointments, missed their appointments, records retrieved and records returned.

Total number of patients attended		Total number of missed appointments	
Total number of records retrieved		Total number of records returned	

PATIENT SCHEDULING TOOL

Date of appointment: This refers to a calendar date. You should label all the dates in the forms to cater for operating calendar days for the facility for the year. Eg 9th April 2012, 10th April 2012

No: Number refers to the numerical order in ascending order. This will guide you as to when you reach your target appointments for the respective date

Patient file number: This refers to the patient file number as on the patient record. This will facilitate easy retrieval of patient record prior to the appointment

Name and surname: This should be as reflected in patient's identity documents and or patient records

Diagnostic condition: This refers to the chronic condition for which the patient is booked. Eg: hypertension, diabetes, epilepsy, asthma, COPD, and ART

Investigations to be conducted or checked: Patients may require laboratory monitoring and investigations need to be conducted and checked. In this column record the investigations that need to be conducted on the following appointment or results that need to be checked.

Nature of appointment: In this column reflect the nature of patient appointment that will assist in triaging the patients as well as monitoring the patient in the process: e.g.

- Patient defaulted – referred for tracing. You can add address and health tracer's name
- Requiring a full clinical examination (6month visit)
- Repeat visit (chronic, immunisation, family planning)
- Consultation by doctor
- Collection of medication – CCMDD facility based

Attended: The last column should reflect if the patient attended (✓) of if the patient defaulted (x)

<u>What is the procedure when a patient misses their scheduled appointment date?</u>

The patient should be informed that should they miss their scheduled date:

Their record will be filed back in the main filing area after five working days

Should they come within five working days after their scheduled date, they will be consulted after all the patients allocated to that time slot have been consulted, even if they arrive first.

The patient will need to wait in the queues.

Should the patient arrive *after five working days*, they will need to follow the normal process of retrieving their files, wait for vital signs and be consulted in a vacant time slot.

<u>How will an appointment system work in a single room and single nurse clinic?</u>

- Chronic stable patients for medicines collection should be scheduled between 07h30 and 08h30 or between 15h00 and 16h00.

- Well-baby clinic, immunisation, post-natal visits and follow-up antenatal visits should be scheduled for the 1st 2 hours (8h30-10h30).
- Patients with acute episodic illness, antenatal first visits and patients for chronic prescription six month review should be scheduled between 10h30 and 14h00.
- Family planning and other preventive services should be offered between 14h30 and 16h00.
- Emergencies should be consulted at any time.

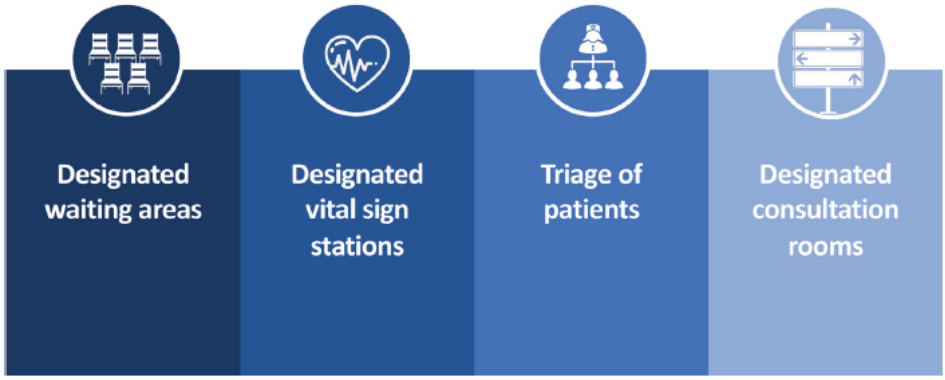
Ensure co-ordination of appointments, for example, a mother coming for a chronic appointment but also needing her baby to be immunised, should be given one appointment.

Patient defaulting on appointments

In order to improve the outcome of patients (chronic patients, ensure healthy mothers and babies, reduce unwanted pregnancies and prevent childhood infections) it is important that patients adhere to their appointment schedule.

Patients who miss appointments should be referred to the adherence counsellors to encourage and motivate them.

- A patient who does not return to the facility without informing the CHC within seven days of their scheduled appointment should be considered a defaulter.
- This patient's medication should be unpacked and re-distributed within the medication stock for supply to other patients.
- The patient's name, surname, physical address and mobile number should be retrieved from the patient's file and entered into the home based carers register with a comment- defaulter requiring follow-up.
- Home based carers should then visit the patient's home to discover the reasons for the default of the appointment and motivate the patient to return to the facility for further assessment.



Annexure 39: Pre-dispensing of chronic medication

- Two days prior to the patient's appointment, the patient's clinical records and scheduling list should be provided to the allocated professional nurse for chronic patients or the pharmacist's assistant, where available.
- The designated professional should pre-dispense (phase 1 and 2 of the dispensing process) the chronic medicine according to the prescription.
- The medicine should be packed in a brown bag or opaque plastic bag, where available.
- A sticker with the patient's name and file number should be placed on the external part of the bag.
- The bag should be sealed to avoid tampering. The bags can be opened when validation takes place upon issuing the medicine to the patient.
- Once the medicine has been pre-dispensed (phase 1 and 2), depending on the allocation of the patient, the medicine parcels should be placed in the medicine cupboard in alphabetical order, in the relevant consultation room, or kept in the dispensary if it is to be issued by a pharmacist's assistant.

Annexure 40: Example of a tool for acknowledging receipt of chronic medication by patient

TOOL FOR ACKNOWLEDGING RECEIPT OF CHRONIC MEDICATION BY PATIENT					
Name and surname					
CHC file number					
Identity number or date of birth					
Month in schedule					
Date of medicine delivery					
Dispenser's signature (to be completed after checking, packing and labeling packet)					
Community health worker's signature upon receipt of medicine (sealed bag)					
Patient's signature on opening of sealed bag and checking medicine					
Medicine not delivered					

Annexure 41: School health service referral letter and follow-up assessment form

REFERRAL LETTER TO HEALTHCARE PROVIDER

Basic Education
Health

Date: _____

Dear colleague

Re: Referral for further assessment

During routine health screening it was found that _____

may have a problem with _____

_____

_____

_____and may require further assessment.

[Add findings in as much detail as possible from school health screening form e.g., Visual screening left eye 6/18 - Severe visual problem in the space provided above]

Kindly complete the attached follow up form indicating the outcomes of the assessment for attention of the school principal.

Yours sincerely

_____ _____

SIGNATURE (School Health Nurse) PRINT NAME

School Health Stamp

FOLLOW UP ASSESSMENT FORM

Basic Education
Health

Date: _____

Name of CHCc: _____

Name of health provider: _____

Designation (e.g. Prof Nurse) _____

Contact number: _____

Dear Sir / Madam

FOLLOW UP OF HEALTH ASSESSMENT

The following learner _____was referred for further assessment as a result of the Integrated School Health Screening Programme.

Further assessment conducted ***Yes / No (tick whatever applicable).***

The child must return to the CHC for further treatment on _____ *(add date).*

Care and support at school level

The school can assist the child in the following ways:

[Add simple interventions e.g. sit at the front of the class for vision problems]

_____

_____

_____

_____

Please do not hesitate to contact the CHC/private healthcare provider should you require additional information at_____ (add contact numbers)

Yours sincerely

_____

NAME AND SIGNATURE OF HEALTH PROFESSIONAL

School Health Stamp

Annexure 42: Example of a register of learners referred from school health teams

REGISTER OF LEARNERS ASSESSED WHICH WERE REFREED BY SCHOOL HEALTH

Name of health facility: _____

Month and year: _____20_____

Name and surname of learner	Grade	Name of school	Reason for referral	Referral date	Date learner seen at facility	Date feedback provided to school health teams

Annexure 9: Referral and back referral form for WBPHCOT

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Referral Form (from outreach team to provider)

A person has been referred to your service by a member of the outreach team working in your ward. Community healthcare workers are mandated by the National Department of Health to identify community members in need of primary health and social services. Thank you for seeing this client, we look forward to working together for improved health and welfare for all South Africans.

Client referred to *(facility name)*	Date referral is made	Ward No

Name of CHW referring client	Outreach team leader name

Contact number for CHW											Team leader contact number										

Client details													
Client address											Client name and surname		
											Date of birth *(dd/mm/yyyy)*	Age	Gender
Client contact telephone number													

Referred to CHC *(Tick all that apply)*							
MCHW		**Under 5**		**Treatment related problems**		**Other**	
	Antenatal care		Newborn care		TM symptoms		Other health problems (specify below)
	Postnatal care		Low birth weight		STI testing		
	Pregnancy test		Immunisation		Mental health		
	Family planning		Vitamin A		Treatment adherence		
	Emergency contraception		Persistent diarrhoea		Chronic health problem		
	Cervical contraception		Pneumonia		Chronic health problem		
	PCR test for infants		Nutritional/growth problems		HCT		
					CD4 test		
					OIs		

Referred to social services (tick all that apply)				**Referred for home-based care (Please write condition that needs home care)**
	Child-headed household		Protection services	
	Food support		Grant support	
	Other (specify in box below)		Mental health	
			Support groups	
			Housing	
			Vital documents	

Provide a brief explanation for the referral *(Include place client is being referred if not above and reason for referral)*
Please complete Back-referral Form on the other side of this paper so we can ensure follow-up care. Please contact the outreach team leader noted on this form if you have any further questions regarding this referral.
Signed_____ Date_____

Back-referral Form (from provider to outreach team)

health Department: Health REPUBLIC OF SOUTH AFRICA	
This client was seen by *(provider name)*	Date client seen *(dd/mm/yyyy)*
Facility name	Facility telephone number
Name of referring CHW	Name of team leader
Client details	
Client name and surname	Telephone number
Findings (include diagnosis with patient consent)	
Actions taken (including medicines given/prescribed if relevant)	
Follow-up actions to be monitored or completed by CHW	
Please send client back to this provider on/by_____ for further follow-up *(dd/mm/yyyy)*	
Signature	Date *(dd/mm/yyyy)*

Annexure 44: Checklist for element 57: Facility refers environmental health related risks to environmental health services

Use the checklist below to check whether the facility has access to and refers environmental health risks to environmental health services

Scoring - in column for score mark as follows:

Y (Yes) = if available and compliant; **N** (No) = if not available or not compliant

Item	**Score**
Contact details of the environmental health services is available at the facility	
No stagnant water outside the perimeters of the facility	
No overgrown vegetation outside the perimeters of the facility	
No litter outside the perimeters of the facility	
Total	
Score (Total ÷ 4)	

Annexure 45: Checklist for element 58: The ICSM compliant package of clinical guidelines is available in all consulting rooms

Use the checklist below to check the availability of ICSM compliant package of clinical guidelines

Scoring - in column for score mark as follows:

Check – randomly select consulting rooms in the areas as indicated

Y (Yes) = present, **N** (No) = not present, **NA** (not applicable) = if the facility does not have the service area

Item	Score 8 hour service	Score 24 Hour Emergency unit	Score MOU
Adult Primary Care guide (APC) – 2019 or Practical Approach to Care Kit (PACK), 2019			
Integrated Management of Childhood Illness Chart Booklet, 2019			
Standard Treatment Guidelines and Essential Medicines List for Primary Health Care, 2020			
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Adults, 2019 **(only in consulting room used by the doctor)**			
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Paediatrics, 2017 **(only in consulting room used by the doctor)**			
Newborn Care Charts Management of Sick and Small Newborns in Hospital SSN Version 1,- 2014 **(only in consulting room used by the doctor)** (under review**)**			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Total ÷ Total maximum possible score)			

* Guidelines can also be available electronically or via apps

Annexure 46: Checklist for element 59: National guidelines on priority health conditions are available in the facility

Use the checklist below to check the availability of national guidelines

Scoring - in column for score mark as follows:

Check - whether a copy of the guidelines and policies are available in an office that is accessible to staff at the areas as indicated

Y (Yes) = signed; **N** (No) = did not sign; **NA** (not applicable) = if the facility does not provide the service or has the area

Item	Score
Child, Youth and School Health	
South African Infant and Young Child feeding Policy (2013) (updated with circular in 2017)	
Non-Communicable diseases	
National User Guide on the Prevention and Treatment of Hypertension in Adults at PHC Level (2021)	
HIV	
Antiretroviral Treatment Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2019)	
National HIV Testing Services Policy (2016)	
National Medical Male Circumcision Guidelines (2016)	
Standard Operating Procedures for Adherence Guidelines for HIV, TB and NCD (2020)	
National guidelines for the management of Viral Hepatitis (2019)	
TB	
National Tuberculosis Management Guidelines (2014)	
National Guidelines for the Management of Tuberculosis in Children (2013)	
Management of Rifampicin Resistance - A Clinical Reference Guide (2019)	
Women, Maternal and Reproductive Health	
Guidelines for Maternity Care in South Africa (2016)	
Cervical Cancer Prevention and Control Policy (2017)	
Clinical Guidelines for Breast Cancer Control and Management (2019)	
National Contraceptives clinical guidelines (2019)	
National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020)	
Maternal, Perinatal and Neonatal health policy (2021)	
Clinic Guideline for Genetics Services (2021)	
National Clinical Guidelines for Safe Conception and Infertility (2021)	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

*** Guidelines can also be available electronically or via apps**

*** Check that the most current guidelines are used.**

Annexure 47: Checklist for element 62: SOP for handing over between shifts

Use the checklist below to check whether the SOP covers the topics as listed

Scoring –in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility does not have the service area

Item	Score MOU	Score 24 hour Emergency unit
Procedure describes who must conduct the handovers		
Describe the handover process (is it face to face/documented)		
Minimum details to be provided at handover (summary of patient condition, procedure and treatment required)		
When handovers should take place (frequency)		
Total		
Total maximum possible score (sum of all scores minus those marked NA)		
Score (Total ÷ Total maximum possible score)		

Annexure 48: Checklist for element 63: SOP for safe administration of medicine

Use the checklist below to check whether the SOP covers the topics as listed

Scoring –in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Check validity of prescription before administration	
Verification of medicine to be administered	
Route of administration	
Parental medicine	
Schedule 5 and 6 administration	
Reporting of medication errors	
Recording of medication administration	
Total	
Score ÷ 7	

Annexure 49: Checklist for element 64: SOP for informed consent is available

Use the checklist below to check whether the SOP covers the topics as listed

Scoring –in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Signatory providing consent must be legally entitled	
Exact nature of the procedure or treatment must be communicated to the patient	
Patient's full names must appear on the consent form	
Age/date of birth or identity number of patients must be reflected on the consent form	
Consent form must be signed by the health care provider who will perform the procedure	
The consent form must be dated	
All entries on the form must be legible	
Total	
Score ÷ 7	

Annexure 50: Checklist for element 65: SOP for identification of patients is available

Use the checklist below to check whether the SOP covers the topics as listed

Scoring –in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Procedure for identification including determination of correct information	
Method of identification (e.g. wrist band) and information to be included (name, surname, telephone number, allergies)	
Applying the identification band/item	
Removal of identification band/item	
Specific precautions for managing at risk patients such as babies and intellectually challenged patients	
Total	
Score ÷ 5	

Annexure 51: Example of a register for nurses trained on Basic Life Support

Record all the staff members' names and surnames in the register. Record the date the first training was conducted. Ensure that follow-up training is conducted every two years.

Keep a copy of the certificate obtained in a file together with the register

Staff name and surname	Persal number	Designation	Date of training	Date of update in 2 years	Date of update in 2 years	Date of update in 2 years
Nursing staff						

Annexure: 52: Checklist for element 69: Professional nurses at the facility are trained on BANC Plus

Use the checklist below to check whether professional nurses are trained in BANC Plus

Scoring –in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = if the facility does not have the service area

Item	Score
50% of nurses are trained on BANC Plus in the 8 hour service area	
50% of nurses are trained on BANC Plus in the 24 hour Emergency unit	
80% of nurses are trained on BANC Plus in the MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 53: Checklist for element 69 - Facility/district SOP for patient safety incident reporting and learning is available

Use the checklist below to check whether the SOP covers the aspects as listed

Scoring –in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available

Item	Score
Terms of reference of the patient safety committee which reviews PSIs is clearly documented	
Designation of members of the committee	
Identifying patient safety incidents	
Immediate action	
Prioritisation	
Notification	
Investigation	
Classification	
Analysis	
Implementation of recommendations	
Learning	
Total	
Score ÷ 11	

Annexure 54: Patient Safety Incident reporting form

Section A: (notification) - to be completed by the staff who witnessed the incident that occurred. Submit section A and B to next level for notification for SAC 1 incidents.

Section B: (Account of the event by patient, staff or other witnesses) – to be completed by staff, patients or other that were directly involved while the incident took place.

Section C: (investigation) - to be completed by investigator(s) of the incident, in most cases this would be the manager(s) of section where the incident took place.

SECTION A – Notification of event

Ref no:

1. Date PSI identified						**2. Time PSI identified**					
3. Event identified by	Reported by health professional	Research studies	Patient experience of care surveys	Inpatient medical review	Review of record on follow-up	External sources			Safety walk rounds	Focused teams	Use of data
						Complaints	Media	Public			
4. Provide a short overview of the Patient Safety Incident											
What happened/went wrong?											
What is the initial outcome or harm?											
5. Describe immediate actions taken to minimise harm											
What action was taken to minimise harm?											

Who led that action?
What was the outcome of the minimising action?

6. Provide a description of communication and escalation (initial disclosure)

What and how was the incident communicated with patient? (if appropriate)
What and how was the incident communicated with patient's family? (if appropriate)
What and how was the incident escalated to management within the facility? (if appropriate)

7. Type of patient safety incident (PSI): Mark with an X (review this once the investigation has been finalised)

No harm	Near miss	Harmful (Adverse Event)

8. SAC rating: Mark with an X	**1 Serious**	**2 Moderate**	**3 Minor**	**4 None**	**9. Date SAC 1 reported to next level**		**11. No of days to report PSI with SAC = 1**	
					10. Time SAC 1 reported to next level			

12. Patient and ward information		**13. Staff witnesses**		
Patient name and surname		Name and surname	Contact detail	Department
Patient file number				
Patient Id number				

Location (department/ward)				
Age				
Gender				
Final diagnosis				
Number of patients in the ward/head count				
Name of facility patient was referred from (where applicable)				
Name of facility patient was down referred to (where applicable)		**14. Number of staff on duty**		
Compiled by:	**Designation:**	**Signature:**		**Date:**

SECTION B- Account of the event by patient, staff or other witnesses

1. Account by staff, patient or significant other: (Add sections for additional statements and information as needed)
Account 1:

Account 2:			
Compiled by:	**Designation:**	**Signature:**	**Date:**

SECTION C – Investigation including classification

1. Classification according to incident type – mark appropriate one with an X			
1.Clinical administration	**3. Healthcare-associated infections**	**5. Blood and blood products**	**8. Patient accidents and self-inflicted injury**
Medical procedure performed without valid consent	Central line associated Blood Stream Infection	Acute transfusion reactions	Falls – Bedside
			Falls – Toilet/bathroom
Communication/ confidentiality	Non-device related (Primary) blood line blood infection	Delayed transfusion reactions/ events (including Transfusion Transmitted Infections)	Falls – Stretcher
			Falls – Therapeutic equipment
Patient incorrectly identified and recorded	Peripheral line blood infection	Errors- wrong blood/ blood products	Patient injury
Missing patient record	Surgical site infection	**6. Medical device/equipment**	Self-inflicted injury
	Hospital acquired pneumonia	Not available	Suicide

Unclear/ ambiguous/ illegible/ incomplete information in patient record	Ventilator associated pneumonia	Failure / malfunction	Attempted suicide
	Catheter associated urinary tract infection	Not used correctly	**9. Pressure ulcers acquired during/after admission**
	Communicable diseases		
2. Clinical process/ procedure	**4. Medication / IV fluids**	Incorrect medical device/ equipment used	Grade I
Not performed when indicated	Incorrect dispensing	**7. Behaviour**	Grade II
Performed on wrong patient	Omitted medicine or dose	Sexual assault by staff member	Grade III
Clinical procedure errors	Medicine not available	Sexual assault by fellow patient or visitor	Grade IV
Surgical procedure errors	Adverse drug reaction	Physical assault by staff member	**10. Infrastructure/ Buildings/ Fixtures**
Clinical treatment error (incorrect clinical management)	Incorrect medicine	Physical assault by fellow patient or visitor	Damaged/ faulty/ poor maintenance
	Incorrect dose/ strength administered		Non-existent
Clinical assessment error (Missed, delayed, wrong)	Incorrect patient	Exploitation, verbal abuse, aggression, neglect or degrading treatment by fellow patient or visitor	Inadequate/inappropriate
	Incorrect frequency		Back-up electricity not functional/available
	Incorrect route		Back-up water supply not available
Failure to act on test results or report	Prescription error	Exploitation, verbal abuse, aggression, neglect or degrading treatment by staff member	**1. Laboratory / Pathology**
Performed on wrong body part/ site/ side	Incorrect dispensing label		Delayed laboratory results
Retention of foreign object during surgery	Medicine expired	Patient abscond	Processing error by laboratory
	Incorrect technique	Missing patient	Incorrect labelling of results
	Inappropriate polypharmacy	Abscond while under 72-hour observation	**12. Other**
			Any other incident that does not fit into categories 1 to 11

2. Framework for root cause analysis and implementation of action plans

a. Contributing factors – Mark with an X

1. Staff	Lack of knowledge of clinical processes/ guidelines/ protocols	Human error- clinical	Human error - Admin	Risky/reckless behaviour	Communication Factors	Condition/ disease related factor	Social factors	Leadership

2. Patient	Behaviour	Communication factor	Condition/ disease related factor	Social factors				
3. Work/ environment	Physical environmental / infrastructure	Remote/ long distance from service	Equipment (faulty due to no maintenance)	Consumables	Environmental risk	Current Code/ specifications/ regulations	Security/ safety	
4. Organisational/ service	Clinical Protocols/ policies/ procedures not available/ up to date/ approved	Non - Clinical Protocols/ policies/ procedures not available/ up to date/ approved	Organisational management/ decisions/culture	Organisation of teams	Staffing	Political unrest	Package of service	Bed utilisation
5. External	Natural event or disaster	Equipment, products malfunctioning due to manufacturer's fault	Services, systems and policies of external providers	Delays in emergency medical services transport				
6. Other	Not specified in classification 1 to 5							

b. Root cause analysis - These are the most fundamental underlying factors contributing to the incident that can be addressed

Contributing factor	Describe the factor that contributed to the event	Describe the action plan to rectify the identified problem	Person responsible for implementing the action plan	Date for implementation

3. Findings and recommendations of the investigation

What were the key findings (why did the incident occur)?

What are the key recommendations? (Note: Recommendations should address all the root causes and lessons learned, be designed to significantly reduce the likelihood of recurrence and/or severity of outcome; be clear and concise and kept to a minimum wherever possible; be Specific, Measurable, Achievable, Realistic and Timed (SMART) so that changes and improvements can be evaluated; be prioritised wherever possible; be categorised as: those **specific** to the area where the incident happened; those that are **common** only to; the organisation involved; those that are **universal** to all and, as such, have provincial/district significance.)

4. Type of behaviour according to Just Culture: mark with a X	No error	Human error	At–risk behaviour	Reckless behaviour

5. Provide a description of final communication to patient/family (final disclosure)
What and how was the incident communicated with patient? (if appropriate)
What and how was the incident communicated with patient's family? (if appropriate)

6. Date of closure of PSI case		7. No days to close PSI case		8. Type of closure: mark with an X	PSI case concluded	Litigation	Referred to labour relations

9. Patient outcome according to degree of harm: Mark with an X									
	No harm	Mild	Moderate	Severe	Neonatal trauma	Obstetric trauma	No longer classified as a PSI after investigation		
	Child death under 5 years	Child death 5 years and above	Adult death	Neonatal death	Maternal death	Still birth	Deaths due to hospital associated venous thromboembolism	Deaths due to health care associated sepsis	Perioperative death (30 days after surgery)

10. Organisational outcome: Mark with an X							
	Property damage	Increased length of stay	Admission to special care area (e.g., high care or ICU)	Additional treatment/tests	Additional staff required	Additional equipment required	Media attention
	Formal complaint	Damaged reputation	Legal ramifications	None	Other	No longer classified as a PSI after investigation	

Compiled by:	Designation:	Signature:	Date:

Annexure 55: Patient Safety Incident (PSI) register

HEALTH ESTABLISHMENT NAME: _____ MONTH/YEAR_____

Ref No.	Date and time of incident	Patient's name and surname	Age	Gender	Location (ward/ department/ area)	Type of PSI	SAC score	Reporting date of SAC 1 incidents	Number of working days to report SAC 1 incident	Summary of incident	Finding (all incidents) and recommendations by Patient Safety Committee	Class according to incident type	Class according to contributing factor	Patient outcome	Organisational outcome	Date PSI closed	Type of closure	# of working days to close PSI	Type of Behaviour

Annexure 10: Records for statistical data on Patient Safety Incident

Statistical data on classification for agents (contributing factor)

Establishment Name/Province:	**Financial Year:** Q=Quarter																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOT	AVG	% *
1.Staff factors																			
Lack of knowledge of clinical processes/guidelines/protocols																			
Human error – clinical																			
Human error – administrative																			
Risky/reckless behaviour																			
Communication factors																			
Condition/disease related factors																			
Social factors																			
Leadership																			
2. Patient factors																			
Behaviour																			
Communication factors																			
Condition/disease related factors																			
Social factors																			
3. Work/environment factors																			
Physical environment/ infrastructure																			
Equipment																			
Consumables																			
Remote/long distance from service																			
Environmental risk																			
Security/safety																			
Current code/ specifications/regulations																			
4.Organisational/service factors																			
Clinical protocols/policies/ procedures																			
Non-clinical protocols/policies/ procedures																			
Organisational management/decisions/ culture																			
Organisation of teams																			
Staffing																			
Political unrest																			
Package of service																			
Bed utilisation																			
5. External factors																			
Natural event or disaster																			
Equipment/products malfunctioning due to manufacturer's fault																			
Services, systems and policies of external providers																			
Delays in emergency medical services transport																			

6. Other																			
Other																			
GRAND TOTAL																			

Total of contributing factors in Column Q ÷ Grand Total of Column Q

Statistical data on classification according to type of Incident

Establishment Name/Province:	Financial Year: *Q=Quarter																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Type	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOT	AVG	% *
1.Clinical administration																			
Medical procedure performed without valid consent																			
Communication/confidentiality																			
Patient incorrectly identified and recorded																			
Missing patient record																			
Unclear/ambiguous/illegible/incomplete Information in patient record																			
2. Clinical process/procedure																			
Not performed when indicated																			
Performed on wrong patient																			
Clinical procedure errors																			
Surgical procedure errors																			
Clinical treatment error																			
Clinical assessment error																			
Failure to act on test results or reports																			
Performed on wrong body part/site/side																			
Retention of foreign object during surgery																			
3. Healthcare-associated infections																			
Central line associated blood stream infection																			
Non-device related (Primary) blood stream infection																			
Peripheral line blood stream infection																			
Surgical site infection																			
Hospital acquired pneumonia																			
Ventilator associated pneumonia																			
Catheter associated urinary tract infection																			
Communicable diseases																			
4. Medication/ IV fluids																			
Wrong dispensing																			
Omitted medicine or dose																			
Medicine not available																			
Adverse drug reaction																			
Wrong medicine																			
Wrong dose/strength administered																			
Wrong patient																			
Wrong frequency																			
Wrong route																			
Prescription error																			
Incorrect dispensing label																			
Medicine expired																			
Incorrect technique																			

Inappropriate polypharmacy																			
5. Blood or blood products																			
Acute transfusion reactions																			
Delayed transfusion reactions/ events																			
Errors- wrong blood/ blood products																			
6. Medical devises/equipment/ property																			
Not available																			
Failure/malfunction																			
Not used correctly																			
Incorrect medical device/equipment used																			
Not available																			
Failure/malfunction																			
7. Behaviour																			
Sexual assault by staff member																			
Sexual assault by fellow patient or visitor																			
Physical assault by staff member																			
Physical assault by fellow patient or visitor																			
Exploitation, verbal abuse, aggression, neglect or degrading treatment by fellow patient or visitor																			
Exploitation, verbal abuse, aggression, neglect or degrading treatment by staff member																			
Missing patient																			
Patient abscond																			
Abscond while under 72-hour admission																			
8. Patient accidents and self-inflicted injury																			
Falls – Bedside																			
Falls – Toilet/bathroom																			
Falls – Stretcher																			
Falls – Therapeutic equipment																			
Falls – Other																			
Patient injury																			
Self-inflicted injury/self-harm																			
Suicide																			
Attempted suicide																			
9. Pressure ulcers acquired during/after admissions																			
Grade I																			
Grade II																			
Grade III																			
Grade IV																			
10. Infrastructure/ buildings/ fixtures																			
Damaged/faulty/worn																			
Non-existent																			
Inadequate/inappropriate																			
Back-up electricity not functional/available																			

Back-up water supply not available																			
11. Laboratory / Pathology																			
Delayed laboratory results																			
Processing error by laboratory																			
Incorrect labelling of results																			
12. Other																			
Any other incident that does not fit into category 1 to 11																			
GRAND TOTAL																			

** Total of type in Column Q ÷ Grand Total of Column Q*

Statistical data on classification according to incident outcome

ORGANISATIONAL OUTCOME																			
Establishment Name/Province:	**Financial Year:** Q=Quarter																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOT	AVG	%*
Property damage																			
Increased length of stay																			
Admission to special care area (e.g. high care or ICU)																			
Additional treatment/tests																			
Additional staff required																			
Additional equipment required																			
Media attention																			
Formal complaint																			
Damaged reputation																			
Legal ramifications																			
None																			
No longer classified as a PSI after investigation																			
Other																			
GRAND TOTAL																			

** Total of outcome in Column Q ÷ Grand Total of Column Q*

Statistical data on indicators for patient safety Incidents

Name of establishment/province: _____

Financial Year: _____

Column Name	A	B	C	D	E	F	G	H
Month:	# PSI cases	#PSI cases closed	% PSI cases closed (Column B/ Column A)	# PSI cases closed within 60 working days	% of PSI cases closed within 60 working days (Column D/ Column B)	# PSI SAC 1	# SAC 1 incidents reported within 24 hours	%of SAC 1 incidents reported within 24 hours (Column F/ Column G)
April								
May								
June								
Quarter 1								
July								
Aug								
Sept								
Quarter 2								
Oct								
Nov								
Dec								
Quarter 3								
Jan								
Feb								
March								
Quarter 4								
TOTAL								
AVG								

Annexure 57: Checklist for element 75 - Patient safety incident management records show compliance to the national guideline for patient safety incident reporting and learning

Use the checklist below to check the availability of records required for the effective management of /Patient Safety Incidents

Scoring –in column for score mark as follows:

Check –patient safety records for the past three months.

