



IDEAL CLINIC™ DEFINITIONS, COMPONENTS AND CHECKLISTS



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European Union



USAID
FROM THE AMERICAN PEOPLE

ACRONYMS & ABBREVIATIONS

| | |
|----------|--|
| APC: | Adult Primary Care |
| App | application |
| AYFS: | Adolescent and Youth Friendly Services |
| ART: | antiretroviral treatment |
| BANC | basic antenatal care |
| BMI | body mass index |
| CCMDD: | Central Chronic Medicine Dispensing and Distribution |
| CDU: | Chronic Dispensing Unit |
| MUAC: | Mid-Upper Arm Circumference |
| CoGTA: | Cooperative Governance and Traditional Affairs |
| DCST: | District Clinical Specialist Team |
| DHIS: | District Health Information System |
| DHS: | District Health System |
| DPSA: | Department of Public Service and Administration |
| EML: | Essential Medicines List |
| FHH | familial hypocalciuric hypercalcaemia |
| HIV: | Human Immunodeficiency Virus |
| HPCSA | Health Professions Council of South Africa |
| HRH: | Human Resources for Health |
| ICSM: | Integrated Clinical Services Management |
| IPC: | Infection Prevention and Control |
| JACCOL | Medical examination to detect: jaundice, anaemia, clubbing, cyanosis, oedema and lymphadenopathy |
| MCWH: | Maternal, child, and women's health |
| Min/max: | minimum/maximum |
| NCD: | non-communicable diseases |
| NGO: | non-governmental organisation |
| NHLS: | National Health Laboratory Services |
| PACK: | Practical Approach to Care Kit |
| PDoH: | provincial Department of Health |
| PEC: | patient experience of care |
| PHC: | primary health care |
| PMDS: | Performance Management and Development System |
| PPTICRM: | Perfect Permanent Team for Ideal Clinic Realisation and Maintenance |
| SANC | South African Nursing Council |
| SOP: | standard operating procedure/protocol |
| SVS: | Stock Visibility System |
| WBPHCOT: | Ward Based Primary Health Care Outreach Team |
| TB: | Tuberculosis |

DEFINITION OF IDEAL CLINIC

Getting our Primary Health Care facilities to function optimally, starting with clinics

The purpose of a health facility is to promote health and to prevent illness and further complications through early detection, treatment and appropriate referral. To achieve this, a clinic should function optimally thus requiring a combination of elements to be present in order to render it an “Ideal Clinic”.

An Ideal Clinic is a clinic with good infrastructure¹, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies, that uses 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 Clinic 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 Clinic”.

Integrated clinical services management (ICSM) is a health-system strengthening model that builds on the strengths of South Africa’s HIV programme to deliver integrated care to patients with chronic and/or acute diseases or requiring preventative services by taking a patient-centric view encompassing the full value chain of continuum of care and support. ICSM will be a key focus within an Ideal Clinic.

Developing and sustaining the “ideal” PHC clinic requires a number of components to be in place and functioning well. These components include:

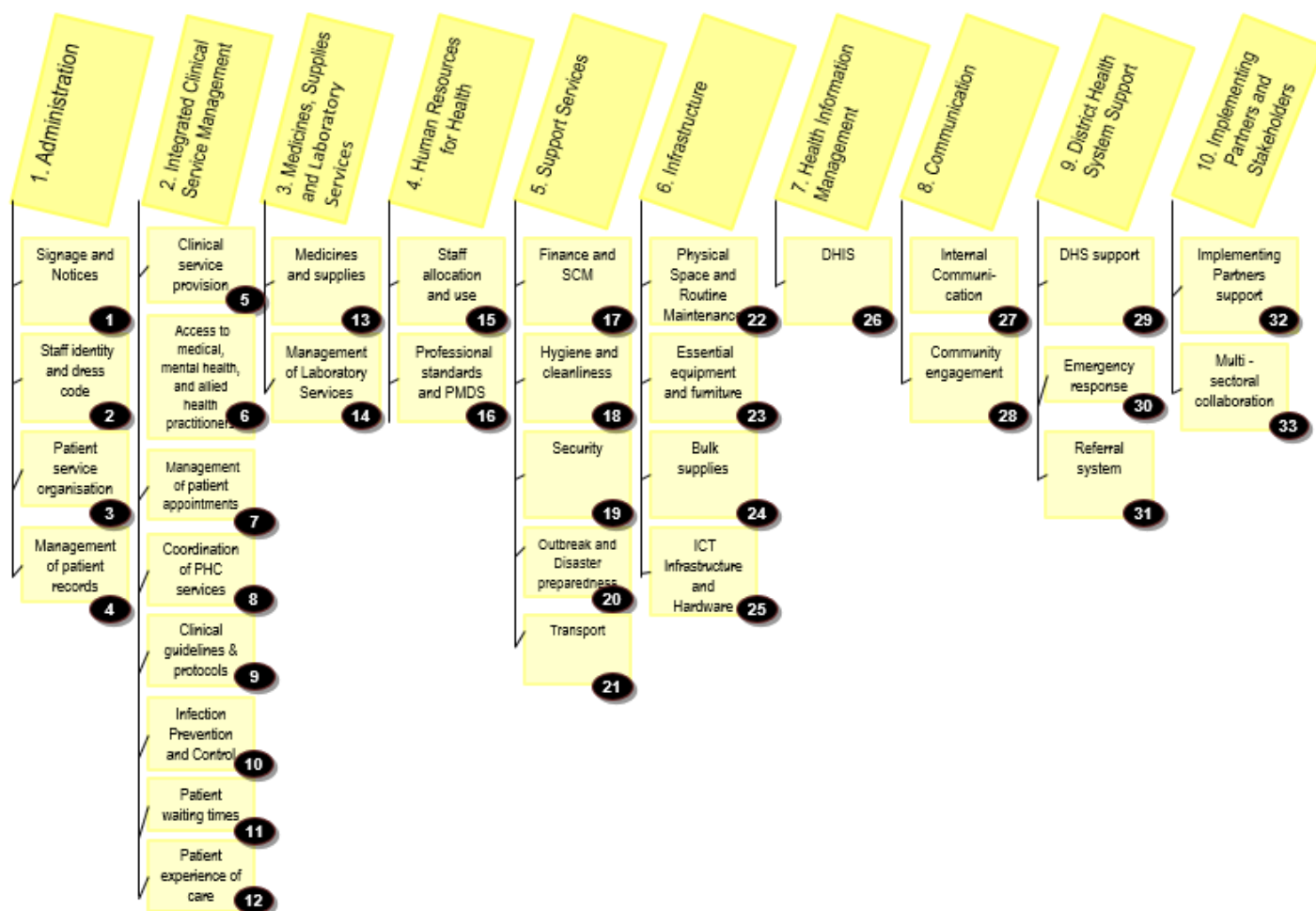
1. Administration
2. Integrated Clinical Services Management
3. Medicines, Supplies and Laboratory Services
4. Human Resources for Health
5. Support Services
6. Infrastructure
7. Health Information Management
8. Communication
9. District Health System Support
10. Implementing Partners and Stakeholders

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

Ideal Clinic realisation and maintenance: Components and sub-components

Realising and maintaining the Ideal Clinic involves a number of components. Each of these components is made up of sub-components which in turn consist of a number of elements, all of which need to be in place. These are:

10 components and 33 sub-components






Ideal Clinic realisation and maintenance: Components, sub-components and elements

This document/tool 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.

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 |

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 \geq 0.8; E \geq 0.6; I \geq 0.5

Not-achieved (**Red**): NNV < 1; V < 0.8; E < 0.6; I < 0.5

Weighting of the Ideal Clinic elements

The Ideal Clinic elements are weighted according to three categories: 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 Clinic realisation and maintenance: Components, sub-components and elements (Version 19)

| 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 all waiting areas in at least two local languages | I | ☺ | HF | | |
| | 7 | All service areas within the facility are clearly signposted | E | ☺ | 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 | Sign posted help desk/reception services are available | E | ☺📖 | HF | | |
| | 12 | There is a process that prioritises the very sick, frail and elderly patients | V | ?📖 | HF | Y | |
| | 13 | A functional wheelchair is available | E | ?☺ | HF | | |
| | | 4. Management of patient record: Monitor whether patient records content is organised according to Integrated Clinical Services Management (ICSM) prescripts, whether the prescribed stationery is used and whether patient records are managed appropriately | | | | | |
| | 14 | There is a single patient record irrespective of health conditions | I | ☺📖 | HF | | |
| | 15 | Patient record content adheres to ICSM prescripts | V | ☺📖 | HF | Y | |
| | 16 | District/provincial SOP/guideline for filing, archiving and disposal of patient records is available | E | 📖 | P | Y | |
| | 17 | District/provincial SOP/ guideline for filing, archiving and disposal of patient records is adhered to | E | ☺ | HF | Y | |
| | 18 | There is a single location for storage of all active patient records | I | ☺ | HF | | |
| | 19 | Patient records are filed close to patient registration desk | I | ?☺ | HF | | |
| | 20 | Retrieval of a patient's file takes less than 10 minutes | I | ?☺ | HF | | |

| | | | | | | | | |
|---|--|----|--|---|---|----|---|--|
| 2. Integrated Clinical Services Management (ICSM) | | 21 | Records are not left unattended in public areas and are only accessible to facility staff and patients | V | ☺ | HF | | |
| | | 22 | Records are not left unattended in clinical service areas | E | ☺ | HF | | |
| | | 23 | Priority stationery (clinical and administrative) is available at the facility in sufficient quantities | I | 📖 | HF | Y | |
| | 5. Clinical service provision: Monitor whether clinical integration of clinical care services allowing for three discrete streams (acute, chronic and MCWH) of service delivery is adhered to as per service package and whether this results in improvements in key population health and service indicators | | | | | | | |
| | | 24 | Facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions and preventative health services. | E | ☺ | HF | | |
| | | 25 | Patients are consulted, examined and counselled in privacy | I | ☺ | HF | | |
| | | 26 | TB treatment success rate is at least 90% or has increased by at least 5% from the previous year | E | 📖 | HF | | |
| | | 27 | DS-TB Client Lost to follow up rate < 5% | E | 📖 | HF | | |
| | | 28 | Antenatal visit rate before 20 weeks gestation is at least 75% or has increased by at least 5% from the previous year | E | 📖 | HF | | |
| | | 29 | ART child viral load suppressed rate (12 months) is at least 66,7% or has increased by at least 5% from the previous year | E | 📖 | HF | | |
| | | 30 | Immunisation coverage under one year (annualised) is at least 90% or has increased by at least 5% from the previous year | E | 📖 | HF | | |
| | | 31 | Quality Improvements plans are signed off by the facility manager and updated quarterly | E | 📖 | HF | Y | |
| | | 32 | Six monthly district/sub-district clinical performance review report with action plan from clinical quality supervisors are available | E | 📖 | D | | |
| | 6. Access to medical, mental health, allied health practitioners, pharmacists and adolescent friendly services: Monitor patient and staff access to clinical expertise at PHC level | | | | | | | |
| | | 33 | Patients that require consultation with a medical practitioner have access to a medical practitioner at the facility at least once a week. | E | 📖 | HF | | |
| | | 34 | Patients have access to oral health services | I | 📖 | D | | |
| | | 35 | Patients have access to occupational therapy services | I | 📖 | D | | |
| | | 36 | Patients have access to physiotherapy services | I | 📖 | D | | |
| | | 37 | Patients have access to dietetic services | I | 📖 | D | | |
| | | 38 | Patients have access to social work services | I | 📖 | D | | |
| | | 39 | Patients have access to radiography services | I | 📖 | D | | |
| | | 40 | Patients have access to ophthalmic service | I | 📖 | D | | |
| | | 41 | Patients have access to mental health services | E | 📖 | D | | |
| | | 42 | Patients have access to speech and hearing services | I | 📖 | D | | |
| | | 43 | Staff authorised to dispense medicine have access to the support of a pharmacist | I | 📖 | D | | |
| | | 44 | 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 | | | | | | | |
| | | 45 | ICSM compliant patient appointment system for patients with chronic health conditions and MCWH patient is in use | I | 📖 | HF | | |
| | | 46 | Records of booked patients are retrieved not later than the day before the appointment | I | ☺ | HF | | |

| | | | | | | | | |
|---|--|----|--|---|-----|------|---|--|
| | | 47 | 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 | | |
| 2. Integrated Clinical Services Management (ICSM) | 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 | | | | | | | |
| | | 48 | Facility does referrals to and receives referrals from school health services in its catchment area | I | 📖 | D | | |
| | | 49 | Facility refers patients with chronic but stable health conditions to home- and community-based services for support | E | 📖 | HF | | |
| | | 50 | 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 | | | | | | | |
| | | 51 | ICSM compliant package of clinical guidelines is available in all consulting rooms | E | 📖 | HF | Y | |
| | | 52 | National guidelines on priority health conditions are available | E | 📖 | HF | Y | |
| | | 53 | 80% of professional nurses have been fully trained on Adult Primary Care OR Practical Approach to Care Kit | E | 📖 | D | | |
| | | 54 | 80% of professional nurses have been fully trained on Integrated Management of Childhood Illness | E | 📖 | D | | |
| | | 55 | Resuscitation protocol is available | E | 📖 | HF | | |
| | | 56 | SOP for informed consent available | E | 📖 | HF | Y | |
| | | 57 | 80% of professional nurses have been trained on Basic Life Support | V | 📖 | D | | |
| | | 58 | 50% of professional nurses at the facility are trained on BANC Plus | E | 📖 | D | | |
| | | 59 | National Guideline for Patient Safety Incident Reporting and Learning is available | E | 📖 | NDoH | | |
| | | 60 | Facility/district SOP for Patient Safety Incident Reporting and Learning is available | E | 📖 | HF | Y | |
| | | 61 | Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning | V | 📖 | HF | Y | |
| | | 62 | All SAC 1 adverse events are reported to the next level of management within 24 hours | V | 📖 | HF | | |
| | | 63 | National Clinical Audit Guideline is available | E | 📖 | NDoH | | |
| | | 64 | Clinical audits are conducted annually on priority health conditions | E | 📖 | HF | Y | |
| | | 65 | 80% of patient records audited are compliant | E | 📖 | HF | Y | |
| | | 66 | Clinical audit meetings are conducted quarterly in line with the guidelines | E | 📖 | HF | | |
| | | 67 | National guidelines are followed for all notifiable medical conditions | V | ?📖 | HF | Y | |
| | | 68 | 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 | | | | | | | |
| | | 69 | National Infection Prevention and Control strategic framework is available | E | 📖 | NDoH | | |
| | | 70 | Facility has a designated staff member who is responsible for infection prevention and control | E | 📖 | HF | | |
| | | 71 | SOP for standard precautions is available | V | 📖 | HF | Y | |

| | | | | | | | |
|--|-----|---|---|----|------|---|--|
| 2. Integrated Clinical Services Management (ICSM) | 72 | All staff have received in-service training in the past two years on standard precautions that is inline with the SOP | V | | HF | Y | |
| | 73 | Posters on hand hygiene is displayed | E | | HF | Y | |
| | 74 | Awareness day on hand hygiene is held annually | V | | HF | | |
| | 75 | Poster on cough etiquette is displayed in every waiting area | I | | HF | | |
| | 76 | Staff wear appropriate protective clothing | V | ?☹ | HF | Y | |
| | 77 | The linen in use is sufficient, clean, appropriately used and not torn | E | ☹ | HF | Y | |
| | 78 | Dirty, soiled and infectious linen are collected in a wheeled cart or trolley | I | ☹ | HF | | |
| | 79 | Sharps are disposed of appropriately | V | ☹ | HF | Y | |
| | 80 | An annual risk assessment for infection prevention and control compliance is conducted | I | | HF | | |
| | 81 | 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 | | | | | | | |
| | 82 | National Guideline for the Management of Waiting Times is available | I | | NDoH | | |
| | 83 | National target of not more than three hours for time spent in a facility is visibly displayed | E | ☹ | HF | | |
| | 84 | Waiting time tools to record waiting time is available | E | | HF | | |
| | 85 | Waiting time survey report is available | E | | HF | | |
| | 86 | Average time that a patient spends in the facility is no longer than 3 hours | 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 | | | | | | | |
| | 87 | National Patient Experience of Care Guideline is available | E | | NDoH | | |
| | 88 | Results of the annual Patient Experience of Care Survey are visibly displayed at the main waiting area | E | | HF | Y | |
| | 89 | An average overall score of 80% is obtained in the Patient Experience of Care Survey | E | | HF | | |
| | 90 | National Guideline to Manage Complaints/Compliments/Suggestions is available | E | | NDoH | | |
| | 91 | Complaints/compliments/suggestions toolkit is available at the main entrance/exit | E | ☹ | HF | Y | |
| | 92 | Complaints/compliments/suggestions records complies with the National Guideline to Manage Complaints/Compliments/Suggestions | E | | HF | Y | |
| | 93 | Targets set for complaints indicators are met | E | | HF | Y | |
| 13. Medicines and supplies: Monitor consistent availability of required good quality medicines and supplies | | | | | | | |
| 3. Pharmaceuticals and Laboratory | 94 | There is a 'No unauthorised entry' sign on the door | E | ☹ | HF | | |
| | 95 | SOP for the management of availability of medicines is available | E | | HF | Y | |
| | 96 | Hand hygiene facilities are available | V | ☹ | HF | Y | |
| | 97 | Cleaning schedule for the Medicine room/dispensary is available | E | | HF | | |
| | 98 | Cleaning is carried out in accordance with the schedule | V | | HF | | |
| | 99 | All work completed is signed off by cleaners and verified by manager or delegated staff member | E | | HF | | |
| | 100 | Medicine room/dispensary and waiting area are clean | V | ☹ | HF | Y | |

| | | | | | | | |
|---|-----|--|---|-----|------|---|--|
| 3. Pharmaceuticals and Laboratory Services | 101 | Medicine room/dispensary is neat and medicines are stored to maintain quality | I | ☹️ | HF | Y | |
| | 102 | The temperature of the medicine room/dispensary is maintained within the safety range | V | 📖 | HF | Y | |
| | 103 | Cold chain procedure for vaccines is maintained | V | 📖 | HF | Y | |
| | 104 | Medicine cupboard or trolley is neat and orderly | I | ☹️ | HF | Y | |
| | 105 | The register for schedule 5 and 6 medicines is completed correctly | V | 📖 | HF | | |
| | 106 | Schedule 5 and 6 medicine in stock correspond with the balance recorded in the register | V | 📖 | HF | | |
| | 107 | Electronic networked system for monitoring the availability of medicines is used effectively | E | ☹️📖 | HF | Y | |
| | 108 | Stock take conducted in the medicine room/dispensary in past 12 months | V | 📖 | HF | | |
| | 109 | Medicines on the tracer medicine list are available | V | ☹️📖 | HF | Y | |
| | 110 | Re-ordering stock levels (min/max) are determined for each item on the district/facility formulary | V | ☹️📖 | HF | | |
| | 111 | There is no expired medicine on the shelves | V | ☹️ | HF | | |
| | 112 | Waste receptacles for pharmaceutical waste are available | V | ☹️ | HF | | |
| | 113 | Health care waste is managed appropriately | E | ☹️ | HF | Y | |
| | 114 | Expired medicine is disposed of according to prescribed procedures | E | ? | HF | | |
| | 115 | Basic medical supplies (consumables) are available | V | 📖 | HF | Y | |
| 14. Management of laboratory services: Monitor consistent availability and use of laboratory services | | | | | | | |
| 3. Pharmaceuticals and Laboratory Services | 116 | Primary Health Care Laboratory Handbook is available | E | 📖 | NDoH | | |
| | 117 | Required functional diagnostic equipment and concurrent consumables for point of care testing are available | V | ☹️ | HF | Y | |
| | 118 | Required specimen collection materials and stationery are available | V | ☹️ | HF | Y | |
| | 119 | Specimens are collected, packaged, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook | E | ☹️ | HF | Y | |
| | 120 | Laboratory results are received from the laboratory within the specified turnaround times | E | 📖 | HF | Y | |
| | 121 | Facility is enrolled as testing point in the NHLS HIV- Proficiency Testing scheme | I | 📖 | HF | | |
| | 122 | Facility controls rapid test kit performances by running one negative and one positive control on a weekly basis | E | 📖 | HF | | |
| 15. Staff allocation and use: Monitor whether the PHC facility has the required HRH capacity and whether staff are appropriately applied | | | | | | | |
| 4. Human Resources | 123 | Staffing needs have been determined in line with workload requirements | V | ?📖 | D | | |
| | 124 | Staff appointed in line with determined requirements | V | 📖 | D | Y | |
| | 125 | Facility has a dedicated manager | E | 📖 | D | | |
| | 126 | Work allocation schedule is signed by all staff members | I | 📖 | HF | | |
| | 127 | Leave policy is available | I | 📖 | D | | |
| | 128 | An annual leave schedule is available | I | 📖 | HF | | |