Note:

- In cases where no incidents occurred in the past three months. The *Patient Safety Incident Compliance* report for the facility as generated from the national web-based information system must show 100% compliance for "Null" reporting for the facility for the past 3 months, facility then score 'NA'.

Y (Yes) = available, **N** (No) = not available or *Compliance* report does not show 100% for "Null" reporting, **NA** (Not Applicable) = if facility did not record and patient safety incidents in the past three months

Item	Score
Patient Safety Incident Register	
Completed Patient safety incident form with investigation report is available for all patient safety incident cases that have been closed	
Statistical report for classifications of agents involved	
Statistical report for classifications of incident type	
Statistical report for classifications of incident outcome	
Statistical report for Indicators for patient safety incidents	
Total	
Total maximum possible score (sum of all scores minus those	
Score (Total ÷ Total maximum possible score)	**%**

Annexure 58: Checklist for element 78 - Clinical audits are conducted annually on priority health conditions

Use the checklist below to check whether clinical audits are conducted for all the priority health conditions annually

Scoring - In column for score mark as follows:

Y (Yes) = audit conducted, **N** (No) = audit not conducted if the condition has not been audited in the current financial year as the next due date for audit is still to come; assess the previous financial year's records for that condition, **NA** (Not applicable) = if the facility does not provide treatment for the specific health condition.

Item	Score
HIV/TB	
NCD (diabetes and hypertension)	
Maternal health (ANC &PNC)	
Well baby	
Sick child (IMCI)	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 11: Checklist for element 79: 80% of records audited are compliant

Use the checklist below to check whether 80% of the records that were audited for the priority health conditions are compliant according to defined measures

Scoring - In column for score mark as follows:

Y (Yes) = scored 80% or more, **N** (No) = scored less than 80%. Audit the current financial year records, if the condition has not been audited in the current financial year as the next due date for audit is still to come; assess the previous financial year's records for that condition. **NA** (Not applicable) = if the facility does not provide treatment for the specific health condition.

Item	Score
HIV/TB	
NCD (diabetes and hypertension)	
Maternal health (ANC &PNC)	
Well baby	
Sick child (IMCI)	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 60: Notifiable Medical Conditions

Notifiable medical conditions (NMC) to be reported by health facilities are those diseases that are important to public health because they pose significant risks that can result in disease outbreaks or epidemics with high facility rates nationally and internationally. Notification of certain medical conditions in South Africa is based on the Health Act, 1977 (Act No. 63 of 1977: Regulation 1434: Regulation relating to the surveillance of the control of notifiable medical conditions. Regulations on Notifiable Medical Conditions prescribe the diseases in South Africa that need to be notified by every health care provider and how soon after clinical diagnosis this information is required for each condition to break the cycle of transmission. This section provides a summary of the reporting system.

a. Why notify?

- International Health Regulations (IHR) and the South African National Health Act require rapid detection, notification and prompt risk assessment of public health risks to enable timely and targeted public health response.
- Notifications serve as early warning signs for possible outbreaks hence enable efficient public health actions to contain or prevent such outbreaks.
- Notifications provide empirical data required to monitor disease distribution and trends and identify populations at risk, and for policy decisions.

b. Who should notify a Notifiable Medical Condition (NMC)?

Every doctor or nurse (health care provider) who diagnoses a patient with any one of the NMC.

c. Where to obtain information on how to report NMC?

The National Standard Operating Procedure *with flow chart, case definitions and case investigation forms are available from www.health.gov.za. The NMC Notification booklet from the NMC focal person at the province/district.*

d. What and when to report NMC?

NMCs are categorised into four categories, i.e. category 1, 2, **3 and 4**. See **Table 41.**

NMCs reported by health facilities:

Category 1 NMC are conditions that require **immediate reporting by the most rapid means available** upon clinical or laboratory diagnosis followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by health care providers.

Category 2 NMC are conditions that must be **notified through a written or an electronic notification** to the Department of Health within 7 days of diagnosis.

NMCs Reported by private and public laboratories:

Category 3 and 4.

Categories of NMCs

Category 1 NMC	Category 2 NMC
Acute flaccid paralysis	Agricultural or stock remedy poisoning
Acute rheumatic fever	Bilharzia (schistosomiasis)
Anthrax	Brucellosis
Botulism	Congenital rubella syndrome
Cholera	Congenital syphilis
Food borne illness outbreak	Diphtheria
Enteric fever (typhoid or paratyphoid fever)	Enteric fever (typhoid or paratyphoid fever)
Malaria	*Haemophilus influenzae* type B
Haemolytic uraemic syndrome	Hepatitis A
Listeriosis	Hepatitis B
Measles	Hepatitis C
Meningococcal disease	Hepatitis E
Pertussis	Lead poisoning
Plague	Legionellosis
Poliomyelitis	Leprosy
Rabies (human)	Maternal death (pregnancy, childbirth and puerperium)
Respiratory disease caused by a nove respiratory pathogen	Mercury poisoning
Rift valley fever (human)	Pertussis
Smallpox	Soil-transmitted helminth infections
Viral haemorrhagic fever diseases	Tetanus
Waterborne illness outbreak	Tuberculosis: pulmonary
Yellow fever	Tuberculosis: extra-pulmonary
	Tuberculosis: multidrug-resistant (MDR-TB)
	Tuberculosis: extensively drug-resistant (XDR-TB)
Category 3 NMC	**Category 4 NMC**
Ceftriaxone-resistant Neisseria gonorrhoea	Carbapenemase-producing Enterobacteriaceae
West Nile virus, Sindbis virus, Chikungunya virus	Vancomycin-resistant enterococci
Dengue fever virus other imported arboviruses of medical importance	Staphylococcus aureus: hGISA and GISA
Salmonella spp. other than S. typhi and S. paratyphi	Colistin-resistant Pseudomonas aeruginosa
Rubella virus	Colistin-resistant Acinetobacter baumanii
Shiga toxin-producing Escherichia coli	Clostridiode difficile
Shigella spp	

a. How to report NMC?

Reporting can be done either via a paper based or an electronic notification.

Paper based notification

- Complete the NMC Case Notification Form which may be found on the NICD website.

- Send the NMC Case Notification Form to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638 or send a photograph by sms, Whatsapp, email or fax to the NMC hotline 072 621 3805. .
- Send a copy to the NMC focal person at Sub-District/District (details given on the NMC Notification booklet cover page).
- The NMC Focal Person at health facility level or Sub-District must ensure that the forms are captured electronically.

OR

Electronic notification via the NMC APP

- On the NICD webpage (www.nicd.ac.za) find the Notifiable Medical Conditions page. Follow the instructions to download the application (APP) onto your smartphone or open the APP on your laptop or PC.
- Follow the registration process. You will need to provide a HPCSA registration number (medical practitioner) or a SANC registration number (professional nurse).
- Capture the NMC case details onto the NMC APP using the patient's file and laboratory results (if available).
- The notification will automatically be sent via the APP to all relevant focal persons at facilities, Sub-District, District, Province & National levels. Category 1 conditions will be notified to focal persons by SMS to ensure immediate response.

Annexure 61: Checklist for element 81 - National guidelines are followed for all notifiable medical conditions

Use the checklist below to determine whether the National guidelines are followed for all notifiable medical conditions

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Notifiable Medical Conditions booklet available or have access to the web-based application to report Notifiable Medical Conditions	
All notifiable diseases are reported using the prescribed form or the web-based application	
Proof of submission of completed forms available	
Total	
Score (Total ÷ 3)	

Annexure 62: Checklist for element 82 - SOP for the management of patients with highly infectious diseases is available

Use the checklist below to check whether the topics as listed are described in the SOP

Scoring – in column for score mark as follows:

Y (Yes) = present; **N** (No) = not present

Item	Score
Room identified or dedicated area to isolate patients with suspected highly infectious disease.	
Procedure for terminal cleaning of the identified room to isolate patients with suspected highly infectious disease is detailed	
Personal Protective equipment required for treatment of infectious patients and cleaning of the room is listed	
Total	
Score (Total ÷ 3)	

Annexure 63: Checklist for element 84: Facility has a functional Infection Prevention and Control programme

Use the checklist below to check whether the content of the SOP describes the items as listed

Scoring – in column for score mark as follows:

Y (Yes) = present; **N** (No) = not present

Item	**Score**
Facility has a designated staff member who is responsible for IPC	
Terms of reference of the IPC committee is available	
Designation of committee members is set out in the terms of reference	
IPC committee meet at a minimum quarterly (check attendance registers)	
Total	
Score (Total ÷ 4)	

Annexure 64: Checklist for element 85: SOP for standard precautions is available

Use the checklist below to check whether the content of the SOP describes the items as listed

Scoring – in column for score mark as follows:

Y (Yes) = present; **N** (No) = not present

Item	**Score**
Hand hygiene	
Personal Protective Equipment	
Patient placement	
Appropriate use of antiseptics, disinfectant and detergents	
Respiratory hygiene and cough etiquette	
Injection safety, prevention of injuries from sharp instruments, post-exposure prophylaxis, medical surveillance and medical surveillance	
Environmental cleanliness	
Health care waste management	
Decontamination of medical devices	
Handling of linen and laundry	
Principles of asepsis	
Total	
Score (Total ÷ 11)	

Annexure 65: Checklist for element 86 - All staff have received in-service training in the last two years on standard precautions that is in-line with the SOP

Use the checklist below to check whether staff has received in-service training on infection prevention and control in the past 2 years

Scoring – in column for score mark as follows:

Check – randomly select two health care professional and two cleaners from the facility's staff establishment. If the facility has less than four staff members on their staff establishment, check all the staff

Y (Yes) = staff member was trained; **N** (No) = staff member was not trained; **NA** (Not applicable) = if there are fewer than 4 staff members

Topics included in training	Healthcare Professional 1	Healthcare Professional 2	Cleaner 1	Cleaner 2
Healthcare professionals received training on:				
Hand hygiene				
Personal Protective Equipment				
Patient placement				
Appropriate use of antiseptics, disinfectant and				
Respiratory hygiene and cough etiquette				
Injection safety, prevention of injuries from sharp				
Environmental cleanliness				
Health care waste management				
Decontamination of medical devices				
Handling of linen and laundry				
Principles of asepsis				
Cleaners received training on:				
Hand hygiene				
Handling of linen and laundry				
Personal Protective Equipment				
Respiratory hygiene and cough etiquette				
Environmental cleanliness				
Health care waste management				
Total				
Total maximum possible score (sum of all scores minus those marked NA)				
Score (Total ÷ Total maximum possible score)				

Annexure 66: Poster – Hand wash technique

July 2020

How to wash your hands

- Wash visibly soiled hands with soap and water, otherwise use alcohol-based hand rub.
- Keep nails short and clean. Avoid artificial nails as they do not allow for adequate cleaning/disinfection.

Wash your hands for 40-60 seconds using steps below:

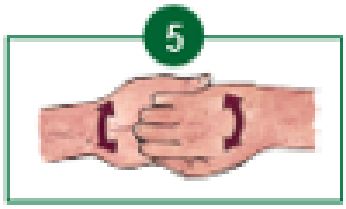
40-60 seconds

Wet hands in clean water and apply soap to palm.

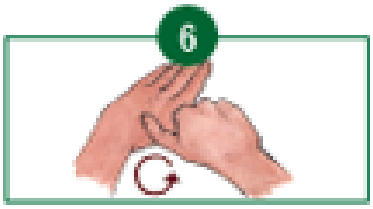
Rub palms together.

Place one hand over back of other, rub between fingers. Swap hands.

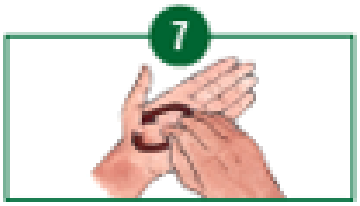
Rub fingers between each other.



Grip fingers and rub together.

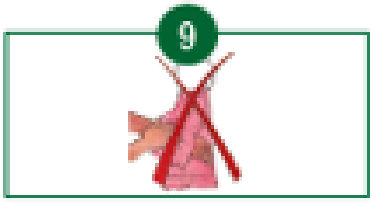


Rub each thumb with opposite palm. Swap hands.



Rub tips of nails against palm. Swap hands.

Rinse hands with water.



- Avoid shared towels.
- Dry using paper towel.
- Use paper towel to turn off tap.

Once dry, your hands are safe.

Source: NDoH. *Practical manual for implementation of the National Infection Prevention and Control Strategic Framework*. 2020
Adapted from the Infection Control Society of South Africa (ICSSA) and World Health Organization (WHO) and sponsored by the Knowledge Translation Unit (KTU).

Pires, D., Bellissimo-Rodrigues, F., Soule, H., Gayet-Ageron, A., & Pittet, D. (2017). Revisiting the WHO 'How to Handrub' Hand Hygiene Technique: Fingertips First? Infection Control & Hospital Epidemiology, 38(3), 333-335. doi:10.1017/ice.2016.241

Annexure 67: Poster – Alcohol-based hand rub technique

July 2020

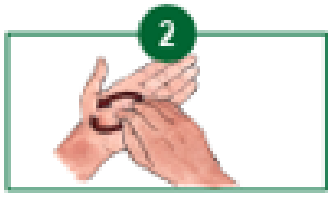
How to hand rub

- Use 70% alcohol-based hand rub (ABHR).
- If hands are visibly soiled, rather use soap and water.
- Keep nails short and clean. Avoid artificial nails as they do not allow for adequate cleaning/disinfection.

20 seconds

Clean your hands for at least 20 seconds using steps below:

- Apply palmful of ABHR to cupped hand.
- Use elbow to dispense where able.

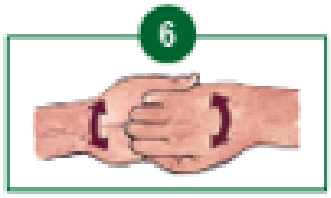


Rub tips of nails against palm. Swap hands.

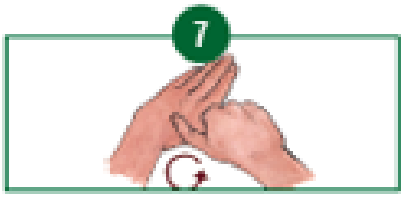
Rub palms together.

Place one hand over back of other, rub between fingers. Swap hands.

Rub fingers between each other.



Grip fingers and rub together.



Rub each thumb with opposite palm. Swap hands.

Once dry, your hands are safe.

Source: NDoH. *Practical manual for implementation of the National Infection Prevention and Control Strategic Framework*. 2020

Adapted from the Infection Control Society of South Africa (ICSSA) and World Health Organization (WHO) and sponsored by the Knowledge Translation Unit (KTU).

Pires, D., Bellissimo-Rodrigues, F., Soule, H., Gayet-Ageron, A., & Pittet, D. (2017). Revisiting the WHO "How to Handrub" Hand Hygiene Technique: Fingertips First? Infection Control & Hospital Epidemiology, 38(2), 230-232. doi:10.1017/ice.2016.241

Annexure 68: Checklist for element 87 - posters on hand hygiene is displayed

Use the checklist below to check whether the poster on hand hygiene is displayed

Scoring - In column for score mark as follows:

Check – Randomly select the areas as indicated

Y (Yes) = compliant, **N** (No) = not compliant, **NA** (not applicable) = if the facility does not have the service area

Area	Sub-area	Score Poster for hand hygiene technique displayed near the hand wash basin	Score Poster for alcohol-based hand rub technique displayed on a notice board (or wall where there is no notice board)
8 Hour Service area	Vital area		
	Consultation room		
	Rehabilitation treatment area		
	Oral health		
	Toilet 1 (3 streams of care)		
	Toilet 2 (3 streams of care)		
	Toilet in Rehabilitation treatment area		
	Toilet in Oral Health		
24 Hour Emergency Unit	Resuscitation		
	Consultation area		
	Observation area		
	Patient Toilet		
	Toilet for the disabled		
	Staff Toilet		
MOU	Antenatal ward		
	Delivery suite		
	Postnatal ward		
	Patient Toilet		
	Toilet for the disabled		
	Staff Toilet		
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Total ÷ Total maximum possible score)			

Annexure 69: Poster – Cough Etiquette

July 2020

Cover your cough and sneeze

DON'T

Don't cough or sneeze without covering your mouth and nose.

Cover your mouth and nose with a tissue and throw it away immediately after use.

DO

Cough or sneeze into your upper sleeve.

Cough or sneeze inside your shirt or top.

Wash your hands with soap and water immediately after coughing or sneezing.

health
Department: Health
REPUBLIC OF SOUTH AFRICA

Source: NDoH. *Practical manual for implementation of the National Infection Prevention and Control Strategic Framework*. 2020
Adopted from and sponsored by the Knowledge Translation Unit (KTU).

NDP 2030

Annexure 70: Checklist for element 89: Poster on cough etiquette is displayed in every waiting area

Use the checklist below to check whether the poster on cough etiquette is displayed in every main waiting area

Scoring - In column for score mark as follows:

Check – Randomly select the areas as indicated

Y (Yes) = compliant, **N** (No) = not compliant, **NA** (not applicable) = if the facility does not have the service area

Area	Sub-area	Score
8 Hour Service area	Waiting area at 3 streams of care	
	Waiting area at Rehabilitation treatment area	
	Waiting area at Oral health services	
24 Hour Emergency Unit	Waiting area at the 24 Hour Emergency Unit	
MOU	Waiting areas at the MOU	
Total		
Total maximum possible score (sum of all scores minus those marked NA)		
Score (Total ÷ Total maximum possible score)		

Annexure 71: Checklist for element 90: Staff wear appropriate personal protective clothing

Use the checklist below to check whether protective clothing is available and worn

Scoring - in column for score mark as follows:

Check – Randomly select the areas as indicated

Y (Yes) = available and worn, **N** (No) = not available or not worn, **NA** (not applicable) = if staff is not in a situation where they need to wear protective clothing at the time of the audit OR the facility do not have the area

Item	8 Hour Service Area				24 hour Emergency unit		MOU	
	Consultation rooms		Oral Health services					
	Score -stock available	Score - worn by staff	Score -stock available	Score - worn by staff	Score -stock available	Score - worn by staff	Score -stock available	Score - worn by staff
Gloves – non sterile								
Gloves – sterile								
Disposable gowns OR aprons								
Protective face shields OR goggles								
Surgical face masks								
N95 Respirators								
Total								
Total maximum possible score (sum of all scores minus those marked NA)								
Score (Total ÷ Total maximum possible score)								

Annexure 72: Checklist for element 91: The Linen in use is sufficient, clean, appropriately used and not torn

Use the checklist below to check whether the linen is sufficient, clean, appropriately used and not torn in the areas as indicated

Scoring - In column for score mark as follows:

Check – Randomly select the areas as indicated

Y (Yes) = compliant, **N** (No) = not compliant, **NA** (Not applicable) = if the facility has fewer areas than listed for review OR where the type of linen listed (cloth/disposable) is not used.

Item	8 Hour Service area		24 Hour Emergency Unit			MOU		
	Consultation Room 1	Consultation Room 2	Resuscitation	Consultation area	Observation area	Antenatal ward	Delivery suite	Postnatal ward
All examination couches are covered with linen								
Cloth linen (i.e. couch cover, two draw sheets, two sheets, two pillowcases) is available for each consultation room								
Disposable linen – at least 30 draw sheets per consultation room								
Linen is clean								
Linen is appropriately used for its intended purpose								
Linen is not torn								
Mattresses have a washable cover								
Mattress covers are clean								
Mattresses are intact								
Total								
Total maximum possible score (sum of all scores minus those marked NA)								
Score (Total ÷ Total maximum possible score)								

Annexure 73: Checklist for element 92: Dirty, soiled and infectious linen are collected in a wheeled cart or trolley

Use the checklist below to check whether a trolley is used to collect dirty, soiled and infectious linen at the area as indicated

Scoring - in column for score mark as follows:

Y (Yes) = if present, **N** (No) = if not present, **NA** (not applicable) = if the facility has fewer areas as indicated for review

Area	**Score**
8 hours service area	
24 Hour Emergency Unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 74: Poster for waste segregation and colour coding

Colour coding and labelling of health care waste

Waste category	Waste sub category	Colour coding	Labelling	Examples of waste
Infectious anatomical waste	None	**RED**	Have the international infectious hazard label Marked "infectious waste"	Tissues, organs, body parts or products of conception from surgeries and autopsies
Infectious waste	None	**RED**	Have the international infectious hazard Label Marked "infectious hazard"	All microbiology laboratory wastes, waste from surgeries and autopsies and all contaminated waste produced during treatment of patients
Sharps	None	**YELLOW**	Have the international infectious hazard Marked "Danger contaminated sharps"	Items that could cause cuts or puncture wounds; needles, hypodermic needles, scalpels and other blades, knives, infusion sets, saws, broken glass and pipettes
General waste	None	**BLACK** BEIGE WHITE TRANS-PARENT	Marked general waste **Note:** Provinces/organisation should choose one colour and use only that colour throughout the province/organisation. **Transparent bags are recommended to be able to identify content**	Domestic waste, building and demolition waste, business waste (waste that does not pose an immediate hazard or threat to health or to the environment)
Chemical waste including pharmaceutical waste	Chemical or pharmaceutical	**DARK GREEN**	Have the international hazard label Marked "pharmaceutical waste-liquid or Pharmaceutical waste-solid" AND for flammable liquids or solids marked "Highly flammable" or "Flammable"	**Pharmaceutical:** unused medicines, medications and residues of medicines that are no longer usable as medication **Chemical**: Solid, liquid and gaseous products that are to be discarded and that contain dangerous or polluting chemicals that pose a threat to humans, animals or the environment, when improperly disposed off
	Cytotoxic or genotoxic pharmaceutical	**DARK GREEN**	Have the international Cytotoxic hazard label Marked "Cytotoxic waste" or "Genotoxic waste" OR Marked "Cytotoxic sharps" or " Genotoxic Sharps"	Certain expired drugs, vomit, urine, or faeces from patients treated with cytostatic drugs, genotoxin or cytotoxin contaminated sharps or pharmaceuticals
Radioactive waste	None	NO COLOUR CODING	Have the international radiation hazard label Name and contact number of the radiation officer, for emergency purposes	Liquid, solid or gaseous materials that contain or are contaminated with, radio nuclides.

Annexure 75: Checklist for element 93: Sharps are disposed of appropriately

Use the checklist below to check whether sharps are disposed of appropriately in the areas as indicated

Scoring - In column for score mark as follows:

Check – Randomly select the areas as indicated

Y (Yes) = compliant, **N** (No) = not compliant, **NA** (not applicable) = if the facility does not have the service area

Item	8 Hour Service area			24 Hour Emergency Unit			MOU		
	Consultation Room 1	Consultation Room 2	Oral Health	Resuscitation	Consultation area	Observation area	Antenatal ward	Delivery suite	Postnatal ward
Health care risk waste is properly segregated									
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									
Used needles are not recapped before disposal									
Total									
Total maximum possible score (sum of all scores minus those marked NA)									
Score (Total ÷ Total maximum possible score)									

Annexure 76: Checklist for element 96: All staff are made aware of the letter/memo/circular that informs staff of the procedure to follow for prophylactic immunisations

Use the checklist below to check whether staff are made aware of the SOP on access to prophylactic immunisations for high risk infections

Scoring - In column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant.

Item	Score
Staff signed acknowledgment of the letter/memo/circular that sets out the guidelines for prophylactic immunisations	
Letter/memo/circular from the provincial head of health or the delegated staff member at the provincial office contains the following information:	
Procedure to follow for prophylactic immunisations	
Who will bear the cost of immunizations	
Recommended vaccinations as determined by the disease profile of the health facility or region	
Total	
Score (Total ÷ 4)	

ANNEXURE 77: CHECKLIST FOR ELEMENT 104: Results of the annual patient experience of care survey are visibly displayed at the main waiting area

Use the checklist below to check whether the results of the patient experience of care survey are displayed at the main waiting area

Scoring - In column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant.

Item	Score
Access to services - Level of user experience with accessibility of health care services	
Availability and use of medicines - Level of user experience with availability and use of medicines	
User safety - Level of user experience with physical safety while in the health establishment	
Cleanliness and infection prevention and control - Level of user experience with cleanliness of a health establishment and infection prevention and control practices in the health establishment	
Values and attitudes - Level of user experience of personnel values and attitudes	
User waiting time - Level of user experience with waiting time for services in the health establishment	
Total	
Score (Total ÷ 6)	

Annexure 128: Template for commitment of the facility to improve/sustain the results of the patient experience of care

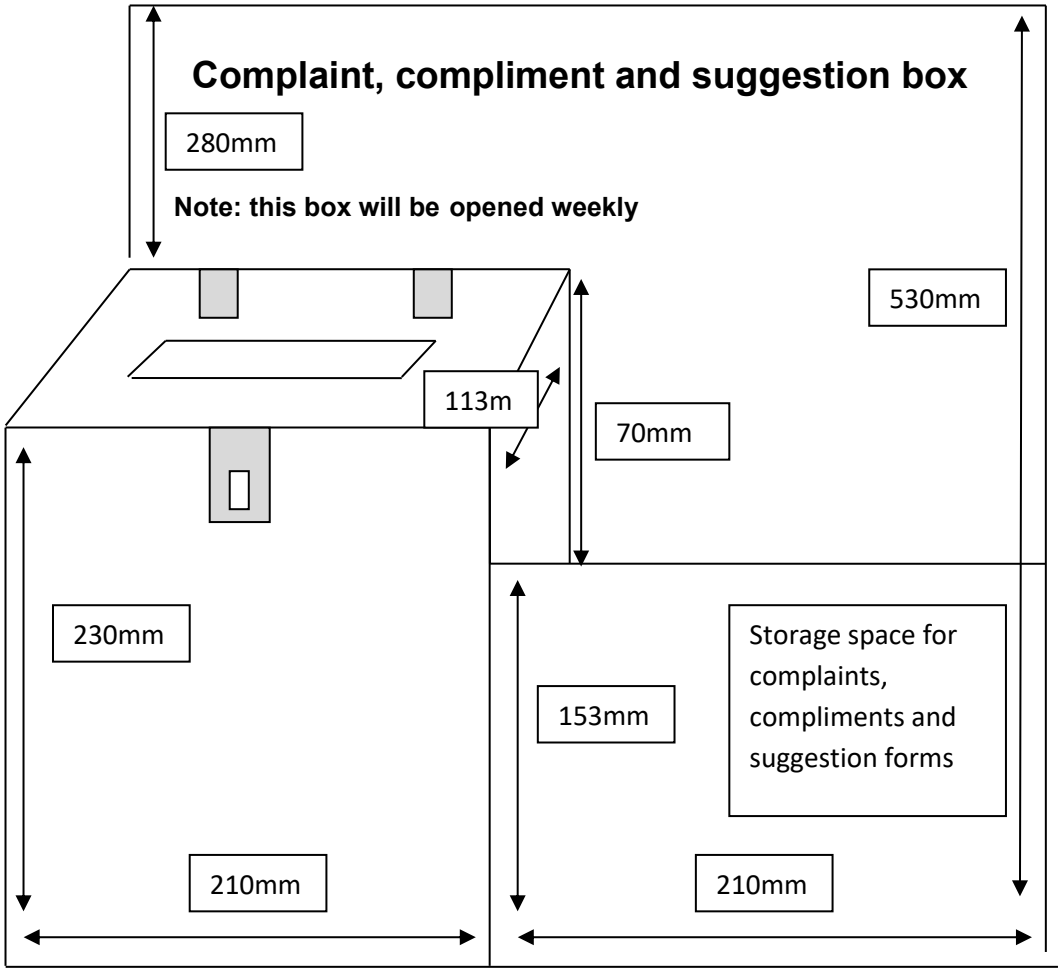
OPERATIONAL PLAN					
PRIORITY AREA	**INTENTION**	**POSSIBLE SOLUTIONS** (OPERATIONAL ACTIVITIES)	**PERSON RESPONSIBLE FOR SOLUTION** (NAME AND AREA OF WORK)	**DUE DATE**	**MANAGER'S COMMENT** (OUTCOME)
Access					
Availability of medicine					
Safety					
Cleanliness and IPC					
Values and attitudes					
Patient waiting time					

Signed commitment

Facility manager: _____ Sub-district manager: _____

Date: _____ Date: _____

Annexure 79: Example of specifications for a complaint, compliment and suggestion boxes



Specifications

Material	Perspex, 5mm thick
Colour	White, frosted
Hinges and hook and eye	Stainless steel
Label	Perspex print on box itself (no labels) in colour as determined by the province (Colour model CMYK: specify colours) Text and font size: "Complaint, compliment and suggestion box" – Arial 72 Repeat text translated into two other languages according to most prevalent language in the province "Note: this box will be opened weekly" – Arial 32
Lock	Lock with number sequence to lock
Mounted	Must be mounted onto the wall, 1.2m above the ground.

Annexure 80: Complaints, compliments and suggestion form

FORM TO LODGE A COMPLAINT OR RECORD A COMPLIMENT OR SUGGESTION

Date completed	

Ref no	**(office use)**

Do you want to: Complaint ☐ Give a compliment ☐ Make a suggestion ☐
(mark the applicable box with an X)

Details of the person lodging a complaint or recording a compliment or suggestion		
Surname		
First Name		
Contact details	Cell number	
	Postal address	
	Physical address	
	E-mail address	
Service area (e.g ward no, reception, pharmacy)		
Hospital or clinic file number		
If you are submitting on behalf of someone else, please complete the following:		
Relation to the patient, e.g. mother, etc.		
Patient's Surname		
Patient's First Name		
Contact details of the patient	Cell number	
	Postal address	
	Physical address	
	E-mail address	
Service area (e.g ward no, reception, pharmacy)		
Patient's hospital or clinic file number		

Please describe the complaint or give a compliment or make a suggestion.
* Where possible also record the staff involved and department where the incident took place.

Date on which the complaint took place:	

Signature of person lodging the complaint

Signature of patient

Annexure 81: Complaints, compliments and suggestions poster

WHAT YOU SHOULD DO IF YOU WANT TO COMPLAIN, GIVE A COMPLIMENT OR MAKE A SUGGESTION

Lodge a complaint or record a compliment or suggestion

VERBALLY:

Approach the official responsible for managing complaints, compliments and suggestions.

This official is:

Telephone number:

Location of office:

The complaint, compliment or suggestion will be recorded on a prescribed form.

IN WRITING:

Fill in the prescribed form that is available next to the designated box or from the responsible official. The form will guide you on the information needed. Hand over the form to the official or place it in the box provided to post complaints, compliments, or suggestions that is situated at:

Take note: If the complaint is urgent, give it directly to the responsible official as the boxes will only be opened on scheduled times as indicated on the box. *Otherwise:*

Email or

Fax or

Post

ASK A FAMILY MEMBER OR FRIEND:

To submit a complaint, compliment or suggestion on your behalf in writing or verbally

The complaint will be acknowledged within 5 working days

The complaint will be investigated

The complaint will be resolved and redress conducted within 25 working days. *Should the case require more time for investigation, updates will be provided.*

Should you be dissatisfied with the outcome, lodge the complaint at the district/provincial office or call centre on:

health

Department
Health
REPUBLIC OF SOUTH AFRICA

Annexure 82: Checklist for element 107: Complaints/ compliments/ suggestions toolkit is available at the main entrance/exit

Use the checklist below to check whether the complaint forms, box and poster are available at the areas as indicated

Scoring - In column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant, **NA** (Not Applicable) = if the facility do not have the area.

Item	Score 8 Hour Service Area	Score 24 Hour emergency unit	Score MOU
Lockable complaints/compliments/suggestions boxes are visibly placed at main entrance/exit			
Complaints box is mounted (fixed to the wall or flat surface)			
Official complaint/compliment/suggestion forms and pen are at the box at the main entrance/exit			
A standardised poster describing the process to follow to lodge a complaint, give a compliment or make a suggestion is visibly displayed at the entrance of the facility			
A standardised poster describing the process to follow to lodge a complaint, give a compliment or make a suggestion is visibly displayed in a second language commonly spoken official languages			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Total ÷ Total maximum possible score)			

Annexure 83: Complaint, compliments and suggestion registers

Complaints Register

Health establishment's name: _____ **Month/year: _____**

Ref No. (Column A)	Date received	Acknowledgment date	Number of working days to acknowledge	Patient/ family/ supporting person's name and surname	Patient's name and surname	Service area where complaint was lodged	Summary description of the complaint	Information on i.) action taken, ii) outcome, iii) remedial action	Category of complaint	Severity of complaint (risk rating)	Type of resolution	Date resolved (Column B)	Number of working days to resolve complaint (Column D)

REGISTER FOR COMPLIMENTS

Health establishment's name: _____ **Month/year: _____**

Ref No.	Date Received	Name & surname of person who recorded the compliment	Patient's Name & Surname	Service area where compliment originated from	Summary description of the compliment	Information on action taken

REGISTER FOR SUGGESTIONS

Health establishment's name: _____ **Month/year: _____**

Ref No.	Date Received	Name & surname of person who recorded the suggestion	Patient's Name & Surname	Service area where suggestion originated from	Summary description of the suggestion	Information on action taken

Annexure 84: Statistical data on complaints, compliments and suggestions

Statistical data on Complaints

Name of establishment/province: _____ **Financial year:** _____

Column name	INDICATORS					CATEGORIES													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Month:	# Complaints received	# Complaints resolved	% Complaints resolved (Column B÷A)	# Complaints resolved within 25 working days	% Complaints resolved within 25 working days (D÷B)	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Linen	Food	Missing patient record	Other	Total per month (Sum of Columns F to R)
April																			
May																			
June																			
Tot Q1																			
Jul																			
Aug																			
Sept																			
Tot Q2																			
Oct																			
Nov																			
Dec																			
Tot Q3																			
Jan																			
Feb																			
March																			
Tot Q4																			
TOTAL																			
AVG (Tot/12)																			
% for financial year (Total of Column F to R ÷ Total Column S)																			

Statistical data on Compliments

Name of establishment/province: _____ **Financial year:** _____

Column name	INDICATOR	CATEGORIES													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Month:	# Compliment received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Linen	Food	Missing patient record	Other	Total per month (Sum of Columns B to N)
April															
May															
June															
Tot Q1															
Jul															
Aug															
Sept															
Tot Q2															
Oct															
Nov															
Dec															
Tot Q3															
Jan															
Feb															
March															
Tot Q4															
TOTAL															
AVG (Tot/12)															
% for financial year (Total of Column B/C/D/E/F/G/H/I/J/K÷Total Column L)															

Statistical data on Suggestions

Name of establishment/province: _____ **Financial year:** _____

Column name	INDICATOR	CATEGORIES													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Month:	# Suggestions received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Linen	Food	Missing patient record	Other	Total per month (Sum of Columns B to N)
April															
May															
June															
Tot Q1															
Jul															
Aug															
Sept															
Tot Q2															
Oct															
Nov															
Dec															
Tot Q3															
Jan															
Feb															
March															
Tot Q4															
TOTAL															
AVG (Tot/12)															
% for financial year (Total of Column B/C/D/E/F/G/H/I/J/K÷Total Column L)															

ANNEXURE 85: CHECKLIST FOR ELEMENT 108: Complaints/compliments /suggestions records comply with the National Guideline to Manage Complaints/Compliments/ Suggestions

Use the checklist below to check the availability of records required for effective Complaint/compliment/suggestion Management

Scoring - in column for score mark as follows:

Check - complaints/compliments/suggestion records for the past three months for statistical data. For complaint letters and redress letter/minutes, check the last five resolved complaints for evidence

Note:

- In cases where no complaints, compliments or suggestions occurred in the past three months. The *Complaints Compliance Report* for the facility as generated from the national web-based information system must show 100% compliance for "Null" reporting for the facility for the past 3 months, facility then score 'NA' at measures marked with a '*'.

Y (Yes) = available, **N** (No) = not available, **NA** (Not applicable) = facility did not receive any complaints/compliments/suggestion in the past 3 months

Item	Score
The facility's/district's SOP 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 report for indicators and classifications for complaints	
*Statistical report for indicators and classifications for compliments	
*Statistical report for indicators and classifications for suggestions	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

ANNEXURE 86: CHECKLIST FOR ELEMENT 109: Targets set for complaint indicators are met

Use the checklist below to check whether the targets set for the complaints indicators were met

Scoring - in column for score mark as follows:

Check – the previous quarter's data

Y (Yes) = complaint, **N** (No) = not compliant, ; Not applicable (NA) = if no complaints were recorded in the previous quarter

Item	Target	Score
Complaint resolution rate	90%	
Complaint resolution rate within 25 working days	90%	
Total		
Score (Total ÷ 2)		

Annexure 87: Checklist for element 118: There is a process that prioritises the very sick, frail and elderly patients at the 8 hour service area

Use the checklist below to check whether there is a process that prioritises the very sick, frail and elderly

Scoring - in column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant

Item	**Score**
The process to fast track very sick, frail and elderly users to the front of the queue is implemented. (The process to implement the fast-tracking of vulnerable users must be evident on observation of the waiting room. This can include a poster or information provided to users about the process or observing users who have been fast-tracked in the waiting area)	
SOP to prioritise the very sick, frail and elderly patients is available	
The SOP to prioritise the very sick, frail and elderly patients covers the following aspects:	
Prioritization procedure for the facility is described	
The procedure is displayed in at least two official languages in the waiting area indicating the prioritisation process	
In-service training for ALL staff on prioritisation process	
Delegate the function of prioritisation process to a designated staff member	
Conduct random spot checks during the day to determine whether the very sick, frail, and elderly patients are prioritised	
Total	
Score (Total ÷ 7)	

Annexure 88: Checklist for element 120: SOP for management of availability of medicines is available

Use the checklist below to check whether the SOP for management of availability of medicines covers the topics as listed

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Cleaning and appearance of the pharmacy/medicine room/dispensary	
Storage and organisation of the pharmacy/medicine room/dispensary	
Security and control of access to the pharmacy/medicine room/dispensary (within and outside normal working hours)	
Cold chain management	
Emergency cupboard/trolley management	
Management of medicines in the consulting room	
Pest Control	
Calculation and use of minimum, maximum and re-order stock levels	
Completion and management of stock (bin) cards	
Stock taking (counting) procedure	
Management of short-dated stock	
Procurement (ordering) of medicines	
Ordering and delivering schedule for stock	
Receipt of medicines into the pharmacy/medicine room/dispensary (ordered or borrowed stock)	
Managing return of stock to the depot	
Issuing of medicines to the consulting rooms and emergency trolley	
Managing stock transfers between facilities	
Medicine availability monitoring procedure/guide	
Separation and handling of expired, obsolete, unusable or patient-returned medicines (Schedule 0 – 4 medicines)	
Disposal of expired, obsolete, unusable and patient-returned medicines (Schedule 0 – 4 medicines)	
Managing recall of medicines	
Storage and control of Schedule 5 and Schedule 6 medicines	
Separation and disposal of expired, obsolete and unusable medicines (schedule 5 and schedule 6 medicines)	
Total	
Score (Total ÷ 23)	

Annexure 89: Example of a schedule for acknowledgement of policies/ guidelines/protocols /SOP/notifications

Facility name: _____

Document name: _____

NAME AND SURNAME	PERSAL NUMBER	DESIGNATION	DATE	SIGNATURE

Annexure 90: Checklist for element 122: Hand hygiene and sanitary facilities are available at the Pharmacy/dispensary

Use the checklist below to check whether there is running water, toilet paper, liquid hand wash soap and disposable hand paper towels

Scoring - in column for score mark as follows:

Y (Yes) = available, **N** (No) = not available, **NA** (Not applicable) = (*) During drought episodes taps can be closed, pharmacy must then have alcohol-based hand rub available. If alcohol-based hand rub is available mark the measure for liquid had wash soap as compliant.

Item	Score
Poster on hand hygiene is displayed near all hand wash basins	
Functional hand wash basin	
Taps are functional with running water (*)	
Liquid hand wash soap	
Disposable hand paper towels	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 91: Cleaning schedule

NAME OF FACILITY: _____

Key:
Area to be cleaned
Cleaning not applicable to that areas

DAILY DUTIES

Daily duties	Consultation rooms	General and waiting areas	Toilets	Staff kitchen
Wash floor				
Damp dust counter tops				
Wipe door handles				
Wash hand wash basin including taps		Where applicable		
Wash toilets (seats, urinals)				
Wipe soap and paper towel dispensers		Where applicable		
Replenish paper towels				
Replenish toilet paper				
Replenish liquid soap dispensers		Where applicable		
Wash kitchen basin with taps				
Damp dust kitchen equipment				
Spot clean dirty wall surfaces				
Damp dust dressing trolleys				
Damp dust examination lamp				
Damp dust chairs				
General waste bins cleaned and lined with bag				
Medical waste bins/boxes remove when full				
Sharps containers, sealed and removed when 3 quarter full				
Sanitary bins/boxes remove when full				
Remove waste from all service areas to temporary storage area.				
Tie and close all the general waste bags in the temporary storage area.				

WEEKLY DUTIES

Weekly Duties	Consultation rooms	General service and waiting areas	Toilets	Medicine room/ dispensary	All other store rooms
Damp dust window sills					
Wash mirrors					
Damp dust wall skirtings					
Wash floors					
Damp dust counter tops					

MONTHLY DUTIES

Monthly Duties	All areas	Consulting/ vital rooms	Toilets	Staff kitchen	Medicine room/ dispensary	All other storage areas
Wash and wipe signage boards						
Wash inside-out when soap dispensers are empty wash inside and out						
Clean refrigerator						
Wipe out kitchen unit/cupboards						
Damp dust shelves						

QUATERLY DUTIES

Quarterly duties	All areas
Strip all floors and apply polish	
Damp dust light fixtures	
Damp dust ceiling fans	

SIX MONTHLY DUTIES

Six monthly duties	All areas
Wash all the walls from top to bottom	
Wash windows	
Remove, wash and replace all curtains	

Cleaners to report any dysfunctional/missing cleaning equipment immediately to the facility manager or healthcare professional assigned to supervise cleanliness

Annexure 92: Control sheet for sign-off for cleanliness

DAILY AND WEEKLY CHECKLIST FOR CONSULTATION/VITAL ROOMS/WAITING AREAS

Facility name: _____

Month: _____ **Year: _____**

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednes—day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Wash floor										
Damp dust counter tops										
Wipe door handles										
Wash handwash basin including taps										
Wash toilets (seats, urinals)										
Wipe soap and paper towel dispensers										
Replenish paper towels										
Replenish liquid soap dispensers										
Spot clean dirty wall surfaces										
Damp dust dressing trolleys										
Damp dust examination lamp										
Damp dust chairs										
General waste bins cleaned and lined with bag										
Medical waste bins/ boxes remove when full										
Sharps containers, sealed and removed when 3 quarter full										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

DAILY AND WEEKLY CHECKLIST FOR CONSULTATION/VITAL ROOMS/WAITING AREAS

Facility name: _____

Month: _____ Year: _____

Area	**WEEK 3**					**WEEK 4**				
	Monday	**Tuesday**	**Wednes—day**	**Thursday**	**Friday**	**Monday**	**Tuesday**	**Wednes-day**	**Thursday**	**Friday**
Date										
Wash floor										
Damp dust counter tops										
Wipe door handles										
Wash handwash basin including taps										
Wash toilets (seats, urinals)										
Wipe soap and paper towel dispensers										
Replenish paper towels										
Replenish liquid soap dispensers										
Spot clean dirty wall surfaces										
Damp dust dressing trolleys										
Damp dust examination lamp										
Damp dust chairs										
General waste bins cleaned and lined with bag										
Medical waste bins/ boxes remove when full										
Sharps containers, sealed and removed when 3 quarter full										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

MONTHLY/QUARTERLY/SIX MONTHLY CHECKLIST FOR CONSULTATION/VITAL ROOMS/WAITING AREAS

Facility name: _____

Year: _____

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wash inside-out when soap dispensers are empty												
Strip all floors and apply polish												
Damp dust light fixtures												
Damp dust ceiling fans												
Wash all the walls from top to bottom												
Wash windows												
Remove, wash and replace all curtains												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

WEEKLY AND DAILY CHECKLIST FOR MEDICINE ROOM/DISPENSARY

Facility name: _____

Month: _____ **Year: _____**

Area	**WEEK 1**					**WEEK 2**				
	Monday	**Tuesday**	**Wednes-- day**	**Thursday**	**Friday**	**Monday**	**Tuesday**	**Wednes- day**	**Thursday**	**Friday**
Date										
Wash floors										
Damp dust counter tops										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

Area	**WEEK 3**					**WEEK 4**				
	Monday	**Tuesday**	**Wednes-- day**	**Thursday**	**Friday**	**Monday**	**Tuesday**	**Wednes- day**	**Thursday**	**Friday**
Date										
Wash floors										
Damp dust counter tops										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

Checklist for medicine/dispensing room for monthly/quarterly/six monthly cleaning duties

Facility name: _____

Year: _____

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wash inside-out when soap dispensers are empty												
Damp dust shelves												
Strip all floors and apply polish												
Damp dust light fixtures												
Damp dust ceiling fans												
Wash all the walls from top to bottom												
Wash windows												
Remove, wash and replace all curtains												
Clean refrigerator												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

DAILY CHECKLIST FOR TOILETS

Facility name: _____

Date:_____

Area	Monday		Tuesday		Wednesday		Thursday		Friday	
	Time		Time		Time		Time		Time	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Wash Floor										
Clean basins										
Wash mirrors										
Wipe door handles										
Clean toilets										
Clean urinals										
Clean sanitary bins										
Clean general bins and line with bag										
Remove bins that are full										
Replenish disposable towels										
Replenish soap										
Replenish toilet paper										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Y)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

WEEKLY CHECKLIST FOR TOILETS

Facility name: _____

Month: _____ **Year:_____**

Area	**WEEK 1**					**WEEK 2**				
	Monday	**Tuesday**	**Wednes--day**	**Thursday**	**Friday**	**Monday**	**Tuesday**	**Wednes-day**	**Thursday**	**Friday**
Date										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

Area	**WEEK 2**					**WEEK 3**				
	Monday	**Tuesday**	**Wednes--day**	**Thursday**	**Friday**	**Monday**	**Tuesday**	**Wednes-day**	**Thursday**	**Friday**
Date										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

MONTHLY/QUARTERLY/SIX MONTHLY CHECKLIST FOR TOILETS

Facility name: _____

Year: _____

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wash inside-out when soap dispensers are empty												
Damp dust light fixtures												
Wash all the walls from top to bottom												
Wash windows												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

DAILY AND WEEKLY CHECKLIST FOR STAFF KITCHEN

Facility name: _____

Month: _____ **Year: _____**

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednes--day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Wash floors										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

Area	WEEK 3					WEEK 4				
	Monday	Tuesday	Wednes--day	Thursday	Friday	Monday	Tuesday	Wednes-day	Thursday	Friday
Date										
Wash floors										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

MONTHLY/QUARTERLY/SIX MONTHLY CHECKLIST FOR STAFF KITCHEN

Facility name: _____

Year: _____

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Strip all floors and apply polish												
Damp dust light fixtures												
Damp dust ceiling fans												
Wash all the walls from top to bottom												
Wash windows												
Clean refrigerator												
Wipe out kitchen unit/ cupboards												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

Annexure 93: Checklist for element 126: Pharmacy/dispensary and waiting area are clean

Use the checklist below to check whether the areas are clean

Scoring – in column for score mark as follows:

Check – the medicine/dispensary room and the waiting area for the medicine/dispensary room

Y (Yes) = compliant; **N** (No) = not compliant

Area and measures	Score	Score
CONSULTING ROOMS:	**Pharmacy/dispensary room**	**Waiting area**
Windows are clean		
Window sills are clean		
Floor is clean		
Wall skirtings are free of dust		
Countertops are clean		
Door handles are clean		
Walls are clean		
Bins are not overflowing		
Bins are clean		
Areas are odour-free		
Areas are free of cobwebs		
Total		
Score (Total ÷ 22)		

Annexure 94: Example of a system to organise medicine in the medicine room

1. Pharmaceutical stock may be arranged according to the provincial CHC order list, by dosage form (e.g. tablets/capsules, liquids, injections, topical preparations etc) or in categories per disorder (e.g. diabetes, asthma, epilepsy, TB, HIV).
2. The applicable SOP and space available in the medicine room must be taken into consideration when deciding which approach to use.
3. Store items by generic name.
4. Label brazier bins or shelves neatly.
5. A colour coding system may be used to assist in the identification of medicines. The same colour coding used in the medicine room should be used in the organization of medicine stored in the consulting room/s. Refer Table 1 for an example of a colour coding system.
6. Pack stock in the designated storage location (brazier bin) for the item.
7. Stock must be stored and rotated using FEFO/FIFO principles.
8. Expired, damaged and obsolete stock must be removed from the shelves and stored in a separately designated area and disposed of according to approved procedures

Table 1: colour coding for brazier bins

CATEGORY	COLOUR	COLOUR INDICATION
ANTIBIOTICS	ORANGE	ORANGE
ACUTE AILMENTS	NEON YELLOW	NEON YELLOW
ANTENATAL	NEON PINK	NEON PINK
ASTHMA	BLUE	BLUE
DIABETES	LIGHT BLUE	LIGHT BLUE
EPILEPSY	LIGHT PURPLE	LIGHT PURPLE
FAMILY PLANNING	LIGHT PINK	LIGHT PINK
HEART & HYPERTENSION	RED	RED
HIV	GREEN	GREEN
TB	YELLOW	YELLOW
PAIN	PINK	PINK

NOTE: These colour indications are for the various categories of medicine, as per the provincial ordering list.

Example of a medicine room/dispensary with a colour coding system to organise the medicine

Annexure 95: Checklist for element 127 - Medicine room/dispensary is neat and medicines are stored to maintain quality

Use the checklist below to check how the facility stores medicine to ensure that quality medicines are available

Scoring – in column for score mark as follows:

Y (Yes) = if present and compliant; **N** (No) = if not present or not compliant

Item	Score
Access to the dispensary/medicine room is controlled at all times	
There are no cracks, holes or signs of water damage in the dispensary/medicine room	
There is sufficient space in the dispensary/medicine room to store medicines needed in the facility	
There are no medicines stored in direct contact with the floor	
There is no evidence of pests in the dispensary/medicine room	
Medicines are stored neatly on shelves	
Medicines are stored according to a classification system	
Brazier bins (storage organisers) are neatly labelled	
Medicines are packed according to FEFO (First Expired, First Out) principles	
No expired medicines observed in the dispensary/medicine room.	
Total score	
Percentage (Total score ÷ 10) x 100	**%**

Annexure 96: Checklist for element 128: Medicine room/cupboard/trolley is neat and orderly

Use the checklist below to check whether the medicine room/cupboard/trolley is neat and orderly

Scoring - in column for score mark as follows:

Check – Randomly select the areas as indicated

Y (Yes) = comply, **N** (No) = do not comply, **NA** (Not applicable) = if the facility has fewer areas as indicated for review

Item	8 Hour Service area		24 hour Emergency Unit			MOU	
	Consultation room	Oral Health	Resuscitation area	Consultation area	Observation area	Delivery suite	Antenatal/ postnatal ward
Surfaces inside the medicine room/cupboard/trolley are clean							
Medicines are neatly grouped together according to a classification system e.g. by dosage form (tablets/capsules, liquids, ointments, drops etc.) in alphabetical order and by generic name							
Medicine packets/bottles are clean and dust free							
There are no loose tablets or vials lying around							
There are no used unsheathed needles lying around or placed in open vials							
Total							
Total maximum possible score (sum of all scores minus those marked NA)							
Score (Total ÷ Total maximum possible score)							

Annexure 97: Example of a temperature control chart for medicine room/dispensary

DAILY MEDICINE ROOM/DISPENSARY TEMPERATURE RECORD

FACILITY _____ **DISTRICT** _____

MONTH/YEAR _____

RECORD TEMPERATURE DAILY

DAY	TEMPERATURE (°C)	COMMENT*	DAY	TEMPERATURE (°C)	COMMENT*
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

_____ _____

Signature of supervisor Date:

**** Indicate action taken when the temperature recorded exceeds 25 °C under the comments section.***

Action to take when the room temperature exceeds 25 °C:

1. Check that the air conditioner is on. If not, check the electricity supply to the air conditioner and switch the air conditioner on.
2. If there are no challenges with the electricity supply but the air conditioner is not on **OR** if the air conditioner is on but not in good working order, place an urgent works/procurement order for repairs/replacement using district procurement procedures.
3. Open windows and use electrical fans where available to reduce the temperature until air conditioner is functional

Annexure 98: Checklist for element 129: Temperature of the medicine room/dispensary is maintained within the safety range

Use the checklist below to check whether the medicine in the medicine room/dispensary is maintained within the safety range

Scoring - in column for score mark as follows:

Y (Yes) = comply, **N** (No) = do not comply,

Item	**Score**
There is a functional air conditioner	
There is at least one functional, wall-mounted room thermometer	
The temperature of the pharmacy is recorded daily	
The temperature of the pharmacy is maintained within the safety range	
Total score	
Percentage (Total score ÷ 4) x 100	**%**

Annexure 99: Example of a temperature control chart for medicine refrigerator

DAILY REFRIGERATOR TEMPERATURE RECORD

FACILITY _____ **MONTH/YEAR** _____ **DISTRICT** _____

Record temperature at 08:00 and 15:00 daily

Day		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Deg. °C		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
UNSAFE	22																																																																			
	20																																																																			
	18																																																																			
	16																																																																			
	14																																																																			
	12																																																																			
	10																																																																			
SAFE	8																																																																			
	6																																																																			
	4																																																																			
	2																																																																			
UNSAFE	0																																																																			
	-2																																																																			
	-4																																																																			
	-8																																																																			
	-10																																																																			
DEFROST																																																																				

**** Indicate in the 'Defrost' section of the temperature chart the date and time when the fridge is defrosted.***

_____ _____

Signature of supervisor Date:

Action to take when the temperature moves into the "UNSAFE" range:

1. Check the electricity supply connection. Check the gas supply – is there a spare gas cylinder?
2. Check that the door closes properly. Check that the door has not been left open for a while. Check how often the fridge door is opened. Make sure that the fridge is not overloaded.
3. Check how thick the ice build-up is in the freezing compartment. **DEFROST IF THE ICE IS MORE THAN 0.5CM THICK** – CLEAN THE FRIDGE REGULARLY.
4. Implement your contingency plan if the fridge is malfunctioning. Notify your supervising pharmacist, sub-district and/or district pharmacy and PHC managers of the challenge.