| | | | | | | | |
|-------------------------------|---|---|---|--|----|---|--|
| 4. Human Resources for Health | 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 | | | | | | |
| | 129 | Record of staff induction is available | I | | HF | | |
| | 130 | All healthcare workers have current registration with relevant professional bodies | V | | HF | Y | |
| | 131 | Performance Management guidelines are adhered to | E | | HF | Y | |
| | 132 | Continued staff development needs are determined for the current financial year and submitted to the district manager | I | | HF | | |
| | 133 | Training records reflect planned training is conducted as per the district training programme | I | | HF | | |
| | 134 | The disciplinary procedure is available | I | | HF | | |
| | 135 | The grievance procedure is available | I | | HF | | |
| | 136 | Staff satisfaction survey is conducted annually | I | | D | | |
| | 137 | The results of the staff satisfaction survey are used to improve the work environment | I | | HF | | |
| | 138 | SOP for management of occupational health and safety incidents is available | E | | HF | Y | |
| | 139 | Health and Safety representative appointed (NA is staff establishment is less than 20 staff members) | E | | HF | | |
| | 140 | Health and Safety committee appointed (NA if less than 2 safety reps) | E | | HF | | |
| | 141 | Occupational Health and Safety incidents are managed and recorded in a register | E | | HF | Y | |
| | 142 | Occupational health and safety risk assessment has been conducted in the past two years | E | | HF | | |
| | 143 | Risk mitigation interventions are implemented for identified occupational health and safety risks | E | | HF | | |
| 5. Support | 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 | | | | | | |
| | 144 | Facility has a dedicated budget | I | | D | | |
| | 145 | 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 | | | | | | |
| | 146 | All cleaners have been trained on cleaning procedures | V | | HF | | |
| | 147 | Cleaning schedules are available for all areas in the facility | E | | HF | | |
| | 148 | Cleaning is carried out in accordance with the schedule | V | | HF | | |
| | 149 | Disinfectant, cleaning materials and equipment are available | V | | HF | Y | |
| | 150 | All work completed is signed off by cleaners and verified by manager or delegated staff member | E | | HF | Y | |
| | 151 | All service areas are clean | V | | HF | Y | |
| | 152 | Hand hygiene facilities are available | V | | HF | Y | |
| | 153 | SOP for managing health care waste is available | V | | HF | Y | |
| | 154 | Health care waste is managed appropriately | V | | HF | Y | |
| | 155 | Central storage area for health care waste is appropriate | E | | D | Y | |
| | 156 | All toilets are clean, intact and functional | V | | HF | Y | |

| | | | | | | | |
|------------|--|---|---|----|----|---|--|
| 5. Support | 157 | Exterior of the facility is clean and well maintained | E | ☺ | HF | Y | |
| | 158 | Signed waste removal service level agreement between the health department and the service provider is available | E | 📖 | P | | |
| | 159 | Health care risk waste is removed in line with the service level agreement | V | ?📖 | HF | | |
| | 160 | The service level agreement for waste removal and disposal of waste is monitored | E | 📖 | HF | | |
| | 161 | Breaches in waste removal contract are escalated to the relevant authority | E | 📖 | HF | | |
| | 162 | 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 | | | | | | |
| | 163 | Safety and security SOP is available | E | 📖 | HF | Y | |
| | 164 | Perimeter fencing is intact | I | ☺ | HF | | |
| | 165 | Parking for staff is provided on the facility premises | I | ☺ | D | | |
| | 166 | There is a standard security guard room OR the facility has an alarm system linked to armed response | I | ☺ | D | Y | |
| | 167 | There is a security guard on duty OR the facility has an alarm system linked to armed response | I | ☺ | D | | |
| | 168 | Security services rendered according to contract OR provincial security policy/facility SOP | E | ☺📖 | HF | Y | |
| | 169 | A signed copy of the service level agreement between the security company and the provincial department of health is available | E | ?📖 | D | | |
| | 170 | Security breaches are managed and recorded in a register | E | 📖 | HF | 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 | | | | | | |
| | 171 | Functional firefighting equipment is available | V | ☺👉 | D | Y | |
| | 172 | Evacuation plan is displayed in the manager's office and the main entrance | I | 📖 | HF | | |
| | 173 | Contact numbers of healthcare personnel required in emergencies are available in the management offices and at reception | I | 📖 | HF | | |
| | 174 | Emergency evacuation procedure is practised annually | E | 📖 | HF | | |
| | 175 | Deficiencies identified during the practice of the emergency evacuation drill are addressed | E | 📖 | HF | | |
| | 176 | SOP for outbreak notification and response are available | E | 📖? | HF | | |
| | 21. Transport: Monitor whether staff and patients are transported safely | | | | | | |
| | 177 | All official vehicles used to render services or transport patients are licensed annually | E | 📖 | D | | |
| | 178 | All official vehicles used to render services or transport patients are serviced according to manufacturer's schedule | E | 📖 | D | | |
| | 179 | All staff driving official vehicles to render services or transport patients have a valid driver's license | E | 📖 | D | | |
| | 180 | All staff driving official vehicles to render services or transport patients have a valid professional driving permits where applicable | E | 📖 | D | | |
| 6. | 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 | | | | | | |
| | 181 | Clinic space accommodates all services and staff | E | ☺📖 | D | Y | |
| | 182 | Clinical service areas have natural ventilation or functional mechanical ventilation | V | ☺ | D | Y | |
| | 183 | There is access for people in wheelchairs | E | ☺ | D | Y | |

| | | | | | | | |
|----------------------------------|---|---|-----|--|----|---|--|
| 6. Infrastructure | 184 | Maintenance schedules for building (s) and grounds are available | V | | D | | |
| | 185 | Building(s) is maintained according to schedule | E | | D | Y | |
| | 186 | Building(s)complies with safety regulations | V | | D | Y | |
| | 23. Essential equipment and furniture: Monitor whether essential equipment and required furniture are available | | | | | | |
| | 187 | Furniture is available and intact in-service areas | I | | HF | Y | |
| | 188 | Essential equipment is available and functional in consulting areas | V | | HF | Y | |
| | 189 | Staff are trained on the use of essential equipment | E | | HF | | |
| | 190 | SOP for reactive maintenance of medical equipment is available | I | | HF | | |
| | 191 | Maintenance plan for essential equipment is adhered to | E | | HF | | |
| | 192 | Resuscitation room is equipped with functional, basic resuscitation equipment | V | | HF | Y | |
| | 193 | Emergency trolley is stocked with medicines, medical supplies and equipment | NNV | | HF | Y | |
| | 194 | There is an emergency sterile obstetric delivery pack | V | | HF | Y | |
| | 195 | There is a sterile pack for minor surgery | V | | HF | Y | |
| | 196 | Functional oxygen cylinder with pressure gauge is available in resuscitation/ emergency room | NNV | | HF | | |
| | 197 | Oxygen available in the cylinder is above the minimum level | NNV | | HF | | |
| | 198 | Imaging service unit is accredited | E | | HF | | |
| | 199 | An up-to-date asset register is available | I | | HF | Y | |
| | 200 | 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 | | | | | | |
| | 201 | Facility has a functional piped potable water supply | V | | D | | |
| | 202 | Facility has emergency water supply | V | | D | | |
| | 203 | Facility has a functional back-up electrical supply | V | | D | Y | |
| | 204 | Sewerage system is functional | V | | D | | |
| | 25. ICT infrastructure and hardware: Monitor whether systems for internal and external electronic communication are available and functional | | | | | | |
| | 205 | There is a functional telephone in the facility | E | | D | | |
| | 206 | There is a functional computer | I | | HF | | |
| | 207 | There is functional printer connected to the computer | I | | HF | | |
| | 208 | 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 | | | | | | |
| | 209 | Facility performance in response to burden of disease of the catchment population is displayed and is known to all clinical staff members | I | | HF | | |
| | 210 | National District Health Information Management System policy OR Provincial SOP aligned with National Policy is available | I | | HF | | |
| | 211 | Clinical personnel and data capturer trained on the facility level Standard Operating Guidelines for Data Management | I | | HF | | |
| | 212 | Relevant DHIS registers are available and are kept up to date | I | | HF | | |
| | 213 | Facility submits all monthly data on time to the next level | I | | HF | | |
| | 214 | Electronic health patient registration system is functional | E | | D | | |

| | | | | | | | |
|--|--|--|---|--|------|---|--|
| 8. Communication | 27. Internal communication: Monitor whether the communications system required for improved quality for service delivery is in place | | | | | | |
| | 215 | There are sub-district/district quarterly facility performance review meetings | I | | D | | |
| | 216 | A staff meeting is held at least quarterly within the facility | I | | HF | | |
| | 217 | Staff members demonstrate that incoming policies/guidelines/SOPs/notices have been read and are understood by appending their signatures on such policies/guidelines/SOPs/notifications | E | | HF | Y | |
| | 28. Community engagement: Monitor whether the community participates in PHC facility activities through representation in a functional clinic committee | | | | | | |
| | 218 | There is a functional clinic committee | E | | P | Y | |
| 9. District Health System Support | 219 | Contact details of clinic committee members are visibly displayed | I | | HF | | |
| | 220 | Facility hosts an annual open day | I | | HF | | |
| | 29. District Health Support (DHS): Monitor the support provided to the facility through guidance from district management, regular Ideal Clinic status measurement by the PPTICRM as well as through visits from the district support and health programme managers | | | | | | |
| | 221 | There is a health facility operational plan in line with district health plan | I | | HF | | |
| | 222 | 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 | E | | D | | |
| | 30. Emergency response: Monitor the effectiveness of emergency responses | | | | | | |
| | 223 | There is a pre-determined EMS response time to the facility | E | | D | | |
| | 224 | Register for emergency transport requests is available | E | | D | Y | |
| | 225 | Remedial action taken when predetermined EMS response time is not adhered to | E | | D | | |
| | 226 | Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available | V | | HF | | |
| | 227 | SOP available for the handover between facility and EMS | E | | HF | Y | |
| | 31. Referral system: Monitor whether patients have access to appropriate levels of healthcare | | | | | | |
| | 228 | National Referral Policy is available | I | | NDoH | | |
| | 229 | District SOP for the referral system is available | E | | HF | Y | |
| 10. Implementing Partners and Stakeholders | 230 | There is a referral register that records referred patients | E | | HF | Y | |
| | 231 | Copy of referral form available in the patient record | E | | HF | Y | |
| | 32. Implementing partners support: Monitor the support that is provided by implementing partners | | | | | | |
| | 232 | 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 | | |
| | 233 | 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 | | | | | | |
| | 234 | There is an official memorandum of understanding between the NDOH and SAPS | I | | NDoH | | |
| | 235 | There is an official memorandum of understanding between the PDOH and Department of Education | I | | P | | |
| | 236 | There is an official memorandum of understanding between the PDOH and the Department of Social Development | I | | P | | |
| | 237 | There is an official memorandum of understanding between the PDOH and Department of Public Works | I | | P | | |
| | 238 | There is an official memorandum of understanding between the PDOH and Department of Transport | I | | P | | |

Summary of Ideal Clinic categories

| Weights | Silver | Gold | Platinum |
|------------------------------------|--------|--------|----------|
| Non-negotiable Vitals (3 elements) | 100% | 100% | 100% |
| Vital (53 elements) | 60-69% | 70-79% | ≥80% |
| Essential (104 elements) | 50-59% | 60-69% | ≥70% |
| Important (78 elements) | 50-59% | 60-69% | ≥70% |

ELEMENT CHECKLISTS

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) = present; **N** (No) = 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 clinic | |
| c. No obstructions to visibility | |
| Facility gate entrance signage | |
| a. Vehicles and persons will be searched | |
| b. Entry and parking are at own risk | |
| Specific external locations: | |
| a. Emergency Assembly Point | |
| Waste storage: | |
| a. 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) | |

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) | |

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) | |

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) = signage is NA to the specific facility due to the services rendered or the size of the facility (small facilities) or type of services rendered

| Internal branding | Score |
|---|--------------|
| Help Desk/Reception | |
| Complaints/suggestions/compliments box | |
| Medicine storage room/dispensary/pharmacy | |
| Chronic Medicine Collection (CCMDD) | |
| Emergency room | |
| 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 service areas - Colour-coded signage for each of the 3 streams of care service areas | |
| Acute/minor ailments (orange) | |
| Chronic Diseases (blue) | |
| MCWH (deep green) | |
| Health Support Services (Allied health services) (yellow) | |
| Medicine storage room/ dispensary/pharmacy | |
| Functional room signage (each area/room should be labelled) | |
| Vital signs | |
| Counselling room/s | |
| Consultation room/s | |
| Fire-fighting signs: | |

| | |
|---|--|
| At each hose, fire hose pictogram | |
| At each extinguisher, fire extinguisher pictogram | |
| Support/admin areas (room name sign on each door) | |
| Storeroom(s) | |
| Sluice room | |
| Laundry | |
| Cleaner's room | |
| Linen room | |
| Kitchen | |
| Patient records storage room | |
| Community Outreach Service | |
| Staff toilet(s) | |
| Staff room/boardroom/multipurpose room | |
| Total | |
| Total maximum possible score (sum of all scores minus those marked NA) | |
| Score (Total ÷ Total maximum possible score) | |

Note: Facilities with fewer than three consulting rooms are too small to be segregated into three streams and are not expected to have dedicated consulting areas for acute, chronic health conditions and preventative health services with accompanying signage. However, healthcare offered at these facilities should still adhere to ICSM principles. This means that patients should be treated holistically and not sent from one section to another because of co-morbidities. Signage for the three streams should therefore be marked as NA.

CHECKLIST FOR ELEMENT 9: All staff members comply with prescribed dress code

Use the checklist below to check that staff on duty is dressed according to the prescribed dress code

Scoring –in column for score mark as follows:

Check – randomly select five healthcare professional staff members to review

Y (Yes) = present and adhered to; **N** (No) = not present or not adhered to; **NA** (Not applicable) = if there are not enough staff on duty/appointed to evaluate five staff members, check those on duty, marking the remaining columns NA

| Item | Staff member 1 | Staff member 2 | Staff member 3 | Staff member 4 | Staff member 5 |
|---|----------------|----------------|----------------|----------------|----------------|
| Nails short | | | | | |
| Jewellery minimal (plain wedding band, small earrings, no necklaces) | | | | | |
| Dress/skirt 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) | | | | | |

CHECKLIST FOR ELEMENT 10: All staff members wear an identification tags

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 to review

Y (Yes) = present and adhered to; **N** (No) = not present or not adhered to; **NA** (Not applicable) = if there are not enough staff on duty/appointed to evaluate five staff members, check those on duty and mark remaining lines NA

| Staff member | Score |
|---|-------|
| 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

CHECKLIST FOR ELEMENT 12: There is a process that prioritises the very sick, frail and elderly patients

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 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) | |

CHECKLIST FOR ELEMENT 15: Patient records adhere to ICSM prescripts

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 patients who were seen in the past three months. Include records for the following conditions: one adult acute/minor ailment, one adult chronic, one adult maternal health, one sick child and one well baby record to cover records of patients consulted at all three streams of care (Chronic, MCWH and Acute). Audit the last visit. Ensure that one of the five records selected is for a patient that was referred to another health facility (use the referral register to track such a file), this is to assess Element 204: Copy of referral letter available in the patient record.

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 | Adult acute/ minor ailment | Adult chronic | Adult maternal health | Sick child (IMCI) | Well baby |
|---|-------------------------------|---------------|--------------------------|----------------------|-----------|
| Administrative details (on cover of record) | | | | | |
| Clinic'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 | | | | | |
| Contact details of parents or guardian | | | | | |
| Next of kin contact details | | | | | |
| Employment contact details (if employed) | | | | | |
| Marital status | | | | | |
| Gender | | | | | |
| Patient profile – 1st visit | | | | | |
| Type of employment | | | | | |
| Social (type of employment, living conditions, social assistance, cooking method) | | | | | |
| Social (school grade, social assistance, nutrition, where child 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 1 st visit | | | | | |
| Weight at every visit | | | | | |
| Body mass index (BMI) calculated at 1 st and 7 th visits | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 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 (JACCOL) | | | | | |
| Respiratory | | | | | |
| Cardiovascular | | | | | |
| Gastrointestinal | | | | | |
| Mental state | | | | | |
| Central nervous system (CNS) | | | | | |
| Musculo-skeletal | | | | | |
| 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 (where applicable) | | | | | |
| Child health records | | | | | |
| History of immunisations | | | | | |
| Deworming treatment | | | | | |
| Vit A supplementation | | | | | |
| Developmental screening (6, 14 weeks and 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 the 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 (applicable for immunizations) | | | | | |
| Prescriber's name and surname | | | | | |
| Prescriber's qualification | | | | | |
| Prescriber's signature | | | | | |
| Date signed by prescriber | | | | | |
| Dispenser's name and surname | | | | | |
| Dispenser's signature | | | | | |
| SANC/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) | | | | | |

CHECKLIST FOR ELEMENT 16: District/Provincial SOP/guideline for filing, 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) | |

CHECKLIST FOR ELEMENT 17: 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 accessing, tracking, 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 and the top of shelving is not less than 320 mm from the ceiling to allow airflow | |
| Aisle and shelves OR Cabinets labelled correctly according to SOP | |
| Counter or sorting table or dedicated shelves to sort files | |
| Light is functional and allows for all areas of the room to be well lit | |
| Room is clean and dust free | |
| Filing system for patient records adheres to the following: | |
| Facility retains patient records in use | |
| Standardised unique record registration number is assigned to files. One of the following methods is consistently used: patient's surname, identity document number or date of birth, or a set of facility-assigned and recorded numbers) | |
| 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 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 ÷ 18) | |

CHECKLIST FOR ELEMENT 23: 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 required 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 | | |
| Refusal of treatment forms | | |
| Total | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | |
| Score (Total ÷ Total maximum possible score) | | |

CHECKLIST FOR ELEMENT 31: 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** = 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 Ideal Clinic framework | |
| Gaps identified in the following areas are addressed: | |
| Patient experience of care surveys | |
| Complaints | |
| 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) | |

CHECKLIST FOR ELEMENT 44: Adolescent and Youth Friendly Health services are available

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 (Total ÷ 7) | |

CHECKLIST FOR ELEMENT 50: 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 are 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) | |