Annexure 100: Checklist for element 130 - Cold chain procedure for vaccines is maintained

Use the checklist below to check whether the cold chain for vaccines is maintained

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Facility has a vaccine or medicine refrigerator with a thermometer	
The temperature of the refrigerator is recorded twice daily, 7 hours apart (check one month's record)	
The temperature of the refrigerator is maintained between 2-8 ºC (check one month's record)	
There is a cooler box for storage of vaccines if needed	
Ice packs are available for use as needed	
Total score for all	
Percentage (Total score ÷ 5) x 100	**%**

Annexure 101: Checklist for element 131: Medicines dispensed for patients are labelled in accordance with applicable legislation

Use the checklist below to check whether medicine dispensed to patients are labelled in accordance with applicable legislation

Scoring - in column for score mark as follows:

Y (Yes) = comply, **N** (No) = do not comply,

Randomly check dispensed medication provided to 3 patients

Item	**Medicine label 1**	**Medicine label 2**	**Medicine label 3**
Labels of dispensed medicines are clear and legible			
The label is attached to the medicine and does not obstruct or cover the expiry date			
The label contains the name of the medicine			
The label contains the strength of the medicine			
The label contains the dosage of the medicine			
The label contains the name of the patient			
The label contains the directions for use of the medicine			
The label contains the name and address of the facility supplying the medicines			
The label contains the date the medicine was dispensed			
Total			
Score (Total ÷ 7)			

Annexure 102: Register for schedule 5 and 6 medicines

Schedule 5 and 6 Medicine Register

ISSUED AND RECEIVED		Medicine				Strength					Pack size	
				Balance	Name of patient	Patient No	Date	Time	Dose given	Prescriber	Signature Rank of person administer	Signature Rank of person checking*
	Requisition/ order number											
	Signature of pharmacist											
	Signature of registered nurse											
	Strength											
	Quantity issued											
	Medicine											
	Date											

***Note: Does not have to be completed if issued by a pharmacist**

Annexure 103: Checklist for element 134 - Electronic networked system for monitoring the availability of medicine is used effectively

Use the checklist below to check whether the electronic networked system for monitoring the availability of medicines is used appropriately

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant; **NA** = as indicated

Item	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 capturing device is in good working order	
The accessories for the capturing device are in good working order (only applicable to SVS)	
The capturing device and its accessories are stored in a lockable unit (only applicable to SVS)	
Access to the keys for the unit where the capturing device is kept is restricted (only applicable to SVS)	
The facility has not been marked as non-reporting for two weeks (7 working days) or more (at the point of assessment)* (only applicable to SVS)	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

** For facilities using the stock visibility system (SVS) the source for this information will be the website used to view captured medicine availability data and the Primary Health Care Facility Dashboard associated with it.*

Annexure 104: Essential Medicines List for Primary Health Care Facilities

ATC	MEDICINE	ATC	MEDICINE
A02BC	Proton-pump inhibitor, oral	B05XA05	Magnesium sulphate, parenteral
A02BC03	Lansoprazole, oral	C01CA24	Epinephrine (adrenaline), parenteral
A03BA01	Atropine, parenteral	C01DA	Nitrates, short acting, oral
A03BB01	Hyoscine butylbromide, oral	C01DA08	Isosorbide dinitrate, oral
A03FA01	Metoclopramide, oral	C01DA14	Isosorbide mononitrate, oral
A03FA01	Metoclopramide, parenteral	C02AB01	Methyldopa, oral
A06AB06	Sennosides A and B, oral	C03AA	Thiazide Diuretic
A06AD11	Lactulose, oral	C03AA03	Hydrochlorothiazide, oral
A07AA02	Nystatin, oral	C03C	Loop Diuretic, oral
A07BA01	Charcoal, activated	C03C	Loop Diuretic, parenteral
A07CA	Oral rehydration solution (ORS)	C03CA01	Furosemide, oral
A07DA03	Loperamide, oral	C03CA01	Furosemide, parenteral
A10AB	Insulin, short/rapid acting	C03DA01	Spironolactone, oral
A10AC	Insulin, intermediate acting	C05AX02	Bismuth subgallate compound, topical
A10AD	Insulin, biphasic	C07A	ß-blocker, oral
A10BA02	Metformin, oral	C07AB11	Atenolol, oral
A10BB	Sulphonylureas, oral	C07AG	Alpha 1 and non-selective ß blocker, oral
A10BB01	Glibenclamide, oral	C07AG02	Carvedilol, oral
A10BB12	Glimepiride, oral	C08CA	Calcium channel blocker, long acting, oral
A11B	Multivitamin, oral	C08CA01	Amlodipine, oral
A11CA01	Vitamin A (retinol), oral	C08CA05	Nifedipine, short-acting, oral
A11DA01	Thiamine (vit B1), oral	C09A	ACE-Inhibitor, oral
A11EA	Vitamin B Complex, oral	C09AA02	Enalapril, oral
A11HA01	Nicotinamide (vitamin B3), oral	C10AA	HMGCoA reductase inhibitors (statins), oral
A11HA02	Pyridoxine (vit B6), oral	C10AA01	Simvastatin, oral
A12AA04	Calcium carbonate, oral	D01AC	Imidazole, topical
A12CB	Zinc, elemental, oral	D01AC01	Clotrimazole, topical
B01AC06	Aspirin, oral	D01AE12	Salicylic Acid, topical
B01AD01	Streptokinase, parenteral	D01AE13	Selenium sulphide, topical
B02BA01	Vitamin K1 (phytomenodione), parenteral	D02A	Emollient
B03A	Iron, oral	D02AB	Zinc and caster oil ointment
B03AA	Ferrous lactate, oral	D02AC	Petroleum Jelly
B03AA02	Ferrous fumarate, oral	D02AX	Aqueous cream (UEA)
B03AA03	Ferrous gluconate, oral	D02AX	Emulsifying ointment
B03AD03	Ferrous sulphate compound (BPC), oral	D04AB01	Lidocaine, topical
B03BB01	Folic Acid, oral	D04AB06	Tetracaine, topical
B05BA03	Dextrose, I.V. solution	D04AX	Calamine lotion
B05BB01	Sodium Chloride 0.9%, I.V. solution	D05AA	Coal Tar (LPC), topical
B05CB01	Sodium Chloride 0.9%, irrigation	D07AA02	Hydrocortisone, topical

ATC	MEDICINE	ATC	MEDICINE
D07AC01	Betamethasone, topical	H03AA01	Levothyroxine, oral
D08AC02	Chlorhexidine, topical	J01AA02	Doxycycline, oral
D08AG02	Povidone iodine, topical	J01CA01	Ampicillin, parenteral
D08AG03	Iodine tincture BP, topical	J01CA04	Amoxicillin, oral
D09AA	Bismuth iodoform paraffin paste (BIPP), topical	J01CE02	Phenoxymethylpenicillin, oral
D09AX	Paraffin gauze dressings	J01CE08	Benzathine benzylpenicillin (depot formulation), parenteral
D10AD	Retinoids, topical	J01CF05	Flucloxacillin, oral
D10AD01	Tretinoin, topical	J01CR02	Amoxicillin/Clavulanic Acid, oral
D10AE01	Benzoyl peroxide, topical	J01DB01	Cephalexin, oral
G01AF02	Clotrimazole, vaginal	J01DD04	Ceftriaxone, parenteral
G02AB03	Ergometrine, parenteral	J01EE01	Trimethoprim/Sulfamethoxazole (Cotrimoxazole), oral
G02AD06	Misoprostol	J01FA	Macrolide, oral
G02BA02	Copper IUD	J01FA01	Erythromycin, oral
G03A	Contraceptives. Hormonal for systemic use	J01FA10	Azithromycin, oral
G03AA	Contraceptives, monophasic: combined estrogen/progestin pill	J01GB04	Kanamycin, parenteral
G03AA07	Ethinyloestradiol/levonorgestrel 30mcg/150 mcg, oral	J01MA	Fluoroquinolone, oral
G03AB	Contraceptives, triphasic: combined estrogen/progestin pill	J01MA02	Ciprofloxacin, oral
G03AB03	Levonorgestrel/Ethinyl oestradiol, oral	J01MA14	Moxifloxacin, oral
G03AC	Contraceptives, levonorgestrel, implant	J01XD01	Metronidazole, oral
G03AC	Contraceptives, monophasic: progestin only pill	J02AC01	Fluconazole, oral
G03AC	Contraceptives, progestin only pill	J04AB02	Rifampicin (R), oral
G03AC	Contraceptives, progestin-only injectable, parenteral	J04AC01	Isoniazid (H/INH), oral
G03AC	Contraceptives, progestin-only subdermal implant	H03AA01	Levothyroxine, oral
G03AC03	Levonorgestrel pill	J01AA02	Doxycycline, oral
G03AC06	Contraceptives, medroxyprogesterone acetate depot, parenteral	J01CA01	Ampicillin, parenteral
G03AC08	Etonogestrel, implant	J01CA04	Amoxicillin, oral
G03AD	Progestin-only, emergency contraceptive, oral	J01CE02	Phenoxymethylpenicillin, oral
G03AD01	Levonorgestrel, emergency contraceptive, oral	J01CE08	Benzathine benzylpenicillin (depot formulation), parenteral
G03C	Estrogen, oral	J01CF05	Flucloxacillin, oral
G03CA03	Estradiol valerate, oral	J01CR02	Amoxicillin/Clavulanic Acid, oral
G03CA57	Estrogens conjugated, oral	J01DB01	Cephalexin, oral
G03DA02	Medroxyprogesterone acetate, oral	J01DD04	Ceftriaxone, parenteral
G03DC02	Norethisterone acetate, oral	J01EE01	Trimethoprim/Sulfamethoxazole (Cotrimoxazole), oral
G03HA01	Cyproterone acetate, oral	J01FA	Macrolide, oral
H01BB02	Oxytocin, parenteral	J01FA01	Erythromycin, oral
H01BB02/ G02AB03	Oxytocin/ergometrine, parenteral	J01FA10	Azithromycin, oral
H02AB01	Betamethasone, parenteral	J01GB04	Kanamycin, parenteral
H02AB07	Prednisone, oral	J01MA	Fluoroquinolone, oral
H02AB09	Hydrocortisone, parenteral	J01MA02	Ciprofloxacin, oral

ATC	MEDICINE	ATC	MEDICINE
J01MA14	Moxifloxacin, oral	M02AC	Methyl Salicylate Ointment
J01XD01	Metronidazole, oral	M04AA01	Allopurinol, oral
J02AC01	Fluconazole, oral	N01AX13	Nitrous Oxide, general anesthetic
J04AB02	Rifampicin (R), oral	N01BB02	Lidocaine 1%, parenteral
J04AC01	Isoniazid (H/INH), oral	N01BB02	Lidocaine 2%, parenteral
J04AD03	Ethionamide, oral	N01BB52	Lidocaine with epinephrine (adrenaline), parenteral
J04AK01	Pyrazinamide (Z), oral	N02AA01	Morphine, parenteral
J04AK02	Ethambutol (E), oral	N02AA01	Morphine, oral
J04AK03	Terizidone, oral	N02AB02	Pethidine, parenteral
J04AM02	Rifampicin/Isoniazid (RH), oral	N02AX02	Tramadol, oral
J04AM06	Rifampicin/Isoniazid/Pyrazinamide/Ethambutol (RHZE), oral	N02BE01	Paracetamol, oral
J05AB01	Aciclovir, oral	N03AA02	Phenobarbital (phenobarbitone), oral
J05AE03	Ritonavir, oral	N03AB02	Phenytoin, oral
J05AE08/ J05AE03	Atazanavir/ritonavir, oral	N03AE	Benzodiazepines (antiepileptics)
J05AF01	Zidovudine, oral	N03AF01	Carbamazepine, oral
J05AF05	Lamivudine, oral	N03AG01	Valproate, oral
J05AF06	Abacavir, oral	N03AX09	Lamotrigine, oral
J05AF07	Tenofovir, oral	N04A	Anticholinergic agents, oral
J05AF09	Emtricitabine, oral	N04A	Anticholinergic agents, parenteral
J05AG01	Nevirapine, oral	N04AA02	Biperiden, parenteral
J05AG03	Efavirenz, oral	N04AB02	Orphenadrine, oral
J05AR10/J05AE03	Lopinavir/ritonavir, oral	N05AA01	Chlorpromazine, oral
J06BB01	Anti-D immunoglobulin	N05AB02	Fluphenazine decanoate, parenteral
J06BB05	Rabies Immunoglobulin (RIG)	N05AD01	Haloperidol, parenteral
J07AG01	Haemophilus Influenzae Type B (Hib) vaccine	N05AD01	Haloperidol, oral
J07AL02	Pneumococcal conjugated vaccine (PCV)	N05AF01	Flupenthixol decanoate, parenteral
J07AM01	Tetanus toxoid (TT)	N05AF05	Zuclopenthixol acetate, parenteral
J07AM51	Tetanus and diptheria (Td) vaccine	N05AF05	Zuclopenthixol decanoate, parenteral
J07AM51	Diptheria, tetanus and pertussis(DTP) vaccine	N05AX08	Risperidone, oral
J07BB	Influenza vaccine	N05BA	Benzodiazepines (anxiolytics)
J07BC01	Hepatitis B (HepB) vaccine	N05BA01	Diazepam, oral
J07BD01	Measles vaccine	N05BA01	Diazepam, parenteral
J07BF	Oral polio vaccine (OPV)	N05CD	Benzodiazepines (sedatives)
J07BG01	Rabies vaccine	N05CD08	Midazolam, parenteral
J07BH	Rotavirus vaccine	N06AA	Tricyclic antidepressants, oral
J07CA09	Hexavalent - diptheria, tetanus, acellular pertussis, inactivated polio, hepatitis B, haemophilus influenza type b vaccine	N06AA09	Amitriptyline, oral
L03AX03	Bacillus Calmette-Guerin (BCG) vaccine	N06AB	Selective serotonin reuptake inhibitors (SSRIs), oral
M01A	NSAID, oral	N06AB03	Fluoxetine, oral
M01AE01	Ibuprofen, oral	N06AB04	Citalopram, oral

ATC	MEDICINE	ATC	MEDICINE
P01AB01	Metronidazole, oral		
P01BC01	Quinine dihydrochloride, parenteral		
P01BE03	Artesunate, parenteral		
P01BF01	Artemether/lumefantrine, oral		
P02BA01	Praziquantel, oral		
P02CA01	Mebendazole, oral		
P02CA03	Albendazole, oral		
P03AC04	Permethrin, topical		
P03AX01	Benzyl benzoate, topical		
R01AA05	Oxymetazoline, nasal		
R01AA14	Epinephrine (adrenaline), inhalation		
R01AD	Corticosteroid, nasal		
R01AD05	Budesonide, nasal		
R03AC	ß$_2$ agonist, short acting, inhaler		
R03AK	Long-acting beta$_2$ agonist/corticosteroid combination, inhaler		
R03AK06	Salmeterol/fluticasone, inhaler		
R03BA	Corticosteroids, inhaled		
R03BA01	Beclomethasone, inhaler		
R03BB01	Ipratropium Bromide, inhaler		
R03AC02	Salbutamol, inhaler		
R05	Cough Syrup		
R06AB04	Chlorphenamine, oral		
R06AD02	Promethazine, parenteral		
R06AE07	Cetirizine, oral		
S01AA01	Chloramphenicol, opthalmic		
S01EC01	Acetazolamide, oral		
S01FA01	Atropine, opthalmic		
S01GA04	Oxymetazoline, opthalmic		
S01GX01	Sodium Cromoglycate, opthalmic		
S01HA03	Tetracaine (amethocaine), opthalmic		
S01XA03	Sodium Chloride, hypertonic, I.V. solution		
S02AA10	Acetic acid in alcohol 2%, otological		
V03AB15	Naloxone, parenteral		
V03AN01	Oxygen		
V06DC01	Dextrose, oral		
V07AB	Water for injection/ sterile water, parenteral		

Annexure 105: Checklist for element 136 - Medicines on the tracer medicine list are available

Availability of tracer medicines listed below should be measured on an electronic networked stock availability monitoring system

Scoring – where an electronic networked stock availability monitoring system is not available, use the scoring columns in the list below to score availability as follows:

Check – available stock in the medicine room/dispensary

Y (Yes) = available, not expired; **N** (No) = not available OR available but expired; **NA** (Not Applicable) = where the medicine is required for a specific service provided at the CHC, e.g. treatment of HIV/TB and the CHC do not provide the specific service as they only provide services for screening of HIV/TB; * = Only required at midwife obstetric units; ** = Required for facilities, where there is a permanent doctor; *** = Relevant where malaria cases are prevalent.

MEDICINE ROOM/DISPENSARY			
Oral formulations/inhalers			
	Score		**Score**
Abacavir 20mg/ml solution OR Abacavir 60 mg dispersible tablets OR Abacavir/Lamivudine 120/60 mg dispersible tablets		Lopinavir, Ritonavir 200/50mg tablets OR Atazanavir, Ritonavir 300/100mg OR tazanavir 150mg capsules WITH Ritonavir 100mg capsules	
Abacavir 300mg tablets		Lopinavir, Ritonavir 80/20mg/ml solution OR Lopinavir, Ritonavir 40/10mg capsules (pellets) OR sachets (granules)	
Amoxicillin 250mg OR 500mg capsules		Metformin 500mg OR 850mg tablets	
Amoxicillin 125mg/5ml OR 250mg/5ml suspension		Methyldopa 250 mg tablets	
Azithromycin 250mg OR 500mg tablets		Metronidazole 200mg OR 400mg tablets	
Beclomethasone/Budesonide 100mcg OR 200 mcg metered dose inhaler (MDI)		Nevirapine 200mg tablets	
Carbamazepine 200mg tablets OR Lamotrigine 25mg tablets		Nevirapine 50mg/5ml suspension	
Co-trimoxazole 200/40mg per 5ml suspension		Oral rehydration solution	
Co-trimoxazole 400/80mg tablets		Paracetamol 120mg/5ml syrup	
Dolutegravir 50 mg capsule		Paracetamol 500mg tablets	
Enalapril 5mg or 10mg tablets		Prednisone 5mg tablets OR Prednisolone 5mg tablets	
Ethambutol 400mg tablets		Pyrazinamide 500mg tablets	
Ferrous lactate/gluconate liquid/syrup		Pyridoxine 25mg tablets	
Ferrous sulphate (dried) /fumarate tablets providing ± 55 to 65mg elemental iron		Rifampicin + Isoniazid (RH) 300mg/150mg OR 150/75mg tablets	
Folic acid 5 mg tablets		Rifampicin + Isoniazid (RH) 60/60 tablets OR Rifampicin + Isoniazid (RH) 75/50 tablets OR Rifampicin + Isoniazid (RH) + pyrazinamide (RHZ) 75/50/150 tablets	
Hydrochlorothiazide 12.5mg OR 25mg tablets		Rifampicin + Isoniazid + pyrazinamide + ethambutol (RHZE) 150/75/400/275 tablets	
Ibuprofen 200 mg OR 400mg tablets		Salbutamol 100 mcg MDI	
Isoniazid 100mg OR 300mg tablets		Simvastatin 10mg OR 20mg OR 40mg tablets	
Lamivudine 10mg/ml syrup/solution		Tenofovir/emtricitabine 300/200 mg tablets	
Lamivudine 150mg tablets		Tenofovir/emtricitabine/efavirenz 300/200/600mg tablets	
Combined oral contraceptive pill containing 30 mcg ethinylestradiol		Tenofovir/ lamivudine /dolutegravir 300/300/50mg tablets	

ethinylestradiol/levonorgestrel OR ethinylestradiol/norethisterone OR ethinylestradiol/gestodene OR ethinylestradiol/norgestimate		Vitamin A 50,000U OR 100,000U OR 200,000U capsules	
		Zidovudine 50mg/5ml, solution/suspension	
Injections			
	Score		**Score**
Benzathine benzylpenicillin 1.2MU OR 2.4MU vial		Medroxyprogesterone acetate 150mg/ml OR Norethisterone 200mg/ml injections	
Ceftriaxone 250mg OR 500mg OR 1g vials		Gentamicin 80mg/2ml 2ml ampoule OR Fosfomycin 3g granules	
Topicals			
	Score		**Score**
Chloramphenicol 1%, ophthalmic ointment			
Fridge			
	Score		**Score**
BCG vaccine		Pneumococcal Conjugated Vaccine (PCV)	
Insulin, short acting		Polio vaccine (oral)	
Measles vaccine		Rotavirus vaccine	
Hexavalent: DTaP-IPV-HB-Hib vaccine		Tetanus toxoid (TT) vaccine	
Oxytocin 5 OR 10 IU/ml		Ergometrine 0.5mg OR oxytocin/ ergometrine 5U/0.5mg combination*	
Emergency trolley			
	Score		**Score**
Activated Charcoal		Lidocaine/Lignocaine IM 1% OR 2% 20ml vial	
Adrenaline 1mg/ml (Epinephrine) 1ml ampoule		Magnesium sulfate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment)	
Amlodipine 5mg OR 10mg tablets		Midazolam (1mg/ml 5ml ampoule OR 5mg/ml) 3ml ampoule) OR Diazepam 5mg/ml 2ml ampoule	
Artesunate 60mg injection***		Nifedipine 5mg OR 10mg capsules	
Aspirin 100mg OR 300mg tablets		Paediatric solution e.g. ½ strength Darrows (200ml or 500ml) solution AND neonatalyte 200ml solution	
Atropine 0.5mg OR 1mg ampoule		Prednisone 5 mg tablets OR Prednisolone tablets	
Calcium Gluconate 10% 10ml ampoule		Promethazine 25mg/2ml 2ml ampoule OR Promethazine 25mg/1ml ampoule	
Naloxone 0.4mg/1ml 1 ml ampoule**		Short acting sublingual nitrates e.g. glyceryl trinitrate SL OR isosorbide dinitrate sublingual, 5 mg tablets	
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose 1L solution		Salbutamol 0.5% 20ml nebulising solution OR 2.5mg/2.5ml OR 5mg/2.5ml Unit dose vial for nebulisation OR Salbutamol 100 mcg MDI OR Fenoterol 1.25mg/2ml Unit dose vial for nebulisation	
Furosemide 20mg OR 10mg/2ml ampoule		Sodium chloride 0.9% 1L solution	
Hydrocortisone 100mg/ml OR 200mg/2ml vial		Streptokinase 1.5 MIU injection**	
Ipratropium 0.25mg/2ml OR 0.5mg/2ml Unit dose vial for nebulization		Thiamine 100mg/ml 10ml vial	
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Total ÷ Total maximum possible score)			

Annexure 106: Checklist for element 138: Expired medicine is disposed of according to prescribed procedures

Use the checklist below to check whether expired medicine is disposed of according to prescribed procedures

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility does not have any expired obsolete medicine

Item	Score
Expired or obsolete medicine is put in a dark green container	
Container is marked with the words “Pharmaceutical waste liquid or solid”	
The correct documentation is attached to the container	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Totals ÷ Total maximum possible scores)	

Annexure 107: Checklist for element 141: Health care waste is managed appropriately in the pharmacy/dispensary

Use the checklist below to check whether health care waste is managed appropriately

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
General waste is disposed of separately in a black/beige/white or transparent plastic bag	
Sharps are disposed of in impenetrable, tamperproof containers	
Sharps container contains only sharps	
Sharps containers are disposed of when they reach the limit mark	
Sharps containers are placed on work surface or in wall mounted brackets	
Used needles are not recapped before disposal	
Total	
Score (Total ÷ 6)	

Annexure 108: Checklist for element 142: Basic medical supplies (consumables) are available

Use the checklist below to check the availability of medical and dressing supplies

Scoring - in column for score mark as follows:

Check- available stock in storage room in the areas as indicated

Y (Yes) = available, **N** (No) = not available, **NA** (not applicable) = if the facility does not have all the areas and if the supply is not applicable to the specific area and items marked with an ** for facilities that do not have a doctor.

Item	Score 8 Hour service	Score 24 Emergency Hour Unit	Score MOU
Intravenous administration set 20 drops/ml			
Intravenous admin set paeds 60 drops/ml			
Blade stitch cutter sterile/pack			
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			
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 for oxygen for adults			
Reservoir mask for oxygen for adults			
Nasal cannula (prongs) for adults			
Simple face mask for oxygen, paediatric			
Reservoir mask for oxygen for paediatric			
Nasal cannula (prongs) for paediatric			
Simple face mask for oxygen for adults			
Reservoir mask for oxygen for adults			
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 shaving set			
Disposable Amnihook			
Ultrasound gel medium viscosity			
Gloves exam n/sterile large /box			
Gloves exam n/sterile medium /box			
Gloves exam n/sterile small /box			
Gloves surg sterile sz 6 OR6.5 OR Small/box			
Gloves surg sterile sz 7OR 7.5 OR medium/box			
Gloves surg sterile sz 8 OR large/box			
Endotracheal tubes – uncuffed size 2.5mm**			
Endotracheal tubes –uncuffed size 3.0mm **			
Endotracheal tubes – uncuffed size 3.5mm **			
Endotracheal tubes – uncuffed size 4mm **			
Endotracheal tubes –uncuffed size 4.5mm **			
Endotracheal tubes – cuffed size 3.0mm **			
Endotracheal tubes – cuffed size 4.0mm **			
Endotracheal tubes – cuffed size 5.0mm **			
Endotracheal tubes – cuffed size 6.0mm **			
Endotracheal tubes – cuffed size 7.0mm **			
Endotracheal tubes – cuffed size 8.0mm **			
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			
Intravenous cannula *18g* green/box			
Intravenous cannula *20g* pink/box			
Intravenous cannula 22g blue/box			
Intravenous cannula 24g yellow/box			
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			
Dental syringe and needle for LA			
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			
Vaginal Cusco speculum (disposable)			
Only applicable if the facility uses older HB model			
Haemolysis applicator sticks			
HB meter clip			
HB chamber glass-grooved			
HB cover glass-plain			
Only applicable if facility uses an Automatic External Defibrillator (AED)			
Replacement pads for AED – adult			
Replacement pads for AED - paediatric			

Dressing Supplies				
Item	**Pack size**	**Score 8 Hour service**	**Score 24 Emergency Hour Unit**	**Score MOU**
Plaster roll	1			
Bandage crepe	1			
Gauze paraffin 100x100 /box	1			
Gauze swabs plain n/s 100x100x8ply/pack	100			
Gauze abs grade 1 burn /pack	1			
Basic disposable dressing pack (should contain as a minimum cotton wool balls, swabs, 2 forceps, disposable drape)	1			
Cotton wool balls 1g 500`s				
Sanitary towels maternity /pack	12			
Stockinette 100mm OR150mm/roll	1			
Adhesive micro-porous surgical tape 24/25mm or 48/50mm	1			
70% isopropyl alcohol prep Pads 24x30 1ply OR 2 ply /box	200			
* Skin traction kit - adult (elast 0468)				
* Skin traction kit - child (elast 0469)				
* Sodium carboxymethylcel (intrasite) 15g				
Total				
Total maximum possible score (sum of all scores minus those marked NA)				
Score (Total ÷ Total maximum possible score)				

* Syringe three part consists of the barrel, the plunger and the rubber piston

Annexure 109: Checklist for element 143: Basic consumables are available for the Rehabilitation treatment area

Use the checklist below to check the availability of consumable for the rehabilitation treatment area

Scoring - in column for score mark as follows:

Check available stock in storage room

Y (Yes) = available, **N** (No) = not available, **NA** (not applicable) = if the facility do not provide the service

Item	Score	Item	Score
Batteries: hearing aid		EVA foam	
Bicarbonate of soda sachets		Foam HD compressed	
Breadboard - one-handed		Foam high-density	
Cable ties, nylon, medium		Masonite	
Cable ties, nylon, long		Oil: arnica	
Cardboard A4 coloured		Paper: print-out, tympanometer	
Coloured writing instruments		Pelvic strap 5cm	
Contact adhesive		Pelvic strap 3cm	
Cerumen curette: replacement curettes		Pressure garment material (Elastonet)	
Cerumen curette: replacement globe		Sewing kit	
Cushion: wheelchair, thin, positioner		Splinting material 6 sizes	
Cushion: wheelchair, thick, pressure care		Splinting material: thermoplastic tape	
Cushion cover: basic stretchable		Superglue (cyanoacrylate)	
Cushion cover: waterproof		Toothbrush, large	
Ear mould impression material and scoop		Towelling	
Ear mould impression material catalyst		Varnish (wood)	
Ear mould impression Otolight: replacement globe		Velcro circles (hook and loop)	
Ear mould impression Otolight: replacement tips		Velcro hook tape 2 sizes	
Ear mould impression Otostops 3 sizes		Velcro loop tape 2 sizes	
Exercise band latex		Washboard one-handed	
Feeding cup		Waterproof wood glue	
Feeding spoon		Wheelchair gloves	
Ferrule: rubber 4 sizes		Wheelchair spares kit	
Sub total 1		**Sub total 2**	
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 110: Checklist for element 144: Basic medical supplies (consumables) are available for the Oral Health Services

Use the checklist below to check the availability of consumable for the Oral Health Services

Scoring - in column for score mark as follows:

Check available stock in storage room

Y (Yes) = available, **N** (No) = not available, **NA** = if providing tooth extraction only, section for preventative dentistry is NA

SURGICAL SUPPLIES			
Item	**Score**	**Item**	**Score**
Exodontia (tooth extraction) and minor oral surgery			
Apron, dental, plastic Adult		Hydrogen peroxide	
Apron, dental, plastic child		Hypodermic needles (disposable)	
Surgical blades No.11 and No. 12		Saline solution, 500ml	
Chlorhexidine oral rinse 0,2%		Saliva ejectors (disposable)	
Cotton wool balls		Sutures surgical	
Dry socket alveolar paste		Topical anaesthetic	
Ethyl chloride		Local anaesthetic (without and without vasoconstrictor)	
Haemostat sponge			
Conservative (preventive) dentistry			
Fissure sealants		Cotton wool pellets	
Amalgam capsules		Polyester strips (composite)	
Composite		Glass ionomers	
Fluoride gel		Polishing strips	
Varnish cavity liner		Polishing kit	
Prophylaxis paste		Dental floss	
Cements /liners (kalzinol, Dycal etc.)		Fluoride trays	
Articulating paper		Acid etch and bonding agent	
School outreach			
Toothpaste, dental, fluoride		Toothbrushes	
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 111: Checklist for element 146: Required functional diagnostic equipment and concurrent consumables for point of care testing are available

Use the checklist below to check the availability of laboratory equipment and consumables in the various areas where they are used

Scoring - in column for score mark as follows:

Y (Yes) = available, **N** (No) = not available, **NA** (not applicable) = only for Malaria rapid strips. In areas where malaria is not prevalent, malaria rapid strips to be marked NA and if the facility has fewer areas as indicated for review

Item	**Score 8 hour service**	**Score 24 Emergency unit**	**Score MOU**
Laboratory equipment and consumables			
Hb meter			
Blood glucometer			
Spare batteries for blood glucometer			
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			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 112: Checklist for element 147: Required specimen collection materials and stationery are available

Use the checklist below to check whether specimen collection materials and stationery are available

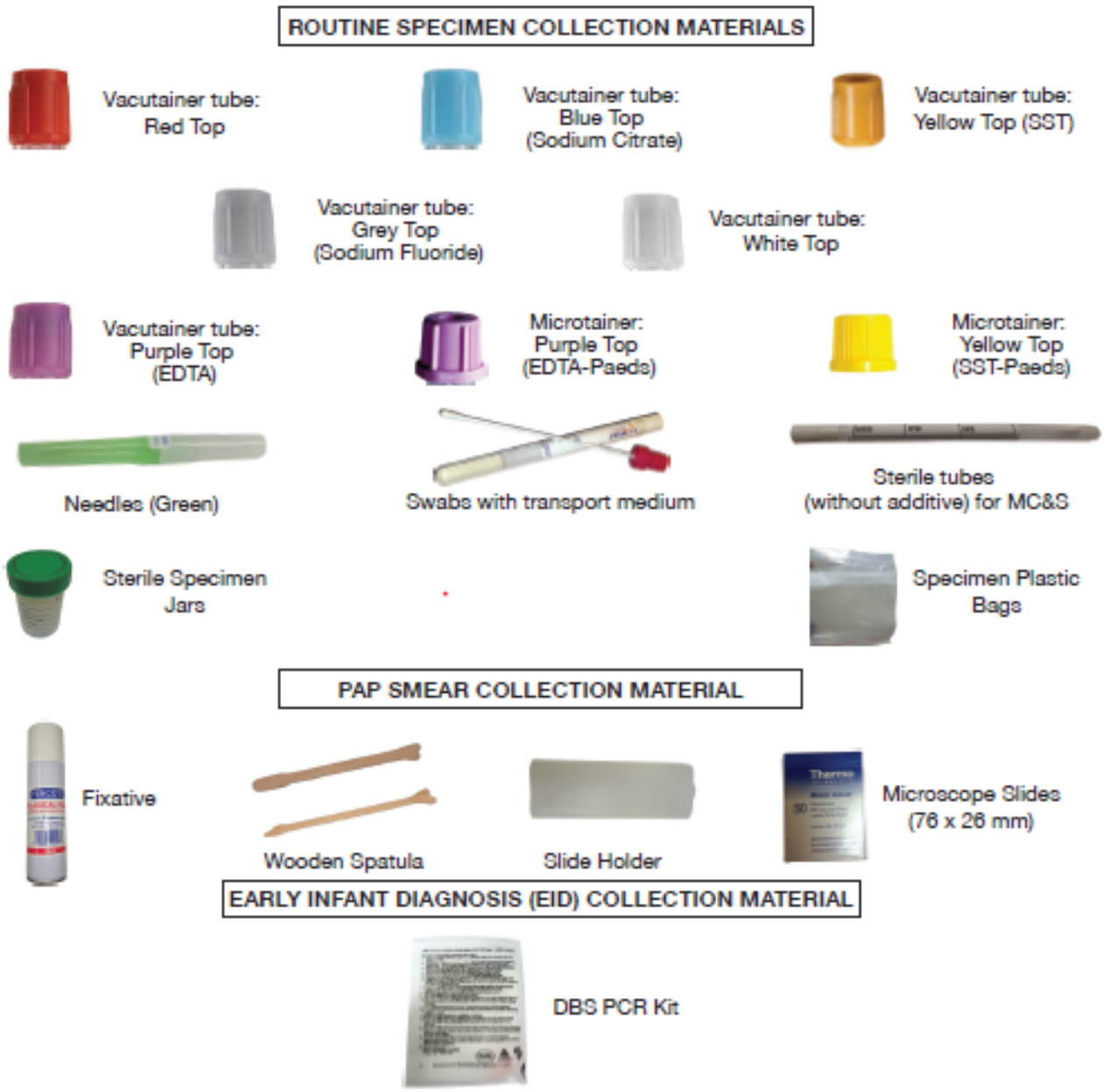
Scoring - in column for score mark as follows:

Y (Yes) = available, **N** (No) = not available, **NA** (Not applicable) = for measures marked with '*' if facility uses liquid based cytology method OR traditional pap smear consumable not required and if the facility has fewer areas as indicated for review.