CHECKLIST FOR ELEMENT 51: 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 two consulting rooms

Y (Yes) = present; **N** (No) = not present; **NA** (not applicable) = at least one copy of EML for hospitals must be in doctor's room, therefore only one consulting room needs to have one; mark other consulting room as NA

| Item | Score Consulting room 1 | Score Consulting room 2 |
|--|-------------------------|-------------------------|
| Adult Primary Care guide (APC) – 2019 or Practical Approach to Care Kit (PACK), 2019 or latest version | | |
| Integrated Management of Childhood Illness Chart Booklet, 2019 or latest version | | |
| Standard Treatment Guidelines and Essential Medicines List for Primary Health Care, 2020 or latest version | | |
| Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Adults, 2019 or latest version (only in consulting room used by the doctor) | | |
| Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Paediatrics, 2017 or latest version (only in consulting room used by the doctor) | | |
| Newborn Care Charts Management of Sick and Small Newborns in Hospital SSN Version 1,- 2014 or latest version (only in consulting room used by the doctor) | | |
| 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 being used.**

CHECKLIST FOR ELEMENT 52: 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

Y (Yes) = signed; **N** (No) = did not sign; **NA** (not applicable) = if the facility does not provide the service

| Item | Score |
|---|-------|
| Child, Youth and School Health | |
| South African Infant and Young Child feeding Policy (2013) (updated with circular in 2017) or latest version | |
| Non-Communicable diseases | |
| National User Guide on the Prevention and Treatment of Hypertension in Adults at PHC Level (2021) or latest version | |
| HIV | |
| Antiretroviral Treatment Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2019) or latest version | |
| National HIV Testing Services Policy (2016) or latest version | |
| National Medical Male Circumcision Guidelines (2016) or latest | |
| Standard Operating Procedures for Adherence Guidelines for HIV, TB and NCD (2020) AGL SOPs* or latest version | |
| National guidelines for the management of Viral Hepatitis (2019) or latest version | |
| TB | |
| National Tuberculosis Management Guidelines (2014) or latest version | |
| National Guidelines for the Management of Tuberculosis in Children (2013) or latest version | |
| Management of Rifampicin Resistance - A Clinical Reference Guide (2019) or latest version | |
| Women, Maternal and Reproductive Health | |
| Guidelines for Maternity Care in South Africa (2016) or latest version | |
| Cervical Cancer Prevention and Control Policy (2017) or latest version | |
| Clinical Guidelines for Breast Cancer Control and Management (2019) or latest version | |
| National Contraceptives clinical guidelines (2019) or latest version | |
| National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020) or latest version | |
| Maternal, Perinatal and Neonatal health policy (2021) or latest version | |
| Clinic Guideline for Genetics Services (2021) or latest version | |
| National Clinical Guidelines for Safe Conception and Infertility (2021) or latest version | |
| 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.**

CHECKLIST FOR ELEMENT 56: 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 the patient 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 | |

CHECKLIST FOR ELEMENT 60: 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 | |

CHECKLIST FOR ELEMENT 61: Patient Safety Incident management records comply with 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’ for the measures as listed

Y (Yes) = available; **N** (No) = not available; **NA** (Not Applicable) = if facility did not record 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 on the Patient Safety Incident Register | |
| 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 marked NA) | |
| Score (Total ÷ Total maximum possible score) | |

CHECKLIST FOR ELEMENT 64: 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 | |
| Score (Total ÷ 5) | |

CHECKLIST FOR ELEMENT 65: 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 | |
| Score (Total ÷ 5) | |

CHECKLIST FOR ELEMENT 67: 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) | |

CHECKLIST FOR ELEMENT 68: 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) | |

CHECKLIST FOR ELEMENT 71: 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) | |

CHECKLIST FOR ELEMENT 72: All staff have received in-service training in the last two years on standard precautions that is inline 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) | | | | |

CHECKLIST FOR ELEMENT 73: Posters on hand hygiene is displayed

Use the checklist below to check whether posters on hand hygiene is displayed

Scoring –in column for score mark as follows:

Check – randomly select the areas as indicated and check whether the posters are available

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility has fewer areas than indicated.

| Item | Score Vital area | Score Consulting room | Score Medicine Dispensary | Score Toilet |
|--|---------------------|-----------------------------|---------------------------------|-----------------|
| Poster for hand hygiene technique displayed near hand wash basin | | | | |
| Poster for alcohol-based hand rub technique displayed on the notice board (or wall where there is no notice board) | | | | |
| Total | | | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | | | |
| Score (Total ÷ Total maximum possible score) | | | | |

CHECKLIST FOR ELEMENT 76: 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:

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

| Item | Score -stock available | Score - worn by staff |
|---|------------------------|-----------------------|
| Gloves – nonsterile | | |
| 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) | | |

CHECKLIST FOR ELEMENT 77: The linen in use is sufficient, clean, appropriately used and not torn

Use the checklist below to check whether the linen is clean, appropriately used and not torn

Scoring - In column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant. **NA** = Where the type of linen listed (cloth/disposable) is not used.

| Item | Score |
|--|-------|
| 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 | |
| Total | |
| Total maximum possible score (sum of all scores minus those marked NA) | |
| Score (Total ÷ Total maximum possible score) | |

CHECKLIST FOR ELEMENT 79: Sharps are disposed of appropriately

Use the checklist below to check whether sharps are disposed of appropriately

Check - randomly check two consulting rooms

Scoring - In column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant; **NA** (not applicable) = if the facility only has one consulting room

| Item | Score Consulting room 1 | Score Consulting room 2 |
|---|-------------------------------|-------------------------------|
| 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) | | |

CHECKLIST FOR ELEMENT 81: 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) | |

CHECKLIST FOR ELEMENT 88: 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) | |

CHECKLIST FOR ELEMENT 91: Complaints/compliments /suggestions toolkit is available at the main entrance/exit

Use the checklist below to check whether the complaint forms, box and poster is available at the main entrance

Scoring - In column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant.

| Item | Score |
|--|-------|
| 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 | |
| Score (Total ÷ 5) | |

CHECKLIST FOR ELEMENT 92: The complaints/compliments/suggestions records complies 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/district 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 classification for compliments | |
| * Statistical report for indicators and classification for suggestions | |
| Total | |
| Total maximum possible score (sum of all scores minus those marked NA) | |
| Score (Total ÷ Total maximum possible score) | |

CHECKLIST FOR ELEMENT 93: Targets set for complaints 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) | | |

CHECKLIST FOR ELEMENT 95: SOP for management of availability of medicines is available

Use the checklist below to check whether the SOP for management of availability of medicines describes 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 medicine room/dispensary | |
| Storage and organisation of the medicine room/dispensary | |
| Security and control of access to the 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 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) | |

Note: The topics listed for the SOP can be covered in separate SOPs, it does not need to be one document

CHECKLIST FOR ELEMENT 96: Hand hygiene facilities are available at the medicine /dispensary room

Use the checklist below to check whether there is running water, 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** = (*) During drought episodes taps can be closed. Dispensary/medicine room 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 |
|--|-------|
| Functional hand wash basin | |
| Taps are functional with running water (*) | |
| Liquid hand wash soap | |
| Disposable hand paper towels | |
| Poster on hand hygiene is displayed near the hand wash basin | |
| Total | |
| Score (Total ÷ 5) | |

CHECKLIST FOR ELEMENT 100: Medicine/ dispensary room 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, **NA** = Facility do not have all the areas

| Area and measures | Score | Score |
|---|--------------------------|--------------|
| CONSULTING ROOMS: | Medicine/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 | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | |
| Score (Total ÷ Total maximum possible score) | | |

CHECKLIST FOR ELEMENT 101: 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 | |
| Total | |
| Score (Total ÷ 9) | |

CHECKLIST FOR ELEMENT 102: 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 medicine room/dispensary/pharmacy is recorded daily | |
| The temperature of the medicine room/dispensary/pharmacy is maintained within the safety range | |
| Total | |
| Score (Total ÷ 4) | |

CHECKLIST FOR ELEMENT 103: 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 °C (check one month's record) | |
| There is a cooler box for storage of vaccines if needed | |
| Ice packs are available for use as needed | |
| There is a functional thermometer for use in the cooler box | |
| Total | |
| Score (Total ÷ 5) | |

CHECKLIST FOR ELEMENT 104: Medicine cupboard or trolley is neat and orderly

Use the checklist below to check whether the medicine cupboard or trolley is neat and orderly

Scoring – in column for score mark as follows:

Check – randomly select two consultation rooms (if the facility has only one, score this) and check whether the medicine cupboard or trolley complies with measures

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if the facility does not dispense medicine from the consulting rooms or the facility only has only one consulting room

| Item | Score Consultation room 1 | Score Consultation room 2 |
|---|---------------------------|---------------------------|
| Surfaces inside the 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) | | |

CHECKLIST FOR ELEMENT 107: 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 and accessories (only applicable to SVS) are in good working order | |
| 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.*

CHECKLIST FOR ELEMENT 109: Medicines on the tracer medicine list are available

Use the checklist below the check whether the tracer medicines listed are available

Scoring – in column for score mark 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 clinic, e.g. treatment of HIV/TB and the clinic 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 \pm 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 | | Vitamin A 50,000U OR 100,000U OR 200,000U capsules | |
| ethinylestradiol/norethisterone | OR | | | |
| ethinylestradiol/gestodene | OR | | Zidovudine 50mg/5ml, solution/suspension | |
| ethinylestradiol/norgestimate | | | | |
| 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) | | | | |

CHECKLIST FOR ELEMENT 113: Health care waste is managed appropriately in the medicine/dispensary room

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 | |
| Pharmaceutical waste is stored separately in a container or box for removal to the disposing health facility | |
| Total | |
| Score (Total ÷ 2) | |

CHECKLIST FORELEMENT 115: Basic medical supplies (consumables) are available

Use the checklist below to check availability of medical and dressing supplies

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 uses consumables for older HB models, AEDs and for the section named “Only applicable if the facility have a permanent doctor”

| SURGICAL SUPPLIES | | | |
|---|-------|--|-------|
| Item | Score | Item | Score |
| Intravenous administration set 20 drops/ml | | Gloves exam n/sterile large /box | |
| Intravenous administration set paed 60 drops/ml | | Gloves exam n/sterile medium /box | |
| Blade stitch cutter sterile/pack | | Gloves exam n/sterile small /box | |
| Urinary (Foley's) catheter silicone/latex 10f | | Gloves surg sterile sz6 OR6.5 OR small/box | |
| Urinary (Foley's) catheter silicone/latex 12f | | Gloves surg sterile sz 7OR 7.5 OR medium/box | |
| Urinary (Foley's) catheter silicone/latex 14f | | Gloves surg sterile sz 8 OR large/box | |
| Urinary (Foley's) catheter silicone/latex 18f | | Intravenous cannula 18ggreen/box | |
| Urine drainage bag | | Intravenous cannula 20g pink/box | |
| Simple face mask for oxygen for adults | | Intravenous cannula 22g blue/box | |
| Reservoir mask for oxygen for adults | | Intravenous cannula 24g yellow/box | |
| Nasal cannula (prongs) for adults | | Needles: 18 (pink) OR 20 (yellow)/box | |
| Simple face mask for oxygen, paediatric | | Needles: 21 (green)/box | |
| Reservoir mask for oxygen for paediatric | | Needles: 23 (blue)/box OR 22 (black)/box | |
| Simple face mask for oxygen for adults | | * Syringes 3-part 2ml/box | |
| Reservoir mask for oxygen for adults | | * Syringes 3-part 5ml/box | |
| Face mask for nebuliser OR face mask with nebuliser chamber for adult | | * Syringes 3-part 10 or 20ml/box | |
| Face mask for nebuliser OR face mask with nebuliser chamber for paediatric | | Insulin syringe with needle/box | |
| Nasogastric tubes: 400mm - 600mm fg 8 | | Suture chromic g0/0 or g1/0 1/2 75cm | |
| Nasogastric tubes: 800 - 1200mm fg10 or 12 | | Suture nylon g2/0 or g3/0 3/8 45cm | |
| Disposable aprons | | Suture nylon g4/0 3/8 45cm | |
| Eye patches (disposable) | | | |
| Disposable razors/ disposable shaving set | | | |
| Vaginal Cusco speculum (disposable) | | | |
| Only applicable if the facility uses older HB model | | | |
| Haemolysis applicator sticks | | HB chamber glass-grooved | |
| HB meter clip | | HB cover glass-plain | |
| Only applicable if facility uses an Automatic External Defibrillator (AED) | | | |
| Replacement pads for AED - adult | | Replacement pads for AED – paediatric | |

| Only applicable if facilities have a permanent doctor | | | | | |
|--|-----------|-------|--|-----------|-------|
| Disposable Amnihook | | | Dental syringe and needle for LA | | |
| Ultrasound gel medium viscosity | | | | | |
| Sub-total 1 for surgical supplies | | | Sub-total 2 for surgical supplies | | |
| Sub-total 1 Maximum score (sum of all scores minus those NA) | | | Sub-total 2 Maximum score (sum of all scores minus those NA) | | |
| DRESSINGS SUPPLIES | | | | | |
| Item | Pack size | Score | Item | Pack size | Score |
| Plaster roll | 1 | | Sanitary towels maternity /pack | 12 | |
| Bandage crepe | 1 | | Stockinette 100mm OR150mm/roll | 1 | |
| Gauze paraffin 100x100 /box | 1 | | Adhesive micro-porous surgical tape 24/25mm or 48/50mm | 1 | |
| Gauze swabs plain n/s 100x100x8ply/pack | 100 | | 70% isopropyl alcohol prep pads 24x30 1ply OR 2 ply /box | 200 | |
| Basic disposable dressing pack(should contain a minimum of: cotton-wool balls, swabs, 2 forceps, disposable drape) | 1 | | Gauze abs grade 1 burn /pack | | |
| Cotton wool balls 1g 500`s | 1 | | | | |
| Sub-total 1 for dressing supplies | | | Sub-total 2 for dressing supplies | | |
| Total for surgical and dressing supplies | | | | | |
| Total maximum score for surgical supplies (sum of all scores minus those marked NA) and dressing supplies | | | | | |
| Score (Totals ÷ Total maximum) | | | | | |

* Syringe three part consists of the barrel, the plunger and the rubber piston

CHECKLIST FORELEMENT 117: 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

| Item | Score |
|---|-------|
| 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 (Total ÷ Total maximum possible score) | |

CHECKLIST FOR ELEMENT 118: Required specimen collection materials and stationery

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

| Item | Score |
|--|-------|
| Vacutainer tube: Blue Top (Sodium Citrate) | |
| Vacutainer tube: Red OR Yellow Top (SST) | |
| Vacutainer tube: Grey Top (Sodium Fluoride) | |
| Vacutainer tube: White Top (PPT or EDTA) | |
| Vacutainer tube: Purple Top (EDTA) | |
| Microtainer tube: Purple Top (EDTAPaeds) | |
| Microtainer tube: Yellow Top (SST-Paeds) | |
| Sterile specimen jars | |
| Swabs with transport medium (NA if there is not a permanent doctor) | |
| Sterile Tubes (without additive) for MCS (Microscopy, culture and sensitivity) (NA if there is not a permanent doctor) | |
| 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 Form | |
| N2 - Cytology Request Form | |
| N3 - PHC Order Book for Specimen Collection Material | |
| 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 (Total ÷ Total maximum possible score) | |

CHECKLIST FOR ELEMENT 119: 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 labelled | | | | | | | | | |
| 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 (at +/- 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 (Total ÷ Total maximum possible score) | | | | | | | | | |

CHECKLIST FORELEMENT 120: Laboratory results are received within 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 | 24-48 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 result (4-6 weeks) | | | |
| 6 | Pus MCS (Microscopy, culture and sensitivity) | 24-72 hours | | | |
| 7 | Sputum: TB | 5 days-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 (Total ÷ Total maximum possible score) | | | | |

CHECKLIST FOR ELEMENT 124: Staff appointed in line with the determined requirement

Use the checklist below to check whether the staff appointed at the facility is appointed according to the determined requirement

Scoring - in column for score mark as follows:

Y (Yes) = compliant, **N** (No) = not compliant, **NA** (Not applicable) = if staff is not required according to determined need

| 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) | |

CHECKLIST FOR ELEMENT 130: All healthcare 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) = do not have current registration, **NA** (Not applicable) = if category of staff is not appointed at the facility

| Category of staff | Score | Category of staff | Score |
|---|-------|---|-------|
| Nurses | | | |
| Clinical Nurse Practitioners | | Enrolled nurses | |
| Professional nurses | | Nursing assistants | |
| Medical officers | | | |
| Medical Officer – full time | | Medical officer- sessional - private GP | |
| Medical officer- sessional | | | |
| Oral health | | | |
| Dentists – full time | | Dental therapist | |
| Dentist – sessional | | Dental assistant | |
| Dentist – sessional – private | | Oral hygienist | |
| Pharmacy | | | |
| Pharmacist | | Pharmacist assistants | |
| Allied health professionals | | | |
| Nutritionist/Dietician | | Social workers | |
| Physiotherapist | | Optometrist | |
| Occupational therapist | | Speech and hearing therapist | |
| Psychologist | | | |
| Totals | | | |
| Total maximum possible scores (sum of total scores minus the ones marked NA) | | | |
| Score (Totals ÷ Total maximum possible score) | | | |

CHECKLIST FOR ELEMENT 131: 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 Record 1 | Score Record 2 | Score Record 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 (Total ÷ Total maximum possible score) | | | |

CHECKLIST FOR ELEMENT 138: 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 | |

CHECKLIST FOR ELEMENT 141: 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) | |

CHECKLIST FOR ELEMENT 149: 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 devices (e.g. sodium perborate powder OR ortho-phthalaldehyde) | |
| Chlorine releasing agent - hypochlorite (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 | |
| Labelled spray bottle for disinfectant solution | |
| Window cleaning squeegee | |
| Mop sweeper or soft-platform broom | |
| Floor polisher | |
| Total | |
| Total maximum possible score (sum of all scores minus those marked NA) | |
| Score (Total ÷ Total maximum possible score) | |

CHECKLIST FOR ELEMENT 150: 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:

Y (Yes) = signed off, **N** (No) = not signed off, **NA** (not applicable) = if there are fewer areas in the clinic

| Area | Score area 1 | | Score area 2 | |
|---|-------------------|----------------------|-------------------|----------------------|
| | Signed by cleaner | Signed by supervisor | Signed by cleaner | Signed by supervisor |
| Consultation rooms (randomly select 2 rooms) | | | | |
| Vital rooms | | | | |
| Waiting area | | | | |
| Public toilets (randomly select 2toilets) | | | | |
| Staff toilets (randomly select 2 toilets) | | | | |
| Staff room(s) | | | | |
| Total | | | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | | | |
| Score (Total ÷ Total maximum possible score) | | | | |

CHECKLIST FORELEMENT 151: All service areas are clean

Use the checklist below to check whether the various service areas are clean

Scoring –in column for score mark as follows:

Check – randomly select two service areas as indicated in the column for the score