Item	Score 8 hour service	Score 24 Hour emergency unit	Score MOU
Vacutainer tube: Blue Top (Sodium Citrate)			
Vacutainer tube: Red OR Yellow Top (SST)			
Vacutainer tube: Grey Top (Sodium Fluoride)			
Vacutainer tube: White Top (PPT)			
Vacutainer tube: Purple Top (EDTA)			
Microtainer tube: Purple Top (EDTAPaeds)			
Microtainer tube: Yellow Top (SST-Paeds)			
Sterile specimen jars			
Swabs with transport medium			
Sterile Tubes (without additive) for MCS (Microscopy, culture and sensitivity)			
Venipuncture needles (Green OR Black)			
Specimen Plastic Bags			
Pap smear collection materials			
Liquid - based Cytology (LBC) vials (NA if facility uses traditional pap smear method)			
Combi - brush (NA if facility uses traditional pap smear method)			
Cervix – brush (NA if facility uses traditional pap smear method)			
Fixative (NA if facility uses liquid based cytology method)			
Wooden spatula (NA if facility uses liquid based cytology method)			
Slide holder OR brown envelope (NA if facility uses liquid based cytology method))			
Microscope slides (NA if facility uses liquid based cytology method)			
Early Infant diagnosis (EID) collection material			
DBS PCR Kit OR EDTA Microtainer tube (where PCR is performed at the laboratory)			
NHLS stationery			
N1 - PHC Request Forms			

N2 - Cytology Request Form			
N3 - PHC Order Book for Specimen Collection Materials			
N4 - PHC Facility Specimen Register			
SMS printer			
Thermal paper roll (NA only if facility has real-time access to Labtrak/TrakCareWebview))			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Illustration of NHL specimen collection materials



See the correct specimen collection material as per specimen key next to each test

Specimen collection material	KEY
Vacutainer tube: Red Top	**R**
Vacutainer tube: Blue Top (Sodium Citrate)	BL
Vacutainer tube: Yellow Top (SST) and (SST-Paeds)	Y
Vacutainer tube: Grey Top (Sodium Fluoride)	G
Vacutainer tube: White Top (PPT)	W
Vacutainer tube: Purple Top (EDTA) and Microtaoner (EDTA Paeds)	P
Sterile specimen jars	SJ
Dried blood spot	DBS

Test	Specimen collection material	Test	Specimen collection material
CHEMICAL PATHOLOGY			
ALP (Alkaline Phosphatase)	**Y**	Phenytoin	**Y**
ALT(Alanine Transaminase)	**Y**	Pleural effusion Protein	**R**
Amylase/Lipase	**Y**	Potassium (serum)	**Y**
Calcium (serum)	**Y**	Prostate-Specific Ag (PSA)	**Y**
Cholesterol	**Y**	Sodium (serum)	**Y**
Creatinine (eGFR) (serum)	**Y**	Total Bilirubin	**Y**
CRP (C-reactive protein)	**Y**	Triglycerides	**Y**
Folate (serum)	**P**	TSH (Thyroid-stimulating hormone)	**Y**
FT4 (Free Throxine 4)	**Y**	Uric Acid (serum)	**Y**
Gamma GT (GGT) (Serum)	**Y**	Urine albumin:creatinine ratio	**SJ**
Glucose	**G**	Urine protein:creatinine ratio	**SJ**
HbA1c (Glycated Haemoglobin)	**Y**	Vitamin B12	**Y**
LDL-Cholesterol (LDL-C)	**Y**		
Haematology		**Microbiology**	
Differential count	**P**	CRAG (Cryptococcal Antigen test)	**Y**
Full Blood Count (FBC)	**P**	Hepatitis A IgM	**Y**
Haemoglobin	**P**	Hepatitis B Surface Ab	**Y**
INR (International Normalized Ratio)	**B**	HIV Elisa (discordant rapids)	**Y**
Platelets	**P**	Stool parasites	**SJ**
Red Cell Antibody screen (Coomb's Test)	**P**	Syphilis Serology	**Y**
White Blood Cell (WBC)	**P**	MCS (Microscopy, culture band sensitivity)	
HIV viral load		**TB testing**	
HIV Viral Load	**W/P**	Xpert MTB/RIF	**SJ**
HIV DNA PCR		TB Smear microscopy	**SJ**
HIV DNA PCR	**DBS/P**	TB Culture	**SJ**
HIV CD4 Count		TB Drug Susceptibility	**SJ**
CD4 Count	**P**	TB Line Probe Assay (Hain MTBDR)	**SJ**
Blood grouping			
ABO (Blood grouping)	**Y**		
Rhesus Factor (Rh)	**Y**		

Annexure 113: Checklist for element 148: Specimens are collected, packed, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook

Use the checklist below to check whether specimens are handled according to the PHC Laboratory Handbook

Scoring - in column for score mark as follows:

Check three samples from each of the groups of specimens (A to C) as listed in Table 1 and check whether they comply with the guidelines provided

Y (Yes) = handled correctly; **N** (No) = not handled correctly; **NA** (not applicable) = NA if the facility does not have the specific group of specimens listed in Table 1 in storage

Table 1: Grouping of specimens

Group A	Group B	Group C
Blood Pleural effusion Sputum Stool Urine	Pap smear	MCS (Microscopy, culture and sensitivity)

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 labeled									
Each laboratory request form is correctly completed									
There is at least one functional wall mounted thermometer in area where lab specimens are stored for courier collection									
The temperature of the storage area for lab specimens is recorded daily									
Group A specimens									
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									

Group B specimens									
Stored at room temperature									
Stored inside a slide carrier (envelope)									
Group C specimens									
Samples placed into the transport medium provided (where appropriate)									
Samples kept away from direct sunlight									
Where 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)									
Total									
Total maximum possible score (sum of all scores minus those marked NA)									
Score (Totals ÷ Total maximum possible scores)									

Annexure 114: Checklist for element 149: The laboratory results are received from the laboratory within the specified turnaround times

Use the checklist below to check whether the turnaround times for laboratory results are in line with specifications

Scoring - in column for score mark as follows:

Check - register for sending and receiving laboratory results, check three records.

Y (Yes) = results received within specified turnaround time, **N** (No) = results NOT received within specified turnaround time, **NA** (not applicable) = if the specific result (listed under point 1 to 9) is not in the record.

No	Item	Turnaround time	Score record 1	Score record 2	Score record 3
1	All Blood results except those listed in number 2 and 3	24 hours			
2	Blood results: Cholesterol, CRP (C-reactive protein), FT4 (Free Throxine 4), HbA1c (Glycated Haemoglobin), Phenytoin, lipase, PSA (Prostate specific hormone), Red Cell Folate, Triglycerides, TSH (Thyroidstimulating hormone), Vitamin B12, CD4 Count, RPR (Rapid Plasma Reagin test for syphilis), Hepatitis A, B or C	24 to 48 hours			
3	Blood results: HIV PCR for infants	48- 120 hours			
4	Blood results:Viral Load	48- 120 hours			
5	Pap smear	Variable depending on the result (4-6 weeks)			
6	Pus MCS (Microscopy, culture and sensitivity)	24-72 hours			
7	Sputum: TB	Between 5 days and 6 weeks			
8	Sputum: Xpert MTB/RIF	40 hours			
9	Stool (MCS)	24 – 72 hours			
10	Urine (MCS)	24 – 72 hours			
	Total				
	Total maximum possible score (sum of all scores minus those marked NA)				
	Score (Totals ÷ Total maximum possible scores)				

Annexure 115: Checklist for element 153: Staff appointed in line with determined requirements

Use the checklist below to check whether the staff is appointed in line with determined requirements

Scoring - in column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant, **NA** = if the staff category is not required according to the needs determined

Category of staff	Score
Medical practitioner	
Pharmacy	
Pharmacist	
Pharmacist assistant – basic	
Pharmacist assistant – post basic	
Nurses	
Clinical Nurse Practitioners	
Advanced midwife	
Professional nurses	
Enrolled nurses	
Enrolled nursing assistants	
Oral health	
Dentist	
Dental assistant	
Dental therapist	
Oral hygienist	
Allied health professionals	
Occupational therapists	
Physiotherapists	
Speech and hearing therapists	
Social workers	
Nutritionists/dietitians	
Optometrists	
Psychologist	
Management	
Facility manager	
Support Staff	
Administrative officers	
Cleaners (general assistants)	
Grounds men	
Security officers	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Totals ÷ Total maximum possible scores)	

Annexure 116: Example of a work allocation schedule for staff

Date from		Date to		
Name and surname of staff member	**Designation**	**Service area**	**Date**	**Signature**

Annexure 117: Annual leave schedule (first 6 months)

Facility name: _____

Year: _____

Month	January				February				March				April				May				June			
Name and surname of staff member	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Example: Mr Xy																								
Example: Ms DB																								
Example: Mr TT																								

ANNUAL LEAVE SCHEDULE (Second 6 months)

Facility name: _____

Year: _____

Month	July				August				September				October				November				December			
Name and surname of staff member	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Example: Mr FF																								
Example: Ms DG																								
Example: Mr DT																								

Annexure 118: Checklist for element 159 - All health care workers have current registration with relevant professional bodies

Use the checklist below to check whether staff appointed at the facility is registered with relevant professional bodies

Scoring - in column for score mark as follows:
Y (Yes) = have current registration, **N** (No) = not have current registration, **NA** (Not applicable) = if category of staff in not appointed at the facility

Category of staff	Score
Nurses	
Professional nurses	
Enrolled nurses	
Nursing assistants	
Clinical nurse practitioner	
Medical officers	
Medical Officer – full time	
Medical officer- sessional	
Medical officer- sessional - private GP	
Oral health	
Dentists – full time	
Dentist – sessional	
Dentist – sessional – private	
Dental therapist	
Dental assistant	
Oral hygienist	
Pharmacy	
Pharmacist	
Pharmacist assistant	
Allied health professionals	
Nutritionist/Dietician	
Physiotherapist	
Occupational therapist	
Psychologist	
Social worker	
Optometrist	
Speech and hearing therapist	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Totals ÷ Total maximum possible scores)	

Annexure 119: Checklist for element 160: Performance Management guidelines are adhered to

Use the checklist below to check whether Performance Management guidelines are adhered to

Scoring – in column for score mark as follows:

Check – randomly select three files for review

Y (Yes) = completed; **N** (No) = not completed; **NA** (Not applicable) = if the facility has less than three staff members or the staff member is working less than a year

Item	**Score File 1**	**Score File 2**	**Score File 3**
Performance management agreement signed for the current financial year			
Key performance areas and activities aligned with the facility's operational plan			
Personal Development Plan completed			
Evaluation is conducted six monthly			
Annual assessment report for previous financial year completed			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 120: Example of a staff satisfaction survey

Rate the below questions as follows:

Disagree =1, Slightly disagree = 2, Slightly agree = 3, Agree = 4, Strongly agree = 5

ID	Question	Score				
1	**Staff Satisfaction Survey**	**1**	**2**	**3**	**4**	**5**
1.1	**Personal profile**					
1.1.1	Facility name:					
1.1.2	Occupational class:					
1.1.3	Occupational band:					
1.1.4	Race:					
1.1.5	Gender:					
1.1.6	Age group:					
1.1.7	Years of service:					
1.1.8	Language:					
1.2	**Survey questions (score ranges from 0 to 5)**					
1.2.1	**Direction/strategy/integration**					
1.2.1.1	I am clear on what the Department of Health's strategies and goals are and my role in supporting their attainment					
1.2.1.2	The Department of Health's strategies and goals directly supports those of the National Department of Health					
1.2.1.3	I am aware of the initiatives to create better integration of policies and coordination across units					
1.2.1.4	The implementation of integration policies will optimise use of resources and enhance efficiencies					
1.2.1.5	Management actively supports the integration initiatives					
1.2.2	**Morale**					
1.2.2.1	I feel valued as an employee					
1.2.2.2	I enjoy being a part of this organisation					
1.2.2.3	Employees have a good balance between work and personal life					
1.2.2.4	Morale is high across the organisation					
1.2.2.5	Employees speak highly about this organisation					
1.2.3	**Workload**					
1.2.3.1	There is enough staff employed to meet work demands in the organisation					
1.2.3.2	I am given enough time to do my job well					
1.2.3.3	Sufficient time is available to work on agreed high priority activities					
1.2.4	**Wellbeing and security**					
1.2.4.1	I feel in control and on top of things at work					
1.2.4.2	I feel emotionally well at work					
1.2.4.3	I am able to keep my job stress at an acceptable level					
1.2.4.4	I feel safe in my work environment					
1.2.5	**Job satisfaction**					
1.2.5.1	My work gives me a feeling of personal accomplishment					
1.2.5.2	I like the kind of work I do					
1.2.5.3	Overall I am satisfied with my job					
1.2.6	**Organisation commitment**					
1.2.6.1	I feel a sense of loyalty and commitment to the organisation					
1.2.6.2	I am proud to tell people that I work at DoH					
1.2.6.3	I feel emotionally attached to the organisation					
1.2.6.4	I am willing to put in extra effort for the organisation					
1.2.7	**Diversity**					
1.2.7.1	Diversity among staff is valued					
1.2.7.2	Sexual harassment is prevented and discouraged at the organisation					

1.2.7.3	Discrimination is prevented and discouraged at the organisation					
1.2.7.4	Bullying and abusive behaviours are prevented and discouraged at the organisation					
1.2.7.5	There is equal opportunity for all staff in the organisation					
1.2.7.6	The organisation has effective procedures for handling employee grievances					
1.2.7.7	Management provides support to staff in reporting any discrimination or harassment					
1.2.8	**Change and innovation**					
1.2.8.1	Change is handled well in the organisation					
1.2.8.2	The way the organisation is run has improved over the last year					
1.2.8.3	The organisation is innovative					
1.2.8.4	The organisation is good at learning from its mistakes and successes					
1.2.9	**Comments**					
1.2.9.1	Please provide any suggestions or recommendations you have to improve performance across the organisation					
1.2.10	**Client orientation and quality of service**					
1.2.10.1	We understand the specific needs of our clients (people we provide service to)					
1.2.10.2	We are focused on delivering high-quality and timeous services to our clients					
1.2.10.3	We have sufficient facilities equipment and supplies to deliver quality service					
1.2.10.4	Our services meet our clients' needs					
1.2.10.5	Department of Health's services are accessible to the community.					
1.2.10.6	Department of Health's services are well known and appreciated in the community.					
1.2.11	**Employee/management relations**					
1.2.11.1	Management sets high standards of excellence					
1.2.11.2	Management creates an environment where employees are enabled to perform their jobs well					
1.2.11.3	Management values the role that unions play in the organisation					
1.2.11.4	Management and unions engage in constructive conflict resolution					
1.2.11.5	Management encourages collaboration across the organisation					
1.2.11.6	Management treats employees fairly					
1.2.12	**Respect**					
1.2.12.1	I feel my input is valued by my peers					
1.2.12.2	Knowledge and information sharing is a group norm across the organisation					
1.2.12.3	Employees consult each other when they need support					
1.2.12.4	Individuals appreciate the personal contributions of their peers					
1.2.12.5	When disagreements occur they are addressed promptly in order to resolve them					
1.2.13	**Role clarity**					
1.2.13.1	The organisation’s goals and objectives are clear to me					
1.2.13.2	Employees have a shared understanding of what the organisation is supposed to do					
1.2.13.3	Roles and responsibilities within the group are understood					
1.2.13.4	Clear reporting structures have been established					
1.2.13.5	Employees at this organisation have the right skill sets to perform their job functions					
1.2.13.6	My role has a clearly defined performance expectation					
1.2.14	**Performance/reward systems**					
1.2.14.1	People are involved in setting their own performance goals					
1.2.14.2	People are recognised for achieving their goals					
1.2.14.3	People are rewarded for the quality of their work					
1.2.14.4	There is a clear link between performance and rewards					

1.2.14.5	Management gives feedback that is specific enough to be used for improving their performance					
1.2.14.6	When people do not perform up to their potential action is taken to help them improve and grow					
1.2.14.7	People are rewarded for team efforts not only individual performance					
1.2.15	**Communication**					
1.2.15.1	I receive the information I need to perform my job well					
1.2.15.2	When I need help I can ask others in my work group for suggestions or ideas					
1.2.15.3	Interpersonal communication and relationships contribute to organisational performance					
1.2.15.4	Our face-to-face meetings are productive					
1.2.15.5	The organisation uses effective methods to communicate important information					
1.2.16	**Career development**					
1.2.16.1	When a position needs to be filled in this organisation the best person for the job is the one who gets it					
1.2.16.2	The organisation continuously invests in developing the skills of its employees					
1.2.16.3	The organisation has effective training and education programmes to assist people to do their jobs effectively					
1.2.16.4	My responsibilities include challenging goals that encourage personal growth					
1.2.16.5	The organisation actively retains scarce talent required for efficient quality care					
1.2.17	**Decision-making/management structures**					
1.2.17.1	The structure of the organisation supports cooperation between functions and departments					
1.2.17.2	I believe that the organisation manages its finances responsibly					
1.2.17.3	The organisation supports the implementation of Batho Pele principles to ensure that poor people are not further disadvantaged by the system					
1.2.17.4	There are clear policies and procedures for how work is to be done					
SUB TOTAL SCORE (add the scores in each column)						
TOTAL (add subtotal scores						
AVERAGE PERCENTAGE (total/(109*5)						**%**

Annexure 121: Checklist for element 167: SOP for management of occupational health and safety incidents is available

Use the checklist below to check whether the topics as listed is covered in the SOP

Scoring –in column for score mark as follows:

Check – the content of the SOP

Y (Yes) = compliant; **N** (No) = not compliant

Item	**Score**
Standardised form to be completed to report an occupational health and safety incident	
Process for submitting completed forms	
Format for register to record occupational health and safety incidents	
Analysis of incidents to establish trends	
Total	
Score ÷ 4	

Annexure 122: Occupational Health and Safety Register

OCCUPATIONAL HEALTH AND SAFETY REGISTER

NAME OF FACILITY: _____

FINACIAL YEAR: _____

Date of Injury	Time of Injury	Name and surname of employee	Persal number of employee	Summary of description of incident	Summary of investigation conducted	Outcome of investigation	Recommendations to prevent reoccurrence	Date recom-mendations implemented	Official forms submitted to district (Yes/No)
APRIL									
MAY									
JUNE									
JULY									
AUGUST									

SEPTEMBER									
OCTOBER									
NOVEMBER									
DECEMBER									
JANUARY									
FEBRUARY									
MARCH									

Verified at end of financial year by: Name and Surname_____ Signature: _____Date:_____

Annexure 123: Checklist for element 170: Occupational Health and Safety incidents are managed and recorded in a register

Use the checklist below to check whether the Occupational Health and Safety register is completed

Scoring –in column for score mark as follows:

Check – the register for entries of incidents six month prior to the status determinations

Y (Yes) = completed; **N** (No) = not completed; **NA** (Not applicable) = if the facility had no occupational health and safety incidents

Item	Score
Summary of description of incident	
Summary of investigation conducted	
Outcome of investigation	
Recommendation/s	
Date recommendations implemented	
Personnel who experience needle stick injuries received post-exposure prophylaxis	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 124: Expenditure report

NAME OF FACILITY: _____ **FINANCIAL YEAR**:_____

SUBJECT: EXPENDITURE REPORT

MAIN ITEM	COMPENSATION OF EMPLOYEE	GOODS AND SERVICES	MACHINERY & EQUIPMENT	PROV & LOCAL GOVERNMENT	HOUSEHOLDS	TOTAL
BUDGET	R 5,301,000	R6,491,000	R 1,251,000		R 259,000	R 13,302,000
APRIL'15	R 345,650	R 79,427				R 425,107
MAY'15	R 300,845	R 1,161,304				R 1,462,149
JUNE'15	R 399,783	R 464,126				R 863,909
JULY'15						R -
AUGUST'15						R -
SEPTEMBER'15						R -
OCTOBER'15						R -
NOVEMBER'15						R -
DECEMBER'15						R -
JANUARY'16						R -
FEBRUARY'16						R -
MARCH'16						R -
ACTUAL	R 1,046,308	R 1,704,857	R -	R -	R -	R 2,751,165
VARIANCE	R 4,254,692	R 4,786,143	R 1,251,000	R -	R 259,000	R 10,550,165
% SPENT	20	26				21
PROJECTION	R 1,395,077	R 2,273,143	R -	R -	R -	R 3,668,220

EXPECTED MONTHLY EXPENDITURE

COMPENSATION OF EMPLOYEES	R 44,175,000
GOODS AND SERVICES	R540,917
MACHINERY & EQUIPMENT	
TOTAL	R 982,667

Annexure 125: Checklist for element 176: Cleaning schedule are available for all areas in the facility

Use the checklist below to check whether a cleaning schedule is available for all areas in the facility

Scoring – in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = if the facility does not have the service area

Item	**Score**
8 hour service area	
MOU	
24 Emergency unit	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Totals ÷ Total maximum possible scores)	

Annexure 126: Checklist for element 179 - Disinfectant, cleaning materials and equipment are available

Use the checklist below to check whether the disinfectant, cleaning materials and equipment are available

Scoring – in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available; **NA** = Not applicable e.g.:

- Mop for exterior areas for facilities that do not have exterior areas to clean.
- Polish, stripper and floor polisher in facilities where the floor surface does not require polishing.

Disinfectant and cleaning Material	**Score**
High-level disinfection for medical equipment (e.g sodium perborate powder OR phthalaldehyde)	
Chlorine compounds (e.g Biocide D or Clorox)	
Alcohol based agent (70%-90%)	
Detergents – neutral pH	
Wet polymer (floor polish)	
Protective polymer (strippers)	
All cleaning materials clearly labelled	
Materials Safety Data Sheets for all cleaning products	
Cleaning equipment	**Score**
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	
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 (sum of total scores minus those marked NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	

Annexure 13: Regulations for material safety data sheets

Hazardous Chemical Substances Regulations, 1995

The Minister of Labour has under section 43 of the Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), after consultation with the Advisory Council for Occupational Health and Safety, made the regulations in the Schedule.

9A (1) Subject to section 10(3) of the Act, every person who manufactures, imports, sells or supplies any hazardous chemical substance for use at work, shall, as far as is reasonably practicable, provide the person receiving such substance, free of charge, with a material safety data sheet in the form of Annexure 1, containing all the information as contemplated in either ISO 1 1014 or ANSIZ400.1.1993 with regard to-

(a) product and company identification;
(b) composition/information on ingredients;
(c) hazards identification;
(d) first-aid measures;
(e) fire-fighting measures;
(f) accidental release measures;
(g) handling and storage;
(h) exposure control/personal protection;
(i) physical and chemical properties;
(j) stability and reactivity;
(k) toxicological information;
(l) ecological information;
(m) disposal considerations;
(n) transport information;
(o) regulatory information; and
(p) other information:

Provided that, where it is not reasonably practicable to provide a material safety data sheet, the manufacturer, importer, seller or supplier shall supply the receiver of any hazardous chemical substance with sufficient information to enable the user to take the necessary measures as regards the protection of health and safety.

(2) Every employer who uses any hazardous chemical substance at work, shall be in possession of a copy of Annexure 8 or a copy of sufficient information, as contemplated in subregulation (1).

(3) Every employer shall make Annexure 8 or sufficient information, as contemplated in sub regulation (1), available at the request of any interested or affected person.

ANNEXURE 8

Material safety data sheet

MATERIAL SAFETY DATA SHEET	No: Date issued: Page of
COMPANY DETAILS	
Name: Address: Tel:	Emergency telephone no.: Telex: Fax:
1) Product and Company Identification: **(Page 1 may be used as an emergency safety data sheet)**	
Trade name : Chemical family : Chemical name: Synonyms:	Chemical abstract no. : NIOSH no.: Hazchem code: UN no.:
2) Composition	
Hazardous components: EEC classification: R Phrases:	
3) Hazards Identification	
Main hazard: Flammability: Chemical hazard: Biological hazard: Reproductive hazard: Eye effects: eyes: Health effects - skin: Health effects - ingestion: Health effects - inhalation: Carcinogenicity: Mutagenicity: Neurotoxicity:	
4) First-aid Measures	
Product in eye: Product on skin: Product ingested: Product inhaled:	
5) Fire-fighting Measures	
Extinguishing media: Special hazards: Protective clothing:	
6) Accidental Release Measures	
Personal precautions: Environmental precautions: Small spills: Large spills:	
7) Handling and Storage	
Suitable material: Handling/storage precautions:	
8) Exposure Control/Personal Protection	

Occupational exposure limits: Engineering control measures: Personal protection - respiratory: Personal protection - hand: Personal protection - eye: Personal protection - skin: Other protection:
9) Physical and Chemical Properties
Appearance: Odour: pH: Boiling point: Melting point: Flash point: Flammability: Auto flammability: Explosive properties: Oxidizing properties: Vapour pressure: Density: Solubility - water: Solubility - solvent: Solubility - coefficient
10) Stability and Reactivity
Conditions to avoid: Incompatible materials: Hazardous decomposition products:
11) Toxicological Information
Acute toxicity: Skin and eye contact: Chronic toxicity: Carcinogenicity: Mutagenicity: Neurotoxicity: Reproductive hazards:
12) Ecological Information
Aquatic toxicity - fish: Aquatic toxicity - daphnia Aquatic toxicity - algae Biodegradability: Bio-accumulation: Mobility: German wgk:
13) Disposal Considerations
Disposal methods: Disposal of packaging:
14) Transport Information
UN no. Substance indentity no. ADR/RID class: ADR/RID item no. ADR/RID hazard identity no.: IMDG - shipping name: MDG - class:

IMDG - packaging group: IMDG - marine pollutant: IMDG - EMS no. IMDG - WAG tabel no.: IATA - shipping name: IATA - class: IATA - subsidiary risk(s): ADNR - class: UK - description: UK - emergency action class: UK - classification: Tremcard no.:	
15) Regulatory Information.	
EEC hazard classification: Risk phases: Safety phases: National legislation:	
16) Other Information	

Annexure 128: Checklist for element 178 - All work completed is signed by cleaners and verified by manager or delegated staff member

Use the checklist below to check whether all work is signed by cleaners and verified by manager or delegated staff member

Scoring - in column for score mark as follows:

Check – Randomly select the areas as indicated

Y (Yes) = signed off, **N** (No) = not signed off, **NA** (Not applicable) = if the facility does not have the area

	Area	**Score Signed by cleaner**	**Score Signed by supervisor**
8 Hour Service Area	Consultation rooms (randomly select 3 rooms)		
	Vital rooms		
	Health Support area (Rehabilitation treatment area)		
	Oral Health Service		
	Waiting area		
	Public toilets (randomly select 3 toilets)		
	Staff toilets (randomly select 3 toilets)		
	Staff rooms		
24 hour Emergency Unit	Resuscitation area		
	Observation area		
	Consultation area		
	Waiting area		
	Public toilets (randomly select 3 toilets)		
	Staff toilets		
	Staff rooms		
	Doctor's rest rooms		
MOU	Antenatal ward		
	Postnatal ward		
	Delivery suite		
	Waiting area		
	Public toilets		
	Patient ablution facilities		
	Staff toilets		
	Staff rooms		
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 129: Checklist for element 180: Facility is clean

Use the checklist below to check whether the areas are clean

Scoring - in column for score mark as follows:

Randomly select two service areas as indicated in the column for the score

Y (Yes) = compliant, **N** (No) = non compliant, **NA** (not applicable) = if the facility does not have the service area

Area and standards	**Scores 8 Hour Service Area**					**24 hour Emergency unit**				**MOU**		
Clinical area	**Vital area**	**Consulting room 1**	**Consulting room 2**	**Health Support (Rehabilitation)**	**Oral Health Service**	**Consulting area 1**	**Resuscitation area 1**	**Observation area 1**	**Triage area**	**Antenatal ward**	**Post natal ward**	**Delivery suite**
Windows are clean												
Window sills are clean												
Floor is clean												
Wall skirtings 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												
NON-CLINICAL AREAS:	**Main Waiting area**	**Sub-Waiting area 1**	**Reception**	**Staff room**		**Waiting area**	**Nurses station**	**Manager office**		**Waiting area**	**Unit managers office**	**Staff room**
Windows are clean												
Window sills are clean												
Floor is clean												
Wall skirtings are free of dust												
The countertops are clean												

The door handles are clean												
Walls is clean												
Bins are not over flowing												
Bins are clean												
The areas are odour-free												
All areas free of cobwebs												
Total												
Total maximum possible score (sum of all scores minus those marked NA)												
Score (Totals ÷ Total maximum possible scores)												

Annexure 130: Checklist for element 181: Hand hygiene facilities are available

Use the checklist below to check whether there is running water, toilet paper, liquid hand wash soap and disposable hand paper towels in the areas as indicated

Scoring - in column for score mark as follows:
Check - Randomly select the areas as indicated
Y (Yes) = available, **N** (No) = not available, **NA** (not applicable) if the facility has fewer areas than listed for review or (*) During drought episodes taps can be closed, facility must then have alcohol based hand rub available and if the facility has fewer areas as indicated for review

Item	Score 8 Hour Service Area				Score 24 hour Emergency Unit				Score MOU		
Toilet	**Toilet 1** (3 streams of care)	**Toilet 2** (3 streams of care)	**Toilet in Health Support area**	**Toilet in Oral Health**	**Patient Toilet**	**Toilet for disabled**	**Staff toilet**		**Patient Toilet**	**Toilet for disabled**	**Staff toilet**
Functional hand wash											
Taps functional with running water (*)											
Toilet paper											
Liquid hand wash soap											
Disposable hand paper towels											
Clinical Areas	**Vital signs room**	**Consultation room**	**Health support: Treatment room**	**Oral Health: Treatment room**	**Triage**	**Consultation area 1**	**Resuscitation area**	**Observation area**	**Antenatal ward**	**Postnatal ward**	**Delivery suite**
Functional hand wash basin											
Taps functional with running water (*)											
Liquid hand wash soap (*)											
Alcohol based hand rub											
Disposable hand paper towels											
Total											
Total maximum possible score (sum of all scores minus those marked NA)											
Score (Totals ÷ Total maximum possible scores)											

Annexure 131: Checklist for element 182: SOP for managing general and health care risk waste is available

Use the checklist below to verify that the SOP describes the topics as listed

Scoring - In column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant.