Y (Yes) = compliant; **N** (No) = not compliant; **NA** (not applicable) = if there are fewer areas in the clinic than listed

| Area and measures | Score | Score |
|---|---------------------------|---------------------------|
| CONSULTING ROOMS: | Consulting room 1 | Consulting room 2 |
| Windows clean | | |
| Window sills 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 overflowing | | |
| 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 (Total ÷ Total maximum possible score) | | |
| VITAL SIGNS ROOMS: | Vital signs room 1 | Vital signs room 2 |
| Windows clean | | |
| Window sills 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 overflowing | | |

| | | |
|--|-----------------------|-----------------------|
| 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 (Total ÷ Total maximum possible score) | | |
| WAITING AREAS: | Waiting area 1 | Waiting area 2 |
| Windows clean | | |
| Window sills clean | | |
| Floor is clean | | |
| Wall skirtings are free of dust | | |
| The countertops are clean | | |
| The door handles are clean | | |
| Walls are clean | | |
| Bins are not over flowing | | |
| Bins are clean | | |
| The areas are odour-free | | |
| All areas free of cobwebs | | |
| Totals | | |
| Total maximum possible scores (sum of all scores minus those marked NA) | | |
| Score (Total ÷ Total maximum possible score) | | |

CHECKLIST FOR ELEMENT 152: Hand hygiene and sanitary 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

Scoring –in column for score mark as follows:

Check – randomly select two toilets, two consulting rooms and two vital signs room to review

Y (Yes) = available; **N** (No) = not available; **NA** (not applicable) if the facility has fewer areas than listed for review or (*) Taps must be elbow or foot -operated in user care areas, except in toilets. During drought episodes taps can be closed, facility must then have alcohol-based hand rub available.

| Item | Area 1 | Area 2 |
|---|----------------------------|----------------------------|
| Toilet | Toilet 1 | Toilet 2 |
| Functional hand wash basin | | |
| Taps functional with running water (*) | | |
| Toilet paper | | |
| Liquid hand wash soap | | |
| Disposable hand paper towels | | |
| Consultation room | Consultation room 1 | Consultation room 2 |
| Functional hand wash basin | | |
| Taps functional with running water (*) | | |
| Liquid hand wash soap | | |
| Alcohol based hand rub | | |
| Disposable hand paper towels | | |
| Vital signs room | Vital signs room 1 | Vital signs room 2 |
| 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 (Total ÷ Total maximum possible score) | | |

CHECKLIST FOR ELEMENT 153: 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 of waste | |
| Total | |
| Score (Total ÷ 5) | |

CHECKLIST FOR ELEMENT 154: Health care waste are managed appropriately

Use the checklist below to check whether health risk care waste is managed appropriately

Scoring - in column for score mark as follows:

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 | | | | |
|--|--------------|---------------|-----------------|-----------------|--------------|
| | Staff Toilet | Public Toilet | Clinical area 1 | Clinical area 2 | Waiting area |
| Sanitary disposal bins with functional lids OR health care risk waste box | | | | | |
| * Sanitary disposal bins/boxes lined with appropriate colour plastic bags | | | | | |
| Sanitary disposal bins/boxes are clean and not overflowing | | | | | |
| Health care risk waste disposal bins with functional lids OR health care risk waste box | | | | | |
| Health care 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 | | | | | |
| Anatomical waste (Red bucket with sealed lid) applicable where male medical circumcisions or deliveries are done | | | | | |
| Bins available for general waste | | | | | |
| Bins for general waste are lined with black, white, transparent or beige coloured bags | | | | | |
| Total | | | | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | | | | |
| Score (Total ÷ Total maximum possible score) | | | | | |

* 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"

CHECKLIST FOR ELEMENT 155: Central Storage area for healthcare 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 are not stored directly on the floor, i.e. it is stored on shelves or pallets or wheelie bins | |
| Area has access to water to hose the area | |
| Area has adequate drainage for the water (must be connected to a municipal sewerage system) | |
| Central storage area is enclosed and protected from natural elements (rain, wind and sun) | |
| Area is marked with international biohazard symbol | |
| Total | |
| Score (Total ÷ 11) | |

CHECKLIST FOR ELEMENT 156: 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 three toilets to review

Y (Yes) = intact; **N** (No) = not intact; **NA** (not applicable) = if the facility has fewer than three toilets or has no urinals

| Item | Score Toilet 1 | Score Toilet 2 | Score Toilet 3 |
|---|----------------|----------------|----------------|
| Cleanliness of toilets | | | |
| Windows clean | | | |
| Window sills clean | | | |
| Floor is clean | | | |
| Basins are clean | | | |
| Walls are clean | | | |
| Toilets/urinals are clean | | | |
| Sanitary bins clean and not overflowing | | | |
| The areas are odour-free | | | |
| All areas free of cobwebs | | | |
| Intact and functional | | | |
| The toilet bowl seat and cover/squat pan is intact | | | |
| The toilet bowl is stain free | | | |
| The toilet flush/sensor flush is functional | | | |
| The toilet cistern cover is complete and in place | | | |
| The urinals are intact and functional | | | |
| The urinal/flush sensor is functional | | | |
| Total | | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | | |
| Score (Total ÷ Total maximum possible score) | | | |

CHECKLIST FOR ELEMENT 157: Exterior of the facility and the grounds are 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:

Check – 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 | |
| Verandas 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 (Total ÷ Total maximum possible score) | |

CHECKLIST FOR ELEMENT 163: 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) | |

CHECKLIST FOR ELEMENT 166: 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 cell phone | |
| Total | |
| Total maximum possible score (sum of all scores minus those marked NA) | |
| Score (Total ÷ Total maximum possible score) | |

CHECKLIST FOR ELEMENT 168: 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) = compliant; **N** (No) = not compliant; **NA** (not applicable) = for whichever option is not in operation at the clinic

| 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 uniform | |
| 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 (Total ÷ Total maximum possible score) | |

* If the security officers are PSIRA-accredited, they are acknowledged to have received training.

CHECKLIST FOR ELEMENT 170: 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) | |

CHECKLIST FOR ELEMENT 171: 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 m² 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 | |
| Score (Total ÷ 4) | |

CHECKLIST FOR ELEMENT 181: Clinic space accommodates all services and staff

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) = as indicated.

| Item | Score |
|---|-------|
| INTERIOR SPACE | |
| General | |
| Main waiting area | |
| Help desk/Reception/patient registration | |
| Toilets | |
| Clinical Service Areas | |
| Sub-waiting area | |
| Vitals area /room | |
| Consulting room | |
| Counselling room | |
| Emergency/resuscitation room | |
| Health Support services (Allied health) | |
| Treatment room | |
| Support /administration areas | |
| Multipurpose meeting room | |
| Facility manager office | |
| Staff tea room with kitchenette | |
| Medicine store room /dispensary/Pharmacy | |
| • Shelves available | |
| Medicine collection kiosk (CCMDD) | |
| Surgical stores store-room | |
| Lockable cleaning material store room OR cupboard | |
| Laundry – is the service outsourced (score Y/N) | |
| Laundry available – if not outsourced, score Y/N, if outsourced score NA | |
| Dirty utility room | |
| Linen room OR cupboard | |
| Exterior space | |
| Parking spaces | |
| a. Staff | |
| b. Disabled | |
| c. Ambulance | |
| Waste storage room | |
| a. Domestic/general waste area | |
| b. Medical/bio-hazardous waste area | |
| Garden store room - is the service outsourced (score Y/N) | |
| Garden room available - if not outsourced, score Y/N, if outsourced score NA | |
| Drying area (for mops, etc.) | |
| Total | |
| Total maximum possible score (sum of all scores minus those marked NA) | |
| Score (Total ÷ Total maximum possible score) | |

CHECKLIST FOR ELEMENT 182: 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 has fewer than the listed areas

| Area | Score | |
|--|----------------------------------|----------------------------------|
| WAITING AREA: | Score Waiting time area 1 | Score Waiting time area 2 |
| Have adequate ventilation | | |
| VITAL SIGNS ROOMS: | Score Vital signs room 1 | Score Vital signs room 2 |
| Have adequate ventilation | | |
| CONSULTATION ROOM | Score Consultation room 1 | Score Consultation room 2 |
| Have adequate ventilation | | |
| Total score | | |
| Total maximum possible score (sum of all scores minus NA) | | |
| Percentage (Total score ÷ Total maximum possible score) x 100 | | |

CHECKLIST FOR ELEMENT 183: There is access for people with wheelchairs

Use the checklist below to check accessibility for patients in wheelchairs

Scoring –in column for score mark as follows:

Y (Yes) = compliant; **N** (No) = not compliant

| Item | Score |
|---|-------|
| Terrain must be compacted and smooth from gate to main entrance | |
| At least one main entrance has a ramp to allow access for persons in wheelchairs unless the entrance to the facility has no incline | |
| Ramp at one main entrance 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 s | |
| In the toilet/s with access for persons in wheelchairs handrails are installed | |
| Total | |
| Score (Total ÷7) | |

CHECKLIST FOR ELEMENT 185: Building(s) is maintained

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:

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 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 exteriors | |
|---|------------------------------|---------------------------|
| EXTERIOR OF BUILDING(S) | | |
| Walls – paint in good condition | | |
| Roof intact | | |
| Gutters | | |
| a. Intact | | |
| b. Paint in good condition | | |
| Doors and gates | | |
| a. Working condition | | |
| b. Handles working | | |
| c. Open and close | | |
| Lights | | |
| a. Present | | |
| b. Functional | | |
| Paving is intact | | |
| Total | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | |
| Score (Total ÷ Total maximum possible score) | | |
| INTERIOR OF BUILDING(S) | | |
| WAITING AREAS | Score Waiting area | Score Waiting area |
| 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 (Total ÷ Total maximum possible score) | | |
| TOILETS | Score ablution 1 | Score ablution 2 |
| 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 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 (Total ÷ Total maximum possible score) | | |
| CONSULTATION ROOMS | Score Consultation room 1 | Score Consultation room 2 |
| 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 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 (Total ÷ Total maximum possible score) | | |
| 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 | | |
| d. Windows 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 (Total ÷ Total maximum possible score) | | |

| AREA | Score | Maximum possible score |
|---|-------|------------------------|
| Exterior of building(s) | | |
| Interior of building(s) | | |
| Waiting areas | | |
| Ablution facilities | | |
| Vital signs rooms | | |
| Consultation rooms | | |
| Total | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | |
| Score (Total ÷ Total maximum possible score) | | |