Item	**Score**
Segregation containers	
Handling of segregated waste	
Storage of segregated waste	
Collection	
Disposal	
Total	
Score (Total ÷ 5)	

Annexure 132: Checklist for element 183: Health care waste is managed appropriately

Use the checklist below to check whether health care waste is managed appropriately at the areas as indicated

Scoring - in column for score mark as follows:
Check – Randomly select the areas as indicated
Y (Yes) = available/with lid and appropriately lined; **N** (No) = not available or no lid or not appropriately lined; **NA** (not applicable) = if the facility has fewer than listed areas

Item	Score 8 Hour Service Area				Score 24 hour Emergency Unit				Score MOU		
Toilet	**Patient Toilet**	**Toilet for disabled**	**Staff Toilet**		**Patient Toilet**	**Toilet for disabled**	**Staff toilet**		**Patient Toilet**	**Toilet for disabled**	**Staff toilet**
Sanitary disposal bins with functional lids											
* Sanitary disposal bins/boxes lined with appropriate colour plastic bags											
Sanitary disposal bins/boxes are clean and not overflowing											
Clinical Areas	**Waiting area**	**Consultation room**	**Health support: Treatment room**	**Oral Health: Treatment room**	**Waiting areas**	**Consultation area 1**	**Resuscitation area**	**Observation area**	**Antenatal ward**	**Postnatal ward**	**Delivery suite**
Health care risk waste disposal bins with functional lids OR health care risk waste box available											
Health care risk waste disposal bins/boxes lined with red colour plastic bags											
Health care risk waste disposal bins/boxes contain only health care waste											
Health care risk waste disposal bins/boxes are not overflowing											
Bins available for general waste											
Bins for general waste are lined with white, black, transparent or beige coloured bags											
Anatomical waste (Red bucket with sealable lid)											
Total											
Total maximum possible score (sum of all scores minus those marked NA)											
Score (Totals ÷ Total maximum possible scores)											

* If disposable boxes for sanitary waste is used where gel granules in the bottom of the box treat the waste, no bag is required and facility can score "Y"

Annexure 133: Checklist for element 184 - Central storage area for health care waste is appropriate

Use the checklist below to check whether storage areas for health care waste is appropriate

Scoring - in column for score mark as follows:

Y (Yes) = comply; **N** (No) = do not comply

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	
General waste is not burned or buried in the health establishment premises but collected for disposal at a designated area/landfill	
Health care risk waste storage area	**Score**
Health care risk waste is stored in an access-controlled area	
Health care waste storage area is clean and free from rodents	
Health care storage area is well ventilated	
Health care risk waste containers must be stored on shelves/pallets	
Area has access to water to hose the area	
Area has adequate drainage for the water (must be connected to a municipal sewerage system)	
Storage area is enclosed and protected from natural elements (rain, wind and sun)	
Area is marked with international biohazard symbol toilet	
Total	
Score (Total ÷ 10) x 100	**%**

Annexure 134: Checklist for element 185: All toilets are clean, intact and functional

Use the checklist below to check whether the toilets are functional

Scoring - in column for score mark as follows:

Check - Randomly select the areas as indicated

Y (Yes) = intact, **N** (No) = not intact, **NA** (not applicable) = if the facility has fewer areas as indicated for review

Item	Score 8 Hour Service Area			Score 24 hour Emergency Unit			Score MOU		
Toilet	**Patient Toilet**	**Toilet for disabled**	**Staff Toilet**	**Patient Toilet**	**Toilet for disabled**	**Staff toilet**	**Patient Toilet**	**Toilet for disabled**	**Staff toilet**
Cleanliness of toilets									
Windows are clean									
Window sills are clean									
Floor is clean									
Basins are clean									
Walls are clean									
Toilets/urinals clean									
Sanitary bins clean and not over flowing									
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									
Total									
Total maximum possible score (sum of all scores minus those marked NA)									
Score (Totals ÷ Total maximum possible scores)									

Annexure 135: Checklist for element 186: The exterior of the facility is clean and well maintained

Use the checklist below to check whether the exterior of the facility is clean and well maintained

Scoring - in column for score mark as follows:

Observe the general exterior environment of the facility

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility's structural make-up does not allow for gardens e.g. in a multi-storey building in a city, at least one prompt must be scored, e.g. "There is no dirt and litter around facility premises"

Prompts	**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	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Totals ÷ Total maximum possible scores)	

Annexure 14: Schedule for pest control

PEST CONTROL SCHEDULE

Name of facility: _____

Year:_____

Key: Pest control scheduled to take place

ITEM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Pest control schedule												
Date completed												
Comments (where applicable)												
Facility manager's signature												

Annexure 15: Checklist for element 192: Safety and security SOP is available

Use the checklist below to verify that the SOP describes the topics as listed

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
High risk areas and the specific security needs for these areas	
Access control within the facility	
Reporting of security incidents (format for register for security breaches)	
Training of personnel on the management of alarms (where applicable)	
Provision of guarding services	
Patrolling of the health facility	
Equipment for security personnel	
Documentation of response time for security breaches/incidents	
Total	
Score (Total ÷ 8)	

Annexure 16: Checklist for element 195 - There is a standard security guard room OR the facility has an alarm system linked to armed response

Use the checklist below to check whether facility security adheres to standard guidelines

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility's structural make-up does not allow for its own security guard room e.g. in a multi-storey building in a city or at very small facilities. Security services should, however, still be available therefore measures listed under equipment and stationery must be scored.

Item	Score
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	
Kitchenette – sink with cupboard underneath	
Table	
Chair	
Functioning lights	
Security equipment for security officer(s) and accompanying stationery	
Baton	
Handcuffs OR Cable ties	
Incident book	
Metal detector	
Telephone OR two-way radio OR dedicated cellphone	
Total score	
Total maximum possible score (sum of all scores minus NA)	
Percentage (Total score ÷ Total maximum possible score) x 100	**%**

Annexure 17 : Checklist for element 197: Security services rendered according to contract

Use the checklist below to check whether the security services are rendered according to contract

Scoring – in column for score mark as follows:

Y (Yes) = complaint; **N** (No) = not compliant; **NA** (Not applicable) = for whichever option is not in operation at the facility

Item	Score
If armed response is available	
Response time indicated in register for security breaches	
If there were breaches did, they respond in time?	
If security guards are available	
Security guards wear uniforms	
Security guards have received training	
Duty patrol register updated *	
There is an access control system in the facility	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Totals ÷ Total maximum possible scores)	

Annexure 140: Register for security breaches

Name of facility: _____

Year:_____

Date of breach	Name of surname of staff managing the breach	Name and surname of staff and or patients involved in the breach (where applicable)	Short description of the breach	Short description of how the breach was managed	Actions taken to prevent reoccurrence	Signature of staff managing the breach
January						
February						
March						
April						
May						
June						
July						
August						
September						

October						
November						
December						

Annexure 181: Checklist for element 199: Security breaches are managed and recorded in a register

Use the checklist below to check whether security breaches are managed and recorded in a register

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant; NA = if the facility had no security breaches in the past three months. Zero reporting must be done in such cases.

Item	Score
A designated person monitors the service level agreement for security services	
Security breaches are recorded in a register	
Remedial actions to address security breaches identified are implemented	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 142: Checklist for element 200: There is a security system at the entrance of the units

Use the checklist below to verify that there is a security system at the entrance of the 24 hour Emergency unit and the MOU

Scoring - In column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant, NA (Not applicable) = if the facility has fewer areas as indicated.

Item	**Score**
24 hour Emergency unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 19: Checklist for element 200 – Functional firefighting equipment is available

Use the checklist below to check whether firefighting equipment is available

Scoring – in column for score mark as follows:

Y (Yes) = available and intact; **N** (No) = not available and intact; **NA** (not applicable) = for fire hose if the facility has less than 250 m^2 floor area OR the facility has no water supply

Item	Score
Fire extinguishers	
Fire hoses and reels unless it is a single-storey building of less than 250 m^2 in floor area OR the facility has no water supply	
Two 9 kg or equivalent fire extinguishers where the facility has no water supply	
Firefighting equipment is maintained according to schedule	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	**%**

Annexure 20: Control sheet for inspection of firefighting equipment

Facility name: _____

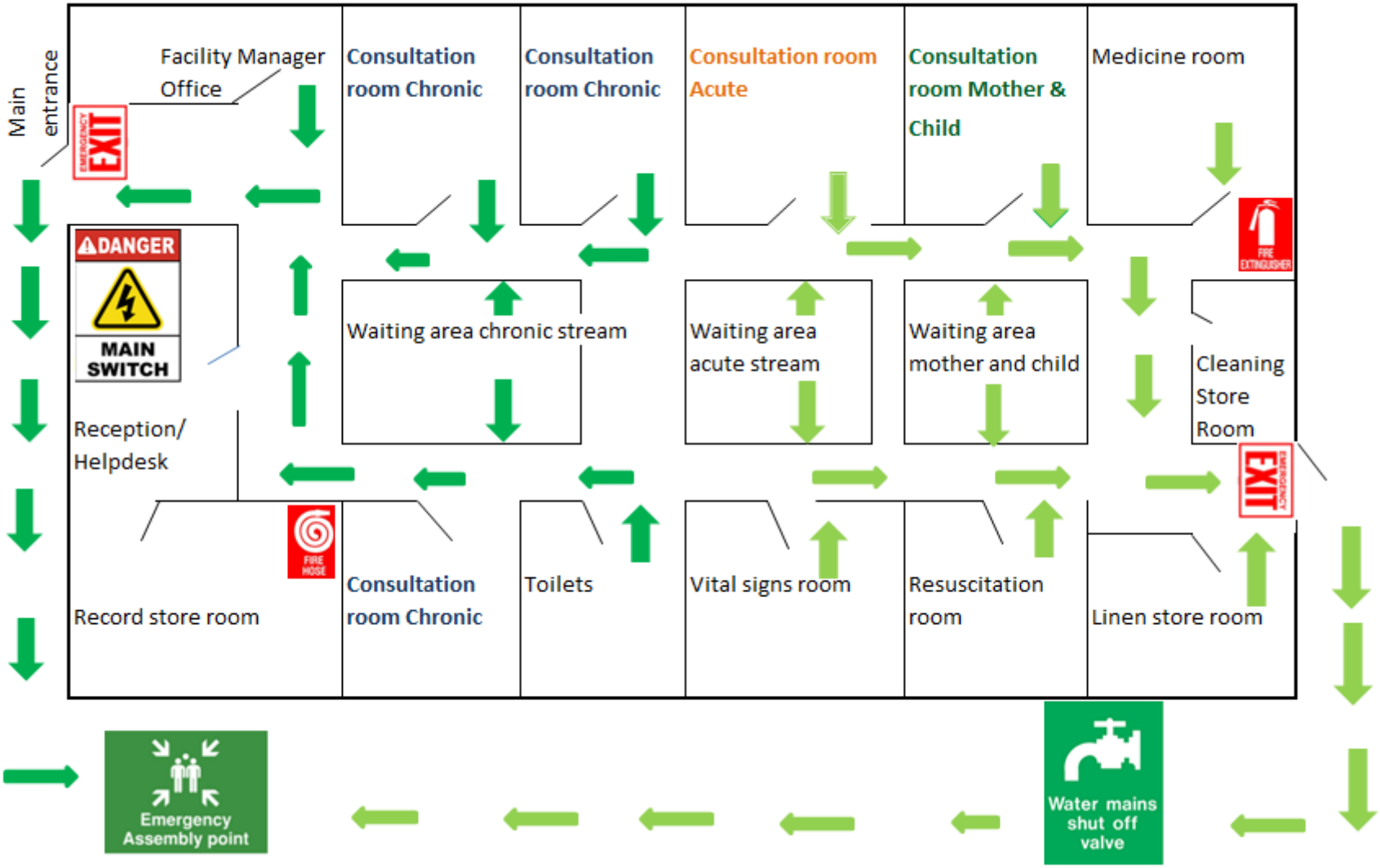
Date inspected: _____

Type of firefighting equipment	Location	Date of last service	Date of next service	Condition of equipment

Annexure 21: Evacuation plan

Name of facility: _____

Key: Exit routes



Annexure 146: Checklist for element 202: Evacuation plan is displayed in designated areas

Use the checklist below to check whether evacuation plan is displayed in the areas as indicated

Scoring – in column for score mark as follows:

Y (Yes) = available, **N** (No) = not available; **NA** (Not applicable) = if the facility has fewer areas as indicated for review

Area	**Score**
Main waiting areas	
Manager's office	
Entrance to the 8 hour service	
Entrance to the 24 hour Emergency Unit	
Entrance to the MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 147: Checklist for element 203: Contact numbers of healthcare personnel required in emergencies are available in designated areas

Use the checklist below to check whether the contact numbers of healthcare personnel required in emergencies are available in designated areas

Scoring – in column for score mark as follows:

Y (Yes) = available, **N** (No) = not available, **NA** (Not applicable) = if the facility has fewer areas as indicated for review

Area	**Score**
Manager's office at 8 hour service	
24 hour Emergency Unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 22: Evacuation drill report

Date of evacuation drill	Staff member responsible for arranging and conducting drill	Findings of evacuation drill (short falls)	Corrective action taken	Date of repeating drill to establish if shortfalls were corrected

Annexure 149: Checklist for element 211: CHC space accommodates all services and staff at the 8 hour service area

Use the checklist below to check whether internal and external areas offer sufficient space for task performance

Scoring – in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = for small facilities that do not provide all the services

Item	Score
INTERIOR SPACE	
General	
Main waiting area	
Help desk/Reception/patient registration	
Toilets	
8 hour Clinical Service Areas	
Sub-waiting area	
Vitals area /room	
Consulting room	
Counselling room	
Treatment room	
Health Support services	
Rehab treatment room	
Oral health treatment room	
MMC	
TOP	
Support /administration areas	
Multipurpose meeting room	
Facility manager office	
Staff tea room with kitchenette	
Pharmacy/dispensary	
• Shelves available	
Medicine collection kiosk (CCMDD)	
Surgical stores store-room	
Lockable cleaning material store room OR cupboard	
Oral Health store room	
Dirty utility room	
Linen room OR cupboard	
Exterior space	

Sputum booth	
Parking spaces	
a. Staff	
b. Disabled	
Waste storage room	
a. Health care general waste area	
b. Health care risk waste area	
Garden store room	
Drying area (for mops, etc.)	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Totals ÷ Total maximum possible scores)	

Annexure 150: Checklist for element 212: CHC space accommodates all services and staff at the 24 hour Emergency Unit

Use the checklist below to check whether internal and external areas offer sufficient space for task performance

Scoring – in column for score mark as follows:

Check – whether the following areas are present and sufficient

Y (Yes) = available; **N** (No) = not available

Item	Score
INTERIOR SPACE	
General	
Main waiting area	
Help desk/Reception/patient registration	
Toilets	
Clinical Service Areas	
Triage	
Consulting room	
Counselling room	
Observation area	
Emergency/resuscitation room	
Support /administration areas	
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/sluice room	
Linen room OR cupboard	
Disaster stores room	
Doctor's rest room	
Exterior space	
Parking spaces	
Staff parking space	
Disabled parking space	
Ambulance parking space	
Total	
Score (Total ÷ 21)	

Annexure 151: Checklist for element 213: CHC space accommodates all services and staff at the MOU

Use the checklist below to check whether internal and external areas offer sufficient space for task performance

Scoring – in column for score mark as follows:

Check – whether the following areas are present and sufficient

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = for small facilities that cannot accommodate all the areas.

Item	Score
INTERIOR SPACE	
General	
Main waiting area	
Help desk/Reception/patient registration	
Toilets	
Clinical Service Areas	
Antenatal ward	
Postnatal ward	
Delivery suite	
Support /administration areas	
Unit manager office	
Staff tea room with kitchenette	
Medicine store room/trolley/cupboard	
Surgical stores store-room	
Lockable cleaning material store room OR cupboard	
Sluice	
Clean utility room	
Linen room OR cupboard	
Exterior space	
Staff parking space	
Disabled parking space	
Ambulance parking space	
Drying area (for mops, etc.)	
Total	
Score (Total ÷ 18)	

Annexure 152: Checklist for element 214: All clinical areas have adequate natural (windows) or functional mechanical ventilation (ceiling fans/air conditioner)

Use the checklist below to check whether the various areas have adequate ventilation

Scoring – in column for score mark as follows:

Check – randomly select the number of areas to review as indicated in the column for scores
Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = if the facility does not have the service area

Area	**Score 8 hour service area**	**Score 24 hour Emergency unit**	**Score MOU**
Waiting area			
Vital signs rooms			
Consultation room			
Antenatal section			
Delivery suite			
Postnatal section			
Triage area			
Resuscitation area			
Observation area			
Total score			
Total maximum possible score (sum of all scores minus NA)			
Percentage (Total score ÷ Total maximum possible score) x 100			

Annexure 153: Checklist for element 215: There is access for people with wheelchairs

Use the checklist below to check the accessibility for patients in wheelchairs at the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant, **NA** (Not applicable) = if the facility has fewer areas as indicated for review

Item	Score 8 Hour Service	Score 24 Hour Emergency unit	Score MOU
Terrain must be compacted and smooth from gate to main entrance			
At least one entrance to the 8 hour service area has a ramp to allow access for persons in wheelchairs unless the entrance to the facility has no incline			
Ramp at one of the entrances to the 8 hour service area has handrails unless the entrance to the facility has no incline			
Elbow taps in toilet with access for persons in wheelchairs			
At least one toilet has access for persons in wheelchairs			
In the toilet/s with access for persons in wheelchair, door handles are at the height of a wheelchair			
In the toilet/s with access for persons in wheelchairs handrails are installed			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 154: Checklist for element 217: The building/s is maintained according to schedule

Use the checklist below to check whether the various internal and external areas are in good condition

Scoring - in column for score mark as follows:

Randomly select the number of areas to review as indicated in the column for scores

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) = if the facility has fewer than the listed areas or measure is not applicable to the specific facility because of the structural make-up of the facility e.g. in a multi storey building in a city

Area and measures	**Scores Building exterior**		
EXTERIOR OF BUILDING(S)			
Walls - paint in good condition			
Roof intact			
Gutters and down pipes			
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			
Paving is intact			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			
INTERIOR OF BUILDING(S)			
WAITING AREAS	**Score Waiting area 8 hour service**	**Score Waiting area 24 Hour Emergency Unit**	**Waiting area MOU**
Walls - paint in good condition			
Ceiling			
a. Paint in good condition			

b. Intact			
Lights			
a. Present			
b. Functional			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			
TOILETS	**Score Toilet in 8 hour service area**	**Score Toilet in 24 Hour Emergency Unit**	**Score Toilet in MOU**
Wall mounted paper towel dispenser(s)			
Wall mounted hand soap dispenser(s)			
Wall tiles in good condition			
Walls - paint in good condition			
Ceiling			
a. Paint in good condition			
b. Intact			
Lights			
a. Present			
b. Functional			
Windows			
a. Window panes intact (glass not broken)			
b. Handles working			
c. Windows can open and close			
Doors			
a. Intact			
b. Handles working			
c. Open and close			
Hand wash basins			
a. Intact			
b. Taps functional (with running water)			
c. Not blocked			
Floor intact			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			
CLINICAL AREA	**Score Clinical**	**Score Clinical**	**Score**

	area in 8 hour service area	area in 24 Hour Emergency Unit	Clinical area in MOU
Wall mounted paper towel dispenser(s)			
Wall mounted hand soap dispenser(s)			
Walls - paint in good condition			
Floor in good condition			
Ceiling			
a. Paint in good condition			
b. Intact			
Lights			
a. Present			
b. Functional			
Windows			
a. Window panes intact (glass not broken)			
b. Handles working			
c. Windows can open and close			
d. Window covering (curtains/blinds) clean and intact (blinds)			
Doors			
a. Intact			
b. Handles working			
c. Open and close			
Hand wash basins			
a. Intact			
b. Taps functional (with running water)			
c. Not blocked			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)		%	
VITAL SIGNS ROOMS:	**Score Vital signs room 1**	**Score Vital signs room 2**	
Wall mounted paper towel dispenser(s)			
Wall mounted hand soap dispenser(s)			
Walls - paint in good condition			
Floor intact			
Ceiling			
a. Paint in good condition (not peeling/faded)			

b. Intact (not broken)			
Lights			
a. Present			
b. Functional			
Windows			
a. Glass not broken			
b. Handles working			
c. Windows can open and close			
Doors			
a. Intact			
b. Handles working			
c. Open and close			
Hand wash basins			
a. Intact			
b. Taps functional			
c. Not blocked			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

AREA	**Score**	**Maximum possible score**
Exterior of building(s)		
Interior of building(s)		
Waiting areas		
Toilets		
Clinical areas		
Vital signs rooms		
Total		
Total maximum possible score (sum of all scores minus those marked NA)		
Score (Totals ÷ Total maximum possible scores)		

Annexure 155: Example of a record to track maintenance work

Maintenance/ works order number	Date maintenance requested	Name and surname of staff member that requested the maintenance	Short description of maintenance requested	Notes on dates on which follow-ups were made	Date maintenance carried out and finalised

Annexure 23: Checklist for element 218 - Building is compliant with safety regulations

Use the checklist below to check whether the building is compliant with safety regulations

Scoring - in column for score mark as follows:

Y (Yes) = available, **N** (No) = not available, **NA** (not applicable) = if the facility does not have the service area

Item	Score		
Fire compliance certificates			
Electrical compliance certificates			
Area	**8 Hour service**	**24 Hour Emergency**	**MOU**
Emergency exits must be clear of all obstructions			
Entrance is free from any obstruction or hazards			
Emergency vehicle entrance is free from any obstruction or hazards (must score at least one of the three areas indicated)			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 157: Example of a maintenance schedule for equipment

MAINTENANCE SCHEDULE FOR EQUIPMENT

Name of facility: _____

Equipment/details of service	**Date equipment procured**	**Frequency of maintenance**	**1st service scheduled**	**2nd service scheduled**	**3rd service scheduled**	**4th service scheduled**	**5th service scheduled**	**6th service scheduled**
Automatic External Defibrillator (AED) OR ECG monitor and defibrillator						**Serial number**		
Schedule of Service(example)	*1 Apr 2017	Annual	1 Apr 2018	1 Apr 2019	1 Apr 2020	1 Apr 2021	1 Apr 2022	1 Apr 2023
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager's Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								
Pulse oximeter with adult & paediatric probes						**Serial number**		
Schedule of Service								
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager's Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								

Non invasive electronic blood pressure monitoring device including paediatric, adult & large adult cuff sizes (recalibration)						**Serial number**		
Schedule of Service								
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager's Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								
Scales (recalibration)						**Serial number**		
Schedule of Service								
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager's Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								

* If the facility has more than one of the equipment listed, add lines to include all equipment with its serial number.

Add all the equipment that must be serviced on the schedule

Annexure 158: Checklist for element 222: Furniture is available and intact at 8 hour service areas

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the 8 hour service area

Scoring – in column for score mark as follows:
Check – randomly select the areas to review as indicated in the column for scores
Y (Yes) = available and intact; **N** (No) = not available or not intact; **NA** (not applicable) = if the facility does not have the service area

Item	Score	Score
Waiting areas	**Waiting area 1**	**Waiting area 2**
Seating		
a. Adequate seating for all patients		
b. Chairs / benches intact		
Notice boards available		
Consulting rooms	**Consultation room 1**	**Consultation room 2**
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		
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)		
Total		
Total maximum possible score (sum of all scores minus those marked NA)		
Score (Totals ÷ Total maximum possible scores)		

Annexure 159: Checklist for element 223: Essential equipment is available and functional at the 8 hour services

Use the checklist below to check whether essential equipment is available and functional in consultation/vital signs and child health rooms

Scoring – in column for score mark as follows:
Check – randomly select the number of areas to review as indicated in the scoring columns

Y (Yes) = available and functional; **N** (No) = not available or not functional; **NA** (not applicable) = if the facility does not have the service area

Item	Vitals room	Consul-tation room 1	Consul-tation room 2	Child health room
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				
Vaginal Cusco speculum				
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 on stand				
Total				
Total maximum possible score (sum of all scores minus those marked NA)				
Score (Totals ÷ Total maximum possible scores)				

AREA	Score	Maximum possible score
Consultation rooms		
Vital signs rooms		
Child health rooms		
Total score/Total maximum possible score		
Percentage (Total score ÷ Total maximum possible score) x 100		%

Annexure 160: Checklist for element 224: Furniture is available and intact in the Rehabilitation treatment area

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the Rehabilitation treatment area

Scoring – in column for score mark as follows:
Check – randomly select the areas to review as indicated in the column for scores
Y (Yes) = available and intact; **N** (No) = not available or not intact; **NA** (not applicable) = where the facility has fewer than the listed areas

Item	Score	Score
Waiting areas	**Waiting area 1**	
Notice boards/snaplock frames available		
Seating		
a. Adequate seating for all patients		
b. Chairs / benches intact		
Treatment area	**Treatment area 1**	**Treatment area 2**
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		
a. Available		
b. Intact		
Bedside footstool		
a. Available		
b. Intact		
Instrument trolley		
a. Available		
b. Intact		
Bar fridge		
a. Available		
b. Intact		
Total		
Total maximum possible score (sum of all scores minus those marked NA)		
Score (Totals ÷ Total maximum possible scores)		

Annexure 161: Checklist for element 225: Essential equipment is available and functional at the health support service treatment areas

Use the checklist below to check whether essential equipment is available and functional in rehabilitation treatment area

Scoring – in column for score mark as follows:

Check – randomly select the number of areas to review as indicated in the scoring columns

Y (Yes) = available and functional; **N** (No) = not available or not functional; **NA** (not applicable) = if the facility provides only one of the services OR if they have a visiting team only. Note: For Wheelchairs, if the facility does not stock all the sizes on site but order as needed, mark NA.