CHECKLIST FOR ELEMENT 186: Building complies 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

| Item | Score |
|--|-------|
| Fire compliance certificates | |
| Electrical compliance certificates | |
| All emergency exits are kept free of obstacles | |
| Entrance is free from any obstruction or hazards | |
| Emergency vehicle entrance is free from any obstruction or hazards | |
| Total | |
| Score (Total ÷ 4) | |

CHECKLIST FOR ELEMENT 187: Furniture is available and intact in service areas

Use the checklist below to check whether facility service areas are equipped with sufficient
functional furniture

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 | Waiting area 2 |
| Seating | | |
| a. Adequate seating for all patients | | |
| b. Chairs / benches intact | | |
| c. 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 1 chair (patient) | | |
| a. Available | | |
| b. Intact | | |
| Tilting examination couch | | |
| a. Available | | |
| b. Intact | | |
| Bedside footstool | | |
| a. Available | | |
| b. Intact | | |
| Wall-mounted or portable anglepoise-style examination lamp | | |
| 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 (Total ÷ Total maximum possible score) | | |

CHECKLIST FOR ELEMENT 188: Essential equipment is available and functional in consulting areas

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 has fewer than the listed areas

| Item | Score Consul- tation room 1 | Score Consul- tation room 2 | Score Vitals room | Score Child health rooms |
|---|--------------------------------------|--------------------------------------|-------------------------|-----------------------------------|
| CONSULTATION ROOMS | | | | |
| 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 | | | | |
| Total | | | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | | | |
| Score (Total ÷ Total maximum possible score) | | | | |
| VITAL SIGNS ROOM (Note if facility is too small to have a vital signs room, check for equipment in consultation rooms) | | | | |
| Non-invasive electronic Baumanometer (wall mounted/ portable) | | | | |
| Adult, paediatric and large cuffs (3) for Baumanometer | | | | |
| Blood glucometer | | | | |
| Peak flow meter | | | | |
| Adult clinical scale up to 150 kg | | | | |
| Stethoscope | | | | |
| HB meter | | | | |
| Clinical thermometer | | | | |
| Height measure | | | | |
| Tape measure | | | | |

| | | | | |
|--|--|--|--|--|
| Bin (general waste) | | | | |
| Urine specimen jars | | | | |
| Total | | | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | | | |
| Score (Total ÷ Total maximum possible score) | | | | |
| CHILD HEALTH ROOM | | | | |
| Baby scale | | | | |
| Bassinet | | | | |
| Stethoscope | | | | |
| Blood glucometer | | | | |
| Non-invasive Baumanometer (wall mounted/ portable) | | | | |
| Paediatric cuff for Baumanometer | | | | |
| Diagnostic sets including ophthalmic pieces (wall mounted or portable) | | | | |
| Patella hammer | | | | |
| Tape measure | | | | |
| Clinical thermometers | | | | |
| Total | | | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | | | |
| Score (Total ÷ Total maximum possible score) | | | | |

| AREA | Score | Maximum possible score |
|--|--------------|-------------------------------|
| Consultation rooms | | |
| Vital signs rooms | | |
| Child health rooms | | |
| Totals | | |
| Total maximum possible scores (sum of all scores minus those marked NA) | | |
| Scores (Totals ÷ Total maximum possible scores) | | |

CHECKLIST FOR ELEMENT 192: Resuscitation room is equipped with functional basic furniture and resuscitation equipment

Use the checklist below to check whether the emergency/resuscitation room complies with measures for functional basic equipment

Scoring –in column for score mark as follows:

Check – room where resuscitation is performed

Y (Yes) = available and functional; **N** (No) = not available or not functional

| Item | Score |
|---|-------|
| Emergency trolley is restored daily or after each use | |
| Emergency trolley with lockable medicine drawer and accessories | |
| Examination couch/2-part obstetric delivery bed/ Patient trolley or stretcher which can be adjusted into a fowlers position | |
| Chlorhexidine or Alcohol swabs | |
| Protective face shields OR Goggles | |
| Gloves exam n/sterile gloves: small, medium and large at least one pair of each size | |
| Gloves surgical sterile: 6 OR 6.5, 7 OR 7.5 and 8, at least one pair of each size | |
| Disposable plastic aprons | |
| Disposable non-sterile face masks | |
| Syringes 3-part: 2ml | |
| Syringes 3-part: 5ml | |
| Syringes 3-part: 10ml OR 20ml | |
| Cather tip syringe 50ml | |
| Needles: 18 (pink) OR 20 (yellow) | |
| Needles: 21 (green) | |
| Needles: 23 (blue) OR 22 (black) | |
| Tourniquet | |
| Stethoscope | |
| Nasogastric tubes: (a minimum of three different sizes that accommodate both adult and paediatric users) | |
| Nasal cannula (prongs) for adults | |
| Nasal cannula (prongs) for paediatric | |
| Wall or mobile or ceiling mounted anglepoise-style examination lamp | |
| Paediatric Broselow tape OR Pawper tape | |
| Magill's forceps for paediatric | |
| Magill's forceps for adults | |
| Resuscitation algorithms | |
| Resuscitation documentation register | |
| Total | |
| Score (Total ÷ 27) | |

CHECKLIST FOR ELEMENT 193: Emergency trolley is stocked with medicines, medical supplies and equipment

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 are 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:

- 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 exempted from this measure.

| Item | Score |
|--|-------|
| EQUIPMENT FOR ALL FACILITIES | |
| 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 | |
| Simple face mask for oxygen, 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 | |
| Admin set 20 drops/ml 1.8m /pack | |
| Admin set paed 60 drops/ml 1.8m /pack | |
| Laryngeal masks (supraglottic airways) three different sizes that accommodate adult and paediatric users | |
| Cardiac arrest board | |
| Strapping to secure Intravenous cannulae | |
| 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 | |
| Functional electric powered OR manual suction devices | |
| Suction catheters: sizes 8F | |

| | |
|--|--|
| Suction catheters: sizes 10F | |
| Suction catheters: sizes 12F | |
| Suction catheters: sizes 14F | |
| Rescue scissors (to cut clothing) | |
| Pulse oximeter with adult & paediatric probes | |
| Nebuliser OR face mask with nebuliser chamber for adult | |
| Nebuliser OR face mask with nebuliser chamber for paediatric | |
| 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 | |
| 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 neonatalyte 200ml 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) | |

CHECKLIST FOR ELEMENT 194: There is an emergency sterile obstetric delivery pack

Use the checklist below to check whether there is sterile emergency packs available.

Scoring –in column for score mark as follows:

Y (Yes) = available; **N** (No) = not available

Note: sterile packs must be labelled with the contents of the pack

| Item | Quantity | Total score |
|---|----------|-------------|
| NON-NEGOTIABLE | | |
| Stitch scissor | 1 | |
| Episiotomy scissor | 1 | |
| Cord scissor | 1 | |
| Dissecting forceps non-toothed (plain) | 1 | |
| Dissecting forceps 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 | | |
| 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) | | |

CHECKLIST FOR ELEMENT 195: 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:

Y (Yes) = available and functional; **N** (No) = not available or not functional

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 forceps | 1 | |
| Non-toothed forceps | 1 | |
| Bard-Parker surgical 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) | | |

CHECKLIST FOR ELEMENT 199: An up-to-date asset register is 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 (Total ÷ 6) | | | |

CHECKLIST FOR ELEMENT 203: Facility has a functional back-up electricity supply when needed

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 has fewer areas as indicated for review

| Area | Score |
|---|-------|
| Back-up electricity supply is maintained in accordance with the manufacturer's instructions* | |
| Back-up electricity supply is tested for functionality in accordance with the manufacturer's instructions* | |
| Lights and plugs in the resuscitation room is connected to the back-up electricity supply | |
| Medicine/dispensary room connected to the back-up electricity supply (At a minimum the vaccine and medicine fridge must be connected to the back-up supply) | |
| Total | |
| Score (Total ÷4) | |

* The manufacturer's instructions must be available, as well as maintenance records indicating that maintenance has been carried out in accordance with the manufacturer's instructions. In cases where the manufacturer's instructions are not available, a guiding document developed by the clinic/district's engineering/maintenance unit must be available.

CHECKLIST FOR ELEMENT 217: 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) | |

CHECKLIST FOR ELEMENT 218: 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 | |
| Provincial/district constitution adopted and signed | |
| Provincial/district code of conduct adopted and signed | |
| Training | |
| Attendance register for orientation and training conducted for the current term | |
| 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) | |
| 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 (Total ÷ 15) | |

CHECKLIST FOR ELEMENT 224: 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** = for gateway clinics that is attached to a hospital

| Item | Score |
|---|-------|
| 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) | |

CHECKLIST FOR ELEMENT 227: SOP available for the handover between facility and 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; **NA** = for gateway clinics that is attached to a hospital

| 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) | |

CHECKLIST FOR ELEMENT 229: 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) | |

CHECKLIST FOR ELEMENT 230: 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

| Item | Score |
|--|-------|
| Name of referred patient | |
| Name of referring facility | |
| Name of referring health care practitioner | |
| Name of receiving facility | |
| Reason for referral | |
| Date referred | |
| Totals | |
| Scores (Totals ÷ 7) | |

CHECKLIST FOR ELEMENT 231: 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 three records of patients that were referred

Y (Yes) = compliant; **N** (No) = not compliant

| Item on referral form | Score Record 1 | Score Record 2 | Score Record 3 |
|---|----------------|----------------|----------------|
| Name of patient | | | |
| Name of referring institution | | | |
| Name of referring health care practitioner | | | |
| Name of receiving institution | | | |
| Summary of clinical details* | | | |
| Total | | | |
| Total maximum possible score (sum of all scores minus those marked NA) | | | |
| Score (Total ÷ Total maximum possible score) | | | |

* Summary of clinic details should include but not limited to: Presenting complaints, examination and findings, investigations conducted, diagnosis and treatment provided, list of all medicine currently being taken by the patient and any special equipment required.