Item	Score	Item	Score
PHYSICAL THERAPY			
Equipment – Clinical		**Equipment - General**	
Aluminium crutches – adult		Allen key set	
Aluminium crutches – paediatric		Clamps: adjustable (pair)	
Balance pad		Claw hammer	
Basin, portable, large		Cordless Drill	
Bobath Ball: 85cm		Drill bit set	
Bobath Ball: 65cm		Electric foam cutter	
Bobath Ball: 45cm		Electric frying pan	
Bobath roller: 50cm		Electric jigsaw	
Bobath roller: 30cm		Extension lead (on reel)	
Construction Play equipment		Eyelet punch	
Hot water bottle		Hacksaw	
Mat: gym		Hacksaw blades	
Mirror: hand-held with cover		Heat gun	
Mirror: hand-held with handle		Measuring rule: folding	
Nebuliser: ultrasonic		Multi-plug	
Patella hammer		Pliers set	
Soccer ball		Revolving punch	
Standing frame –large		Screwdriver set	
Standing frame –medium		Shifting spanner	
Standing frame –small		Spanner set (swivel-head)	
Stethoscope		Tape measure (industrial)	
Tape measure: soft, retractable		Tool box	
Torch		Utility knife	
Toys: multisensory		Workbench, portable	
Transfer board			
Walking frame: adult			
Walking frame: paediatric		**Instruments**	
Walking stick: adult		Scissors: splinting	
Walking stick: paediatric		Scissors: standard, adult	
Wedges: set		Scissors: standard, child	

Weights: ankle and wrist			
Wheelchair: 25 x30cm			
Wheelchair: 30x30 cm			
Wheelchair: 30x40cm			
Wheelchair: 36x40cm			
Wheelchair: 41cm wide			
Wheelchair: 46cm wide			
Wheelchair: 51cm wide			
SPEECH THERAPY			
Equipment – Clinical		**Instruments**	
Audiometer portable		Cerumen management kit	
Cards - themed, speech therapy		cup: ear	
HiPro box		Curette: cerumen, plastic, adult	
Noisemakers		Curette: cerumen, plastic, paed	
OAE/AABR screener portable		Curette, cerumen, lighted, magnified	
Otolight		Ear loop, Bileau, small	
Otoscope, portable		Forceps, crocodile	
Portable screening tympanometer		Syringe, impression	
Sub total 1		**Sub total 2**	
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 162: Checklist for element 226 - Furniture is available and intact at the Oral Health services

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the Oral Health services

Scoring – in column for score mark as follows:

Check – randomly select the areas to review as indicated in the column for scores

Y (Yes) = available and intact; **N** (No) = not available or not intact; **NA** (not applicable) = where the facility has fewer than the listed areas

Item	Score	Score
Waiting areas	**Waiting area 1**	
a. Notice boards/snaplock frames available		
Seating		
a. Adequate seating for all patients		
b. Chairs / benches intact		
Treatment area	**Treatment area 1**	**Treatment area 2**
Desk		
a. Available		
b. Intact (including the drawers)		
2x Dental operators' stool (round stool on wheels)		
a. Available		
b. Intact		
Lockable medicine trolley/cupboard		
a. Available		
b. Intact		
Total		
Total maximum possible score (sum of all scores minus those marked NA)		
Score (Totals ÷ Total maximum possible scores)		

Annexure 163: Checklist for element 227: Essential equipment is available and functional at the Oral Health services

Use the checklist below to check whether essential equipment is available and functional at the Oral Health services

Scoring – in column for score mark as follows:

Y (Yes) = available and functional; **N** (No) = not available or not functional;

Item	Quantity	Score	Item	Quantity	Score
Equipment					
Amalgam separator	1		Paediatric Booster seats		
Amalgamator: digital	1		Plastic dental instrument trays		
Autoclave: cassette-type, desktop	1		Stool: dentist	1	
Cidex container with lid			Stool: dental assistant	1	
Compressor, 2-4 surgeries, fixed	1		Suction: central, wet (commonest type)	1	
Cuspidor/spittoon/water unit	1				
Dental chair: basic	1		Suction: central, dry (optional in water-scarce areas)	1	
Dental chair (For outreach portable with portable light)	1		Suction: dry, mobile (for outreach and back-up)	1	
Dental delivery system with hand-pieces (fixed)	1		Ultrasonic cleaner	1	
Dental delivery system with hand-pieces (Mobile – for outreach)	1		Water distillation	1	
Dental light: LED	1				
Dental curing light (corded or cordless)	1		X-ray: wall-mounted	1	
Dental scaler: air	1		X-ray: digital oral imaging plate with computer and cabling.	1	
Headband light					
Hand-pieces					
3-in-one syringe (included in dental delivery system)	1		Slow handpiece	2	
Air motor (high-speed turbine)	1		Slow handpiece motor	2	
Contra-angle handpiece	1		Straight handpiece	1	
Dental elevators					
Cryers elevator left	4		Straight elevator Small	4	
Cryers elevator right	4		Warwick-James elevator left	2	
Straight elevator Large	4		Warwick-James elevator right	2	
Straight elevator Medium	4		Warwick-James elevator straight	2	
Dental extraction forceps					
Forceps:Cheatle			Forceps: tooth extracting Upper	2	

			roots 44 N		
Forceps:Cheatle container/holder			Forceps: tooth extracting Upper roots 29 S	2	
Forceps: tooth extracting Lower bicuspids	6		Forceps: tooth extracting Upper roots 76	2	
Forceps: tooth extracting Lower molars	6		Forceps: tooth extracting Upper roots small	2	
Forceps: tooth extracting Lower roots and crowded incisors	2		Forceps: tooth extracting Lower molars, child	6	
Forceps: tooth extracting upper Anteriors and canines	6		Forceps: tooth extracting Lower teeth and roots, child	6	
Forceps: tooth extracting Upper bicuspids and roots	6		Forceps: tooth extracting Lower canines Adult	6	
Forceps: tooth extracting Upper molars left	6		Forceps: tooth extracting Lower Anteriors Adult	6	
Forceps: tooth extracting Upper Molars right 90	6		Forceps: tooth extracting Upper incisors and canines, child	6	
Forceps: tooth extracting Upper Molars right 89	6		Forceps: tooth extracting Upper Molars, child	6	
Forceps: tooth extracting Upper roots 29	2		Forceps: tooth extracting Upper teeth and roots, Molars, child	6	
Conservative Instruments					
Amalgam carrier plastic right angle	3		Excavator 125/126	4	
Amalgam carrier plastic straight	2		Excavator 129/130	4	
Amalgam carver	6		Excavator 133/134	4	
Amalgam plugger	4		Flat plastic	6	
Ball burnisher 2.5-3.0mm	6		Handle Mouth Mirror	30	
Bib holders	2		Kidney dishes large	4	
Bur Blocks	2		Kidney dishes small	4	
Bur brushes	2		Matrix retainer Siquveland Narrow/tofflemire	4	
Cement spatula	2		Matrix retainer Siquveland Wide/tofflemire	4	
Chip syringe			Mouth Mirrors to it Handle Mouth Mirror	30	
Cotton and Dressing Tweezers	20		Mounth models		
Cotton pellet holder	2		Needle holder	2	
Cotton wool holder (small bowl)	2		Sickel		
Dappen dishes	6		Tofflemier holder		
Dental Explorers/Probes Straight	30		Thymosin		
Dental syringe Aspirating	30		Waste receiver	2	
Periodontal					
Dental probe: periodontal	4		Scaler, dental: H6/7	6	
Periodontal hoe SG 5F	6				
Other					
Artery forceps	2		Scissors ligature	2	

Handle scalpel	2		Slab: mixing, glass	2	
Mouth gag	4		Tongue forceps	2	
Needle holder	2		Trimmer: gingival margin U3/U4	4	
Protective glasses	4		Trimmer: gingival margin Ui/U2	4	
Rongeur: dental No.4	4				
Rongeur: dental No. 5S	4		Wire ligature forceps	2	
Total					
Total maximum possible score (sum of all scores minus those marked NA)					
Score (Totals ÷ Total maximum possible scores)					

Annexure 164: Checklist for element 228: Furniture is available and intact at the 24 Hour Emergency Unit

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the 24 Hour Emergency Unit

Scoring - in column for score mark as follows:

Randomly select the number of areas to review as indicated in the column for scores

Y (Yes) = available/intact, **N** (No) = not available/not intact, **NA** (not applicable) = = if the facility has fewer areas as indicated for review

Review all areas in the 24 Hour Emergency Unit. Scoring: In column for total score mark as follow: Yes (when facility adheres to prompt) = 1, No (when facility does not adhere to prompt) =0, NA = if the facility has fewer areas as indicated for review) and as indicated

Item	Score		
Waiting areas	**Waiting area 1**		
Notice boards/snaplock frames available			
Seating			
a. Adequate seating for family/friends			
b. Chairs / benches intact			
Reception/nurses station			
Desk			
a. Available			
b. Intact (including the drawers)			
Chair			
a. Available			
b. Intact			
Clinical areas	**Triage**	**Observation**	**Consultation**

1Chair per patient			
a. Available			
b. Intact			
Hospital beds/trolley			
a. Available according approved bed capacity			
b. Intact (check ALL)			
Bedside footstool (NA if bed or trolley height is adjustable)			
a. Available			
b. Intact			
Bedside locker			
a. Available			
b. Intact			
Lockable Scheduled Medicine cupboard			
a. Available			
b. Intact			
Dressing trolley			
a. Available (1 per area)			
b. Intact (including the drawers)			
Non-clinical area			
Dirty utility/sluice area			
a. Slop-hopper			
b. In working order			
Medicine storeroom/cupboard/trolley			
a. Medicine fridge			
b. In working order			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 165: Checklist for element 229: Essential equipment is available and functional at the 24 Hour Emergency Unit

Use the checklist below to check whether essential equipment is available and functional in the resuscitation, consultation and observation areas in the 24 Hour Emergency Unit

Scoring – in column for score mark as follows:
Check – randomly select the number of areas to review as indicated in the scoring columns
Y (Yes) = available and functional; **N** (No) = not available or not functional

Item	Score		
	Resuscitation area 1	**Consultation area 1**	**Observation area 1**
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			
Blood glucometer			
Peak flow meter			
Adult clinical scale up to 150 kg			
HB meter			
Height measure			
Urine specimen jars			
Baby scale			
Bassinet			
Wall mounted or portable angle poise examination lamp			
Ceiling mounted examination light			
Totals			
Score (Total ÷ 16)			

AREA	**Score**
Resuscitation area 1	
Consultation area 1	
Observation area 1	
Total	
Score (Total ÷ 3)	

Annexure 166: Checklist for element 230 - There is a sterile pack for minor surgery

Use the checklist below to check whether equipment for minor surgery is available

Scoring - in column for score mark as follows:

Check – If the facility do not have a 24 hour emergency unit, assess the 8 hour service

Y (Yes) = available and functioning, N (No) = not available or not functioning

Note: sterile packs for minor surgery must be labelled indicating the contents of the pack

Item	Quantity	Score
MINOR STITCH / SUTURING TRAY		
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	
Total		
Score (Total ÷ 11)		

Annexure 167: Checklist for element 231: Resuscitation room is equipped with functional basic furniture and resuscitation equipment (24 Hour Emergency Unit)

Use the checklist below to check whether the emergency/resuscitation room complies with standards for functional basic equipment

Scoring – in column for score mark as follows:

Check – room where resuscitation is performed (if the facility do not have a 24 hour emergency unit, the 8 hour service must have a resuscitation room)

Y (Yes) = available and functional; **N** (No) = not available or not functional

Item	Score
Emergency trolley with lockable medicine drawer and accessories	
Examination bed OR Patient trolley with fowlers position OR 2-part obstetric delivery bed	
Wall or ceiling mounted or mobile angle poise style examination lamp	
Nebuliser OR face mask with nebuliser chamber for adult and paediatric	
Functional electric powered OR manual suction devices	
Kick about with bucket	
Anaesthetist stool (round stool on wheels)	
Drip stand	
Dressing trolley	
Cardiac arrest board	
Bin (general waste)	
Bin (health care risk waste)	
Thermal (space) blanket	
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	
Resuscitation documentation register	
Wall mounted liquid hand soap dispenser/hand sanitizer	
Wall mounted hand paper dispenser	
Total	
Score (Total ÷ 22)	

Annexure 168: Checklist for element 232: Restore the emergency trolley after each usage

Use the checklist below to check whether the emergency trolley is sufficiently stocked with unexpired medication

Scoring –in column for score mark as follows:

Check –whether the equipment and medication area available on the emergency trolley (or on other surfaces in the resuscitation room); and also ***check expiry date of medication. Mark expired medication as "N"***

Y (Yes) = available and functional or within expiry; **N** (No) = not available or not functional or expired; **NA** = as indicated

NOTE:

- Equipment is divided into equipment for facilities that have a permanently appointed doctor and those who do not have a permanently appointed doctor. Facilities that do not have a permanently appointed doctor must mark **NA** at the section indicated for equipment for facilities with a permanently appointed doctor.
- Facility can only score **NA** for AED/ECG if the facility has a signed letter by the Provincial Head of Health indicating that the facility is excepted from this measure.

Item	Score
EQUIPMENT FOR ALL FACILITIES (with and without a permanently appointed doctor)	
Water-soluble lubricant/lubricating jelly	
Oropharyngeal airways (Guedel) size 00	
Oropharyngeal airways (Guedel) size 0	
Oropharyngeal airways (Guedel) size 1	
Oropharyngeal airways (Guedel) size 2	
Oropharyngeal airways (Guedel) size 3	
Oropharyngeal airways (Guedel) size 4	
Oropharyngeal airways (Guedel) size 5	
Magill's forceps for adults	
Magill's forceps for paediatric	
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for adults	
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for paediatric	
Simple face mask for oxygen for adults	
Reservoir mask for oxygen for adults	
Nasal cannula (prongs) for adults	
Simple face mask for oxygen, paediatric	
Reservoir mask for oxygen for paediatric	
Nasal cannula (prongs) for paediatric	
Face mask for nebuliser OR face mask with nebuliser chamber for adult	
Face mask for nebuliser OR face mask with nebuliser chamber for paediatric	

Automatic External Defibrillator (AED) OR ECG monitor and defibrillator	
Defibrillator pads for AED OR Electrodes for ECG monitor and defibrillator	
Conductive gel (NA if the facility uses a AED)	
Intravenous cannula 18g green and appropriate strapping	
Intravenous cannula 20g pink and appropriate strapping	
Intravenous cannula 22g blue and appropriate strapping	
Intravenous cannula 24g yellow and appropriate strapping	
Syringes 3-part: 2ml	
Syringes 3-part: 5ml	
Syringes 3-part: 10ml OR 20ml	
Syringes: insulin syringes	
Needles: 18 (pink) OR 20 (yellow)	
Needles: 21 (green)	
Needles: 23 (blue) OR 22 (black)	
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	
Suction catheters: sizes 8F	
Suction catheters: sizes 10F	
Suction catheters: sizes 12F	
Suction catheters: sizes 14F	
Sharps container	
Admin set 20 drops/ml 1.8m /pack	
Admin set paeds 60 drops/ml 1.8m /pack	
Stethoscope	
Haemoglobin meter	
Blood glucometer with testing strips and spare batteries	
Diagnostic set and batteries including ophthalmic pieces (wall mounted or portable)	
Rescue scissors (to cut clothing)	
Paediatric Broselow tape OR Pawper tape	
Wound care (gauze, bandages, cotton wools, plasters, alcohol swabs and antiseptic solutions)	
Urinary (Foley's) catheters: 8f	
Urinary (Foley's) catheters: 10f	
Urinary (Foley's) catheters: 12f	
Urinary (Foley's) catheters: 14f	
Urinary (Foley's) catheters: 16f	
Urinary (Foley's) catheters: 18f	
Urinary bag specified in the surgical supply list	
Nasogastric tubes: 400mm - 600mm fg 8	
Nasogastric tubes: 800 - 1200mm fg10 or 12	
Medication/vacolitre stickers	
Present individually or in combined multifunctional diagnostic monitoring set	
Pulse oximeter with adult & paediatric probes	

Non invasive electronic blood pressure monitoring device including paediatric, adult& large adult cuff sizes	
Clinical thermometer (in ^{0}C, non-mercury)	
EQUIPMENT FOR FACILITIES WITH A PERMANENT APPOINTED DOCTOR	
Laryngoscope handle with functional batteries	
Adult curved blades for laryngoscope size 2	
Adult curved blades for laryngoscope size 3	
Adult curved blades for laryngoscope size 4	
Paediatric laryngoscope handle	
Paediatric straight blades for laryngoscope size 00	
Paediatric straight blades for laryngoscope size 0	
Paediatric straight blades for laryngoscope size 1	
Spare bulbs for laryngoscope (NA if the laryngoscope has a built in bulb)	
Spare batteries for laryngoscope handle	
Endotracheal tubes – uncuffed size 2.5mm	
Endotracheal tubes –uncuffed size 3.0mm	
Endotracheal tubes – uncuffed size 3.5mm	
Endotracheal tubes – uncuffed size 4mm	
Endotracheal tubes –uncuffed size 4.5mm	
Endotracheal tubes – cuffed size 3.0mm	
Endotracheal tubes – cuffed size 4.0mm	
Endotracheal tubes – cuffed size 5.0mm	
Endotracheal tubes – cuffed size 6.0mm	
Endotracheal tubes – cuffed size 7.0mm	
Endotracheal tubes – cuffed size 8.0mm	
Tape to hold tie endotracheal tube in place	
Adult-size introducer, intubating stylet or bougie for endotracheal tubes	
Paediatric size introducer, intubating stylet or bougie for endotracheal tubes	
Laryngeal masks (supraglottic airways): adult (size 3 OR 4 Or 5)	
Emergency medicines (also check expiry dates) – *APPLICABLE TO ALL FACILITIES*	
Activated Charcoal	
Adrenaline 1mg/ml (Epinephrine)1ml ampoule	
Amlodipine 5mg OR 10mg tablets	
Aspirin 100mg OR 300mg tablets	
Atropine 0.5mg OR 1mg ampoule	
Calcium gluconate 10% 10ml ampoule	
Furosemide 20mg OR 10mg/2ml ampoule	
Hydrocortisone 100mg/ml OR 200mg/2ml vial	
Insulin, short acting (stored in the medicine fridge) vial	
Ipratropium 0.25mg/2ml OR 0.5mg/2ml unit dose vial for nebulisation	
Lidocaine/Lignocaine IM 1% OR 2% 20ml vial	
Magnesium sulphate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment course)	

Midazolam (1mg/ml 5 ml ampoule OR 5mg/ml 3ml ampoule) OR Diazepam 5mg/ml 2ml ampoule	
Nifedipine 5mg/10mg capsules	
Prednisone 5 mg tablets	
Promethazine 25mg/2mlampoule OR Promethazine 25mg/1ml	
Short-acting sublingual nitrates e.g. glyceryl trinitrate SL OR isosorbide dinitrate sublingual, 5mg tablets	
Salbutamol 0.5% 20ml nebulising solution OR 2.5mg/2.5ml OR 5mg/2.5ml Unit dose vial for nebulisation OR Salbutamol 100 mcg MDI OR Fenoterol 1.25mg/2ml Unit dose vial for nebulisation	
Thiamine 100mg/ml 10ml vial	
Water for injection	
IV Solutions	
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose 1L solution	
Pediatric solutions e.g. ½ strength Darrows (200ml or 500ml) solution AND neonatalyte200ml solution	
Sodium Chloride 0.9% solution 1L solution	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 169: Checklist for element 233: Furniture is available and intact in the MOU

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the MOU

Scoring - in column for score mark as follows:

Randomly select the number of areas to review as indicated in the column for scores

Y (Yes) = available/intact, **N** (No) = not available/not intact, **NA** (not applicable) = = if the facility has fewer areas as indicated for review

Review all areas in the MOU. Scoring: In column for total score mark as follow: Yes (when facility adheres to prompt) = 1, No (when facility does not adhere to prompt) =0, NA (if there are fewer areas the facility) = NA

Item	Score		
Waiting areas	**Waiting area 1**		
Notice boards/snaplock frames available			
Seating			
a. Adequate seating for family/friends			
b. Chairs / benches intact			
Reception/nurses station			
Desk			
a. Available			
b. Intact (including the drawers)			
Chair			
a. Available			
b. Intact			
Service area	**Antenatal ward**	**Delivery suite**	**Postnatal ward**
1Chair per patient			
a. Available			
b. Intact			
Anesthetist stool			
a. Available			
b. Intact			
Hospital beds			
a. Available according approved bed capacity			
b. Intact (check ALL)			
Over-bed patient trolley			

a. Available			
b. Intact			
Obstetric tilting couch			
a. Available			
b. Intact			
Bedside footstool			
a. Available			
b. Intact			
Bedside locker			
a. Available			
b. Intact			
Lockable Scheduled Medicine cupboard			
a. Available			
b. Intact			
Dressing trolley			
a. Available (1 per ward)			
b. Intact (including the drawers)			
Double bowl stand with two bowls			
a. Available			
b. Intact			
Non-clinical area			
Dirty utility/sluice area			
a. Freezer (for anatomical waste e.g. placenta and penile foreskin)			
b. In working order			
Medicine storeroom/cupboard/trolley			
a. Medicine fridge			
b. In working order			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Totals ÷ Total maximum possible scores)			

Annexure 170: Checklist for element 234 - Essential equipment in the MOU

Use the checklist below to check whether essential equipment is available and functional in the Midwife Obstetric Unit

Scoring - in column for score mark as follows:
Randomly select the 2 consulting rooms in the MOU

Y (Yes) = available, **N** (No) = not available

Item	Delivery suite	Antenatal/ postnatal ward	Sluice	Clean utility area
Stethoscope				
Foetal Stethoscope				
Non-invasive Baumanometer (wall mounted/ portable)				
Adult, large cuffs (3) for Baumanometer				
Paediatric cuffs for Baumanometer				
Diagnostic sets -including ophthalmic pieces (wall mounted or portable)				
Peak flow meter				
Patella hammer				
Tape measure				
Clinical thermometers				
Ceiling mounted or portable - examination lamp				
Adult clinical scale up to 150 kg				
Baby scale				
Bassinet with trolley and mattress				
Blood glucometer				
HB meter				
Height measure				
Urine specimen jars				
CTG Machine (cardiotocographic) OR Doppler foetal monitor				
Incubator Transport				
Infant warmer: radiant				
Suction Unit Mobile Electrical 2x 2lit Bottle				
Bowl Lotion S/Steel 150mm				
Rescue scissors				
Autoclave Stand alone (mobile) Approx 100 lit				
Tray Instruments washing with lid 183mm x 140 x 17 mm				
Total				
Score (Total ÷)				

Annexure 171: Checklist for element 235: Sterile obstetric delivery packs are available

Use the checklist below to check whether there are emergency sterile obstetric packs available

Scoring - in column for score mark as follows:

Check – If the facility does not have a MOU, assess the 8 hour service

Y (Yes) = available, **N** (No) = not available

Note: sterile packs must be labeled with the contents of the pack

Item	Quantity	Total score
NON-NEGOTIABLE		
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)		
Basin	1	
Stainless steel round bowl large	1	
Sterile green towels	4	
Sterile gown	1	
Disposable apron	2	
Gauzes	5	
Vaginal tampons	1	
Sanitary Towels	2	
Round cotton wool balls	1 pack	
Umbilical cord clamps	2	
Total		
Score (Total ÷ 18)		

Annexure 172: Checklist for element 236: Restore the emergency trolley in the MOU daily or after each usage

Use the checklist below to check whether the emergency trolley is sufficiently stocked with unexpired medication in the MOU

Scoring –in column for score mark as follows:

Check – whether the equipment and medication area available on the emergency trolley (or on other surfaces in the resuscitation room) in the MOU; and also ***check expiry date of medication. Mark expired medication as "N".***

Y (Yes) = available and functional or within expiry; **N** (No) = not available or not functional or expired; **NA** = as indicated

NOTE:

- Equipment is divided into equipment for facilities that have a permanently appointed doctor and those who do not have a permanently appointed doctor. Facilities that do not have a permanently appointed doctor must mark **NA** at the section indicated for equipment for facilities with a permanently appointed doctor.
- Facility can only score **NA** for AED/ECG if the facility has a signed letter by the Provincial Head of Health indicating that the facility is excepted from this measure.

Item	Score
EQUIPMENT FOR ALL FACILITIES (with and without a permanently appointed doctor)	
Water-soluble lubricant/lubricating jelly	
Oropharyngeal airways (Guedel) size 00	
Oropharyngeal airways (Guedel) size 0	
Oropharyngeal airways (Guedel) size 1	
Oropharyngeal airways (Guedel) size 2	
Oropharyngeal airways (Guedel) size 3	
Oropharyngeal airways (Guedel) size 4	
Oropharyngeal airways (Guedel) size 5	
Magill's forceps for adults	
Magill's forceps for paediatric	
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for adults	
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for paediatric	
Simple face mask for oxygen for adults	
Reservoir mask for oxygen for adults	
Nasal cannula (prongs) for adults	
Simple face mask for oxygen, paediatric	
Reservoir mask for oxygen for paediatric	

Nasal cannula (prongs) for paediatric	
Face mask for nebuliser OR face mask with nebuliser chamber for adult	
Face mask for nebuliser OR face mask with nebuliser chamber for paediatric	
Automatic External Defibrillator (AED) OR ECG monitor and defibrillator	
Defibrillator pads for AED OR Electrodes for ECG monitor and defibrillator	
Conductive gel (NA if the facility uses an AED)	
Intravenous cannula 18g green and appropriate strapping	
Intravenous cannula 20g pink and appropriate strapping	
Intravenous cannula 22g blue and appropriate strapping	
Intravenous cannula 24g yellow and appropriate strapping	
Syringes 3-part: 2ml	
Syringes 3-part: 5ml	
Syringes 3-part: 10ml OR 20ml	
Syringes: insulin syringes	
Needles: 18 (pink) OR 20 (yellow)	
Needles: 21 (green)	
Needles: 23 (blue) OR 22 (black)	
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	
Suction catheters: sizes 8F	
Suction catheters: sizes 10F	
Suction catheters: sizes 12F	
Suction catheters: sizes 14F	
Sharps container	
Admin set 20 drops/ml 1.8m /pack	
Admin set paeds 60 drops/ml 1.8m /pack	
Stethoscope	
Haemoglobin meter	
Blood glucometer with testing strips and spare batteries	
Diagnostic set and batteries including ophthalmic pieces (wall mounted or portable)	
Rescue scissors (to cut clothing)	
Paediatric Broselow tape OR Pawper tape	
Wound care (gauze, bandages, cotton wools, plasters, alcohol swabs and antiseptic solutions)	
Urinary (Foley's) catheters: 8f	
Urinary (Foley's) catheters: 10f	
Urinary (Foley's) catheters: 12f	
Urinary (Foley's) catheters: 14f	
Urinary (Foley's) catheters: 16f	
Urinary (Foley's) catheters: 18f	

Urinary bag specified in the surgical supply list	
Nasogastric tubes: 400mm - 600mm fg 8	
Nasogastric tubes: 800 - 1200mm fg10 or 12	
Medication/vacolitre stickers	
Present individually or in combined multifunctional diagnostic monitoring set	
Pulse oximeter with adult & paediatric probes	
Non invasive electronic blood pressure monitoring device including paediatric, adult& large adult cuff sizes	
Clinical thermometer (in ^{0}C, non-mercury)	
EQUIPMENT FOR FACILITIES WITH A PERMANENT APPOINTED DOCTOR	
Laryngoscope handle with functional batteries	
Adult curved blades for laryngoscope size 2	
Adult curved blades for laryngoscope size 3	
Adult curved blades for laryngoscope size 4	
Paediatric laryngoscope handle	
Paediatric straight blades for laryngoscope size 00	
Paediatric straight blades for laryngoscope size 0	
Paediatric straight blades for laryngoscope size 1	
Spare bulbs for laryngoscope (NA if the laryngoscope has a built in bulb)	
Spare batteries for laryngoscope handle	
Endotracheal tubes – uncuffed size 2.5mm	
Endotracheal tubes –uncuffed size 3.0mm	
Endotracheal tubes – uncuffed size 3.5mm	
Endotracheal tubes – uncuffed size 4mm	
Endotracheal tubes –uncuffed size 4.5mm	
Endotracheal tubes – cuffed size 3.0mm	
Endotracheal tubes – cuffed size 4.0mm	
Endotracheal tubes – cuffed size 5.0mm	
Endotracheal tubes – cuffed size 6.0mm	
Endotracheal tubes – cuffed size 7.0mm	
Endotracheal tubes – cuffed size 8.0mm	
Tape to hold tie endotracheal tube in place	
Adult-size introducer, intubating stylet or bougie for endotracheal tubes	
Paediatric size introducer, intubating stylet or bougie for endotracheal tubes	
Laryngeal masks (supraglottic airways): adult (size 3 OR 4 Or 5)	
Emergency medicines (also check expiry dates) – *APPLICABLE TO ALL FACILITIES*	
Activated Charcoal	
Adrenaline 1mg/ml (Epinephrine)1ml ampoule	
Amlodipine 5mg OR 10mg tablets	
Aspirin 100mg OR 300mg tablets	

Atropine 0.5mg OR 1mg ampoule	
Calcium gluconate 10% 10ml ampoule	
Furosemide 20mg OR 10mg/2ml ampoule	
Hydrocortisone 100mg/ml OR 200mg/2ml vial	
Insulin, short acting (stored in the medicine fridge) vial	
Ipratropium 0.25mg/2ml OR 0.5mg/2ml unit dose vial for nebulisation	
Lidocaine/Lignocaine IM 1% OR 2% 20ml vial	
Magnesium sulphate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment course)	
Midazolam (1mg/ml 5 ml ampoule OR 5mg/ml 3ml ampoule) OR Diazepam 5mg/ml 2ml ampoule	
Nifedipine 5mg/10mg capsules	
Prednisone 5 mg tablets	
Promethazine 25mg/2ml ampoule OR Promethazine 25mg/1ml ampoule	
Short-acting sublingual nitrates e.g. glyceryl trinitrate SL OR isosorbide dinitrate sublingual, 5mg tablets	
Salbutamol 0.5% 20ml nebulising solution OR 2.5mg/2.5ml OR 5mg/2.5ml Unit dose vial for nebulisation OR Salbutamol 100 mcg MDI OR Fenoterol 1.25mg/2ml Unit dose vial for nebulisation	
Thiamine 100mg/ml 10ml vial	
Water for injection	
Oxytocin 5 OR 10IU/ml AND Ergometrine 0.5mg OR oxytocin/ergometrine 5U/0,5	
IV Solutions	
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose 1L solution	
Pediatric solutions e.g. ½ strength Darrows (200ml or 500ml) solution AND neonatalyte200ml solution	
Sodium Chloride 0.9% solution 1L solution	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 173: Checklist for element 237: Essential equipment is available and functioning in the TOP and MMC procedure room

Use the checklist below to check whether essential equipment is available and functional in the TOP and MMC procedure room

Scoring - in column for score mark as follows:

Randomly select the areas as indicated in the TOP and MMC

Y (Yes) = available, **N** (No) = not available, **NA** (not applicable) = service not delivered

Item	Score	
	TOP	MMC
Stethoscope		
Non-invasive Baumanometer (wall mounted/ portable)		
Adult and large cuffs (2) for Baumanometer		
Diagnostic sets -including ophthalmic pieces (wall mounted or portable)		
Tape measure		
Clinical thermometers		
Blood glucometer		
Adult clinical scale up to 150 kg		
HB meter		
Height measure		
Freezer for products of conception and foreskins		
Gynaecology examination couch with stirrups		
Tilting examination couch		
Wall mounted or portable angle poise style examination lamp		
Total		
Total maximum possible score (sum of all scores minus those marked NA)		
Score (Total ÷ Total maximum possible score)		

AREA	**Score**	**Maximum possible score**
TOP		
MMC		
Total		
Total maximum possible score (sum of all scores minus those marked NA)		%
Score (Total ÷ Total maximum possible score)		

Annexure 174: Checklist for element 238 - Functional oxygen cylinders with a pressure gauge is available

Use the checklist below to check whether there are oxygen cylinders with pressure gauge available and functional in the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = present, **N** (No) = not present, **NA** (not applicable) = if the facility does not have the service area

Area	**Score 24 Hour Emergency Unit**	**Score MOU**
8 hour service area		
24 Hour Emergency unit		
MOU		
Total		
Total maximum possible score (sum of all scores minus those marked NA)		
Score (Total ÷ Total maximum possible score)		

Annexure 175: Checklist for element 239: Oxygen cylinders are filled above the minimum level

Use the checklist below to check whether the oxygen cylinders with pressure gauge is filled in the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = present, **N** (No) = not present, **NA** (not applicable) = if the facility does not have the service area

Area	**Score**
8 hour service area	
24 Hour Emergency unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 24: Checklist for oxygen supply

Checklist for oxygen supply			
Facility:		**Date from:** **Date to:**	
Day of the week	**Pressure gauge reading**	**Date checked**	**Signature**
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Annexure 177: Checklist for element 241 - Up to date asset register available

Use the checklist below to check whether the asset register is up to date

Scoring – in column for score mark as follows:

Y (Yes) = present; **N** (No) = not present

Item	Item 1	Item 2	Item 3
Randomly select three items from the asset register and verify that each is present in the facility			
Randomly select three items from the facility and verify that each is present in the asset register			
Total score			
Percentage (Total score ÷ 6) x 100			**%**

Annexure 178: Example of an asset disposal form

Asset disposal form

This form is to be completed if any equipment/furniture within the facility is to be disposed of. This form, once completed, must be sent to Supply Chain Management.

Region: _____ Facility: _____

Department: _____ Date: _____

LIST OF EQUIPMENT/FURNITURE TO BE DISPOSED						
	Asset number	**Location**	**Description**	**Purchase date**	**Original cost**	**Disposal value**
1						
2						
3						
4						
5						
6						
7						
8						

REASON FOR DISPOSAL:

_____

_____

_____

_____

_____

METHOD OF DISPOSAL (please tick)

SCRAPPED ☐

AUCTION ☐

DONATED ☐

Authorised by: _____Date: _____

Annexure 179: Checklist for element 245 - Facility has a functional back-up electricity supply available in designated areas

Use the checklist below to check whether the back-up electricity supply is functional and available in the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility does not have the service area

Area	Score
Back-up electricity supply is maintained in accordance with the manufacturer's instructions (check service records)	
Back-up electricity supply is tested for functionality in accordance with the manufacturer's instructions	
24 Hour Emergency Unit/Resuscitation room is connected to the back-up electricity supply	
MOU is connected to the back-up electricity supply	
Pharmacy is connected to the back-up electricity supply (At a minimum the vaccine and medicine fridge must be connected to the back-up supply)	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 180: Checklist for element 247 - There is a functional telephone in the facility in designated areas

Use the checklist below to check whether there is a functional telephone in the services areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = present, **N** (No) = not present, **NA** (not applicable) = = if the facility has fewer areas as indicated for review

Area	**Score**
8 hour service area	
24 Hour Emergency unit	
MOU	
Pharmacy/dispensary	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 25: Schedule for meetings

MEETING SCHEDULE

Facility name:_____

Month: _____

Year: _____

Weekday	Date	Week 1	Date	Week 2	Date	Week 3	Date	Week 4
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Annexure 26: Template for agenda

FACILITY NAME: _____

AGENDA FOR: _____

DATE: _____

VENUE: _____

AGENDA POINTS:
1. Opening and welcome
2. Attendance and apologies
3. Finalisation of the agenda
4. Adoption of the previous meeting minutes
5. Matters arising from the previous meeting's minutes
6. Standing items
7. Additional matters
8. Date of next meeting
9. Closure

Annexure 183: Template for attendance register for meetings

FACILITY NAME: _____

ATTENDANCE REGISTER FOR: _____

DATE: _____

VENUE: _____

Name and surname	Rank	Contact number	Organisation / section	Signature

Annexure 184: Checklist for element 259: Staff members demonstrate that incoming policies/guidelines/SOPs/ notices have been read and are understood by appending their signatures on such policies/guidelines/SOPs/ notices

Staff should sign for all incoming policies/guidelines/SOP/notices. This checklist lists the clinical guidelines relating to the National priority health conditions

Scoring – in column for score mark as follows:

Check – whether staff has signed to acknowledge that they have taken note and understood the content of the guidelines

Y (Yes) = signed; **N** (No) = did not sign; **NA** (not applicable) = if the facility does not provide the service

Item	Score
ICSM compliant package of clinical guidelines	
Adult Primary Care guide (APC) – 2019 or Practical Approach to Care Kit (PACK), 2019	
Integrated Management of Childhood Illness Chart Booklet, 2019	
Standard Treatment Guidelines and Essential Medicines List for Primary Health Care, 2020	
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Adults, 2019	
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Paediatrics, 2017	
Newborn Care Charts Management of Sick and Small Newborns in Hospital SSN Version 1 - 2014	
Child, Youth and School Health	
South African Infant and Young Child feeding Policy (2013) (updated with circular in 2017)	
Non-Communicable diseases	
National User Guide on the Prevention and Treatment of Hypertension in Adults at PHC Level (2021)	
HIV	
Antiretroviral Treatment Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2019)	
National HIV Testing Services Policy (2016)	
National Medical Male Circumcision Guidelines (2016)	
Standard Operating Procedures for Adherence Guidelines for HIV, TB and NCD (2020) AGL SOPs*	
National guidelines for the management of Viral Hepatitis (2019)	
TB	
National Tuberculosis Management Guidelines (2014)	
National Guidelines for the Management of Tuberculosis in Children (2013)	
Management of Rifampicin Resistance - A Clinical Reference Guide (2019)	
Women, Maternal and Reproductive Health	
Guidelines for Maternity Care in South Africa (2016)	

Cervical Cancer Prevention and Control Policy (2017)	
Clinical Guidelines for Breast Cancer Control and Management (2019)	
National Contraceptives clinical guidelines (2019)	
National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020)	
Maternal, Perinatal and Neonatal health policy (2021)	
Clinic Guideline for Genetics Services (2021)	
National Clinical Guidelines for Safe Conception and Infertility (2021)	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 185: Checklist for element 260 – There is a functional Clinic committee

Use the checklist below to check whether the documents are available as evidence that the clinic committee is functional

Scoring – in column for score mark as follows:

Y (Yes) = present; **N** (No) = not present

Item	Score
Formal Appointment	
Signed appointment letters from Office of the MEC or delegated person	
Adopted and signed constitution as per provincial guidelines	
Code of conduct for Clinic/CHC 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 Clinic/CHC 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 Clinic/CHC Committee was informed on the progress against the facility's operational plan at least twice in the past 12 months	
Current year plan indicating scheduled meetings (at least two within the next 12 months)	
Attendance registers show that meetings held formed a quorum	
Minutes of Clinic/CHC Committee meetings indicate that statistical data on population health indicators are discussed	
Minutes of Clinic/CHC Committee meetings indicate that the clinic's human resources situation is discussed	
Minutes of Clinic/CHC Committee 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 Clinic/CHC Committee took part in opening complaints boxes according to stipulated schedule (signed register)	
Minutes indicate that the management of complaints, compliments and suggestions are discussed at Clinic/CHC Committee meetings	
Accountability and Communication	
Contact details of Clinic/CHC Committee members clearly displayed in reception area	
Total score	
Percentage (Total score ÷ 15) x 100	%

Annexure 27: Example of services and activities for an open day

Theme:	Immunisation/Child Health
Before the event:	Use health promoters to inform community about the event. Request community members to bring Road to Health Charts (RTHC).
MC:	Facility manager: Purpose of open day
Welcome speech:	Local Ward Counsellor
Opening speech:	MCWH coordinator: The importance of immunisation
MC:	Explain the activities offered
Activities:	Check RTHC Offer catch-up immunisation Screening height and weight Screening developmental milestones
Stations:	1. Screening 2. Immunisation 3. Facts and information about immunisation/ child health (with pamphlets) 4. Children's activities (colouring, face-painting, clowns, magicians)

Annexure 187: Example of a template for an operational plan

Name of Facility_____

Operational Plan _____(year)

DATE OF SUBMISSION: _____

SUBMITTED BY: _____ _____

Title Signature

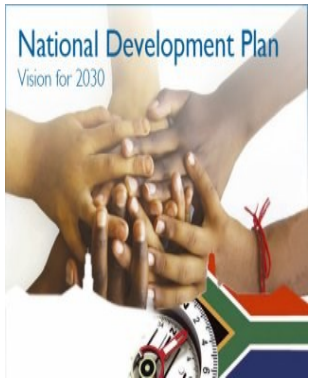
PURPOSE OF AN OPERATIONAL PLAN

An Operational Plan (OP) is created to assist you in meeting the aims and goals committed to in the District Health Plans/Annual Performance and Strategic Plans **through the development of strategic objectives**. An OP is there to assist you in breaking down exact activities for each objective that are required to meet your goals. By spending time on developing an accurate and useful OP, you can ensure that the objectives are achieved through regular monitoring. Activities are broken down into Quarters to assist with planning and prioritising.

Guidelines to follow when writing your OP:

1. Stick to the template provided- it has been created to assist you in creating streamlined work plans
2. All goals, objectives and indicators that the Programme has committed to in the Annual Performance Plan (APP) and Strategic Plan (SP) should be in the OP
3. Goals, objectives and indicators should appear in the same order in your APP, SP and OP to assist in alignment
4. Strategic objectives must be SMART (Specific, Measurable, Achievable, Realistic and Time bound)
5. NIDS must be used for all service delivery indicators.

HEALTH SECTOR PLANNING HORIZON



Provincial/Local Government

Medium Term Strategic Framework

Provincial/Local Government

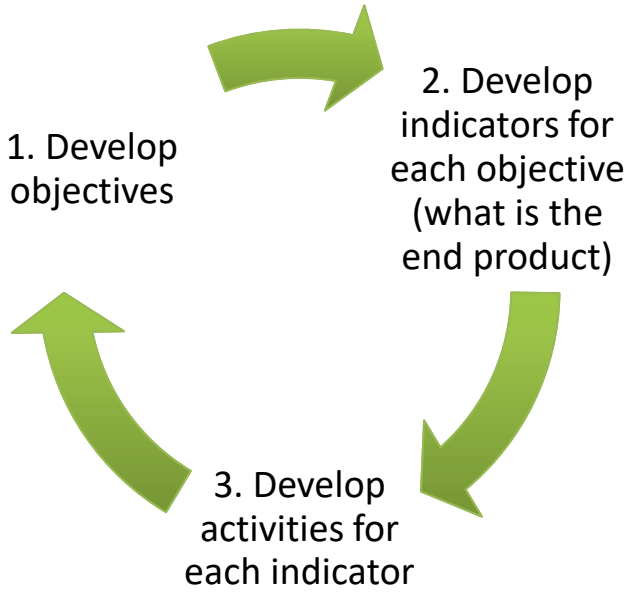
5 Year Strategic Plans

Provincial/Local Government

Annual Performance Plans and District Health Plans

OPERATIONAL PLANS

The template in the following pages gives guidance on how to go about to develop an operational plan. The flow diagram below sets out the process:



Strategic objectives can be grouped in two categories:

1. Those objectives that are standard and will remain more or less the same for mostly every year to ensure that healthcare services are delivered in the facility. These objectives relates to the specific services rendered at the facility. For example the facility could set an objective for each of the three streams of care (chronic, acute and mother and child health). Each objective will then have various indicators and each indicator will have a list of activities that needs to be performed to reach the objective

2. Those objectives that relates to the quality improvement plan of the facility. The quality improvement plan must be used to develop objectives to close the gaps as identified in the quality improvement plan.

STRATEGIC OBJECTIVES:

NAME OF DISTRICT:		**SUB DISTRICT:**	
STRATEGIC OBJECTIVES	(write down the strategic objectives for the facility, they can have more than 3) 1. 2. 3.		
INDICATORS FOR STRATEGIC OBJECTIVE 1: (Note an indicator does not have to have numeric values. An indicator can for example be a SOP for ....., the objective would then be to develop an SOP for ....). If this is the case at the field for numerator and denominator insert Not Applicable' (NA)	**INDICATOR 1**: Write down the name of the indicator (add additional lines if there are more that 2 indicators set to achieve the specific objective) .	**NUMERATOR:**	**DENOMINATOR:**
	INDICATOR 2:	**NUMERATOR:**	**DENOMINATOR:**
INDICATORS FOR STRATEGIC OBJECTIVE 2:	**INDICATOR 3:** .	**NUMERATOR:**	**DENOMINATOR:**
	INDICATOR 4:	**NUMERATOR:**	**DENOMINATOR:**
INDICATORS FOR STRATEGIC OBJECTIVE 3:	**INDICATOR 5:**	**NUMERATOR:**	**DENOMINATOR:**
	INDICATOR 6:	**NUMERATOR:**	**DENOMINATOR:**
INDICATORS FOR STRATEGIC OBJCTIVE 4:	**INDICATOR 7:**	**NUMERATOR:**	**DENOMINATOR:**
	INDICATOR 8:	**NUMERATOR:**	**DENOMINATOR:**

ANNUAL TARGETS SET PER QUARTER FOR EACH INDICATOR

ANNUAL TARGET		QUARTER 1 : TARGET / MILESTONE	QUARTER 2 : TARGET / MILESTONE	QUARTER 3 : TARGET/ MILESTONE	QUARTER 4 : TARGET/ MILESTONE
Indicator #	Indicator name				
INDICATOR 1:					
INDICATOR 2:					
INDICATOR 3:					
INDICATOR 4:					
INDICATOR 5:					
INDICATOR 6:					
INDICATOR 7:					
INDICATOR 8:					

ACTIVITIES SET TO ACHIEVE EACH INDICATOR

INDICATOR 1	**Name of indicator:**							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 (April-Jun 2017)	**Q2 (July-Sept 2017)**	**Q3 (Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 2	**Name of indicator:**							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 **(April-Jun 2017)**	**Q2** **(July-Sept 2017)**	**Q3** **(Oct-Dec 2017)**	**Q4** **(Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 3	**Name of indicator:**							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 **(April-Jun 2017)**	**Q2** **(July-Sept 2017)**	**Q3** **(Oct-Dec 2017)**	**Q4** **(Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 4	**Name of indicator:**							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 **(April-Jun 2017)**	**Q2** **(July-Sept 2017)**	**Q3** **(Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 5	**Name of indicator:**							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 **(April-Jun 2017)**	**Q2** **(July-Sept 2017)**	**Q3** **(Oct-Dec 2017)**	**Q4** **(Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 6	**Name of indicator:**							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 **(April-Jun 2017)**	**Q2** **(July-Sept 2017)**	**Q3** **(Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 7	Name of indicator:							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 **(April-Jun 2017)**	**Q2** **(July-Sept 2017)**	**Q3** **(Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

INDICATOR 8	**Name of indicator:**							
ACTIVITIES These must be actual activities, with only one activity per line	**PERSONS RESPONSIBLE** The person directly responsible for ensuring activity happens (must be an actual person)	**TIME FRAME** Mark with an 'X' the Quarter in which the activity will take place				**OUTPUTS** This is what is expected to happen should the activity take place	**ACTIVITY BUDGET**	
		Q1 **(April-Jun 2017)**	**Q2** **(July-Sept 2017)**	**Q3** **(Oct-Dec 2017)**	**Q4 (Jan-Mar 2018)**		**SOURCE** Where the money is coming from	**AMOUNT** In South African Rands

Annexure 188: Status Determination Cycle

IDEAL CHC STATUS DETERMINATION CYCLE

All facilities

District PPTICRM (SD PPTICRM)

- Completed and captured by **31 July**
- Facility manager can conduct a Facility Manager SD to identify gaps to correct weaknesses where she/he is able to
- Facility manager asks for assistance to correct weaknesses from PPTICRM where required
- District PPTICRM analyses status of facilities in their district on the software and effect the required interventions to address weaknesses
- For facilities targeted to be IDEAL, district PPTICRM effects the intervention required to ensure that targeted facilities will be found to be Ideal by the peer reviewers

Facilities targeted to be IDEAL in the specific financial year

Cross district PPTIRCM peer reviews (SD PPTICRM PR)

- Completed and captured between **October and November**
- Celebrate the achievements of clinics/CHCs found to be Ideal (silver and higher status)
- Facility management and district PPTICRM correct weaknesses in those still not Ideal

Facilities targeted to be IDEAL in the specific financial year that failed the PEER REVIEWS

District peer review updates (SD PPTICRM PRU)

- Completed and captured by **31 March**
- Effect final corrective interventions and capturing of final scores for financial year

PPTICRM = Perfect Permanent Team for Ideal Clinic Realisation and Maintenance

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Annexure 189: Example of a register for ambulance turnaround times

Facility name:_____

Request date	Request time	Clinician who made the request	Patient name and surname	Date of birth	ID number	Reason for referral	Arrival time	Name of responding officer	Actual turnaround time

Annexure 190: Checklist for element 266 - Register for emergency transport requests is available

Use the checklist below to check that the details for emergency transport requests have been recorded

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility does not have the service area

Item	**Score 8 hour service**	**Score 24 Hour Emergency unit**	**Score MOU**
Date of the request			
Details (name, surname, date of birth/age/ID number) of the user for whom the request was made.			
Reason for referral			
Time the ambulance requested			
Time the ambulance arrived			
Total			
Total maximum possible score (sum of all scores minus those marked NA)			
Score (Total ÷ Total maximum possible score)			

Annexure 191: Checklist for element 268 - Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available

Use the checklist below to check whether the emergency contact numbers are where telephones as available

Scoring – in column for score mark as follows:

Y (Yes) = available, **N** (No) = not available; **NA** (not applicable) = if the facility does not have the service area

Area	**Score**
Manager's office at 8 hour service	
24 hour Emergency Unit	
MOU	
Total	
Total maximum possible score (sum of all scores minus those marked NA)	
Score (Total ÷ Total maximum possible score)	

Annexure 192: Checklist for element 269: Protocol/SOP available for the handover from facility to EMS

Use the checklist below to verify that the SOP describes the topics as listed

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
Documentation of EMS arrival time	
Documentation of handover time	
Method of transfer of patient from Facility to ambulance	
Identification of patients	
Maternal clinical condition	
Monitoring of maternal vital signs	
Documentation of clinical condition of baby(where relevant)	
Documentation of treatment and interventions	
Monitoring of patient during transfer	
The receiving facility expecting the patient	
Name of the health care provider who accepted the transfer at the facility expecting the patient	
Documentation of known medical history	
Transfer letter and/or maternity records to be handed over to the receiving facility	
The name and designation of the health care provider receiving the Patient	
Signatures of transferring and receiving personnel	
Target time frames for the completion of patient hand over	
Total	
Score (Total ÷ 16)	

Annexure 193: Checklist for element 271 - District referral SOP is available

Use the checklist below to verify that the SOP describes the topics as listed

Scoring – in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

Item	Score
District referral network	
Referral register	
Standardised patient referral form	
Standardised patient referral feedback form	
Total	
Score (Total ÷ 4)	

Annexure 194: Example of a register for patient referrals

Date referred	Patient details (name and surname, file record number)	Name of referring health care practitioner	Name of facility referred to (destination)	Reason for referral	Date feedback received	Feedback from referral destination

Annexure 195: Checklist for element 272: There is a referral register that records referred patients

Use the checklist below to verify that the referral register contains the details as listed below

Scoring – in column for score mark as follows:

Check – Use the referral register

Y (Yes) = compliant; **N** (No) = not compliant; NA (Not applicable) = the service area is not available at the facility

Item	**Score 8 hour service**	**24 hour emergency unit**	**MOU**
Name of referred patient			
Name of referring facility			
Name of referring health care practitioner			
Name of receiving facility			
Reason for referral			
Date referred			
Totals			
Total maximum possible scores (sum of all scores minus those marked NA)			
Scores (Totals ÷ Total maximum possible scores)			

Annexure 196: Checklist for measure 273: Copy of referral form available in the patient record

Use the checklist below to verify that the referral forms were completed in full

Scoring – in column for score mark as follows:

Check – Use the referral register and randomly select two records of patients that were referred in each area as indicated.

Y (Yes) = compliant; **N** (No) = not compliant, **NA** (not applicable) = if the facility does not have the service area

	8 Hour Service		**24 Hour Emergency Unit**		**MOU**	
Item on referral form	**Score Record 1**	**Score Record 2**	**Score Record 1**	**Score Record 2**	**Score Record 1**	**Score Record 2**
Name of patient						
Name of referring facility						
Name of referring health care practitioner						
Name of receiving facility						
Summary of clinical details						
Total						
Total maximum possible score (sum of all scores minus those marked NA)						
Score (Total ÷ Total maximum possible score)						

Annexure 197: Reporting template for implementing partners

Name of organisation: _____

Person reporting: _____

Date of meeting: _____

Objective 1:			
Activity	Progress	Challenges	Mitigation actions

Planned activities for next quarter

_____

_____

_____

Annexure 198: Template for compiling a list of organizations that provide health related services

Name of organisations	Name of contact person	Telephone number	Physical address	Type of service provided

Annexure 199: Template for memorandum of understanding

MEMORANDUM OF UNDERSTANDING

MADE AND ENTERED INTO BY AND BETWEEN

THE _____ DEPARTMENT OF HEALTH

(herein after referred to as “the Department”)

Represented by _____

in his/her capacity as Head of Department.

AND

South African Police Service (SAPS)

Herein after referred to as the “other Department”

represented by _____

in his/her capacity as Provincial Police Commissioner

A. PREAMBLE

Since the launch of the government's green paper on National Health Insurance, various reforms and initiatives are underway to improve services to be provided under the future National Health Insurance. This includes the three streams of re-engineering of primary health care, strengthening management of health facilities, upgrading of infrastructure, setting and monitoring national quality standards, and establishing norms for staffing levels and skill-mix. The 'Ideal Clinic' (IC) programme is another initiative as a way of systematically improving the deficiencies in Primary Health Care clinics and CHCs in the public sector and to correct the deficiencies in quality.

In order to implement these health reforms and specifically to realize the Ideal CHC concept; the assistance and cooperation of other stakeholders are necessary. It is also necessary to formalize this relationship formally.

It is therefore necessary that the two Departments agree on certain commonalities, assistance and cooperation to be provided, to effect better service delivery priorities to the community in the _____

B. MEMORANDUM OF UNDERSTANDING

1. Preamble included in Memorandum of Understanding

The preamble of this understanding forms part hereof, as if specifically mentioned herein.

2. Purpose of Memorandum of Understanding

The purpose of the Memorandum of Understanding is to ensure the continued cooperation and communication exist between the Department of Health and the South African Police Service.

3. INTERPRETATION

Unless inconsistent with the context, this agreement shall be interpreted as follows:

3.1 The head notes to the various clauses of this MOU and the index are inserted for reference purposes only, and shall not take precedent in the interpretation of this MOU;

3.2. This MOU shall be governed by the laws of the Republic of South Africa;

3.3. Unless inconsistent with the context, an expression which denotes:

3.3.1 Any gender includes the other gender;

3.3.2 A person shall include both a natural person and/or a juristic person and vice versa;

3.3.3 The singular includes the plural and vice versa;

3.3.4 “District Clinical Specialist Team” (DCST) means a team of specialist comprising of a family Physician, an anesthetist, an obstetrician and gynecologist, an advance midwife, a primary health care practitioner and a pediatric nurse, placed in a health district to strengthen the clinical services within the health district

3.3.5 “Department” means the Department of Health, a duly constituted department of the Provincial Government in the _____ Province;

3.3.6 “Facilities” means the health facilities as agreed to by the Parties;

3.3.7 “Ideal CHC” means a primary health care facility with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable policies, protocols, guidelines as well as partner and stakeholder support , to ensure the provision of quality health services to the community

3.3.8 “National Health Insurance” is defined by the World Health Organization as the progressive development of a health system including its financing mechanisms into one that ensures that everybody has access to quality health services and where everyone has accorded protection from financial hardships linked to accessing these health services

3.3.9 “Other Department“means the Department with whom the Department of Health sought to have an understanding and is a party of this MOU

3.3.10 “Primary Health Care” means the first level of contact of individuals, the family and the community with the national health system, care as close as possible to where people live and work, and constitutes the first element of a continuing health care service

3.3.11 “Municipal Ward base outreach team” is a team of

community health workers based at a Primary Health Care facility and offers integrated services to households and individuals within its catchment area. The catchment area refers to the different Wards within Municipalities. The team provides health care to families/ households; community outreach services; preventative, promotive, curative, palliative and rehabilitative services

3.3.12 "Upgrading of facility" means the improvement of the physical infrastructure of the health facility

4. Commencement and duration of Memorandum of Understanding

4.1 This MOU shall commence from the date of the last signature effected hereto and shall remain in force for a period of five (5) years.

4.2 The Parties may in writing agree to extend the period of this MOU.

4.3 Either Party may terminate this MOU by giving the other Party three (3) months written notice.

5. Duties of the Department of Health

The Department shall:

- Ensure that its facilities are secure by providing proper fencing, perimeter lightning, and security guard houses with security guards.
- Ensure that all health facilities have the contact detail of the local SAPS for their respective areas
- Inform SAPS of any matter that may or have cause a risk to the patients, staff or property of the Department.
- Work together with the SAPS when any matter at the facility need to be investigated.
- Ensure regular communication with the SAPS on a local level through the attendance of multisector forums in respective areas.

6. **Duties of the South African Police Service**

- To assist the Department of Health to ensure the safety of patients, staff and the property of the Department when called upon

- To assist where necessary, if practically possible to monitor security and safety at health facilities by way of regular patrols near health facilities such as clinics, community health centers and mobile clinics
- To inform the Department where security risks have been identified and where necessary advise on measures that would improve the security
- To investigate reported crime at facilities and to provide feedback to the Department in accordance with internal police prescripts
- To engage the Department and relevant stakeholders forums on issues of safety and security at health facilities.
- To provide reasonable access to SAPS at the workplace without compromising service delivery in order for the Department to promote health activities and health service delivery to the employees.
- To invite SAPS where reasonably possible when organizing internal health promotions and other relevant programmes to ensure maximum benefit to employees.

7. Oversight Joint Committee

7.1 HOD's of the respective Departments to meet at Provincial forums and address issues pertaining both Departments that may hamper service delivery

7.2 Local coordination between the head of the facility and the local colleague from the South African Police Service to meet and provide oversight at a local level

8. GOOD FAITH

In all their interactions the Parties shall display good faith, a spirit of co-operation, show diligence, professionalism and commitment.

9. Breach and termination

9.1 Should any Party (Defaulting Party) commit any breach of the terms of this MOU and fail to remedy such breach within fourteen (14) days of receiving a written notice of breach.

9.2 A Notice of breach shall:-

9.2.1 Indicate clearly the nature and extent of such breach;

9.2.2 Contain a demand that the Defaulting Party remedies the breach within 14 days after receiving such notice; and

9.2.3 Draw the attention of the Defaulting Party to the remedies the Aggrieved Party may use if such demand is not heeded.

10. Dispute resolution

10.1 The Heads of Department shall try to resolve any difference or dispute relating to this Agreement which may arise between the Parties within fourteen (14) days of becoming aware of its existence.

10.2 Where the Parties are unable to resolve any difference or dispute amicably such difference or dispute shall be referred for arbitration in terms of the Arbitration Act No 42 of 1965.

10.3 The findings of the arbitrator shall be final and binding on the Parties.

11. Variations

This MOU is the only understanding between the Parties and no amendments or variations to this MOU shall be of any force or effect unless reduced to writing and signed by both parties.

12. General

12.1 If any provision of this MOU is or becomes illegal, void or invalid it shall not affect the legality of the other provisions, unless its illegality or otherwise renders the whole MOU unenforceable.

12.2 Neither party shall assign or otherwise transfer any of its rights or obligations under this MOU without prior written consent of the other party which shall not be unreasonable withheld.

12.3 Neither party will be liable for any failure to meet any of its responsibilities in terms of this MOU or any delay in meeting them to the extent to which the failure or delay is caused by any circumstance what so ever which is beyond its reasonable control, including but not limited to strikes, lockout, war, Civil commotion or any order or regulation of any government or other lawful authority meeting the above requirements

13. Domicilium Citandi et Executandi

13.1 The Parties choose as their Domicilia Citandi et Executandi their respective addresses set out in this clause at which addresses all

processes and notices arising out of or in connection with this Agreement may validly be served upon or delivered to the Parties.

13.2 The Parties respective addresses are as follows:

Department of Health, _____ Province:

Postal Address:

Street Address:

Tel:

South African Police Service: _____ Province:

Postal Address:

Street Address:

Tel:

13.3 Any notice given in terms of this Agreement shall be deemed to have been received by the addressee;

13.3.1 If delivered by hand on the date of delivery.

13.3.2 If posted be prepaid registered mail, on the eighth (8th) day following the date of such posting.

13.4 Notwithstanding anything to the contrary contained or implied in this Agreement a written notice or communication actually received by one of the Parties from another including by way of facsimile transmission shall be adequate written notice or communication to such Party.

13.5 Either Party is entitled to change the address to another address in South Africa as long as it is not a post box (*post restante*) provided that such address shall be used fourteen (14) days after the notice was sent to the other Party.

For the District health services:	**For the District Environmental Health Services :**
Full Names and Surname:	Full Names and Surname:
Designation:	Designation:
Signature:	Signature:
Date:	Date:
Place:	Place:
AS WITNESSES (Full Names and Surname): 1._____	AS WITNESSES (Full Names and Surname): 1._____
2. _____	2. _____