



A Stepwise Quality Improvement Checklist for Federal Tertiary Hospitals

HOSPITAL GENERAL SERVICE DELIVERY & OUTPATIENTS DEPARTMENT

*An Assessment Tool to Strengthen the General Quality
and Safety of Federal Tertiary Hospitals*



Department of Hospital Services
Federal Ministry of Health

Objectives of this Checklist

This quality assessment checklist will provide **direction, support, and accountability framework** while focussing on individuals, systems, management of resources and self-governance. It will build corporate accountability for clinical performance into the hospital management model and develop a corporate culture in which quality improvement becomes a shared enterprise through shared learning and information. It will provide strategic opportunities to diagnose and repair broken processes

Frequent, accurate assessment and timely feedback will support action plans to implement systems that are lacking and revive those that are not functioning effectively.

This checklist therefore represents a clinical governance assessment tool to determine:

- The level and quality of the hospital services.
- Policies and guidelines aimed at managing risks resulting from service provider
- The quality improvement system in place, including clinical audit, supporting and applying evidenced-based practice, implementing clinical standards, guidelines and work force planning
- The level of education, training and continuous professional development for staff upgrade
- Organisation and management
- The quality of patient safety strategies put in place in the hospital
- Competency level of clinical and non –clinical support staff in the hospital and their impact on the overall service delivery performance.
- The level of process capabilities
- Key drivers of quality and patients' satisfaction in a strategic plan.
- Staff management, labour unions and ability to manage crisis including avoiding and preventing crisis by the CEO.
- Areas for improvement.





Assessment Scoring

The contents of this checklist have been awarded point values based on their relative importance. Responses to all questions must be either **“Yes” or “No” or “Not Applicable” (NA)**.

The checklist has considerable overlap and expanded to include important continuous quality tools.

NOTE:

- *Only responses marked yes should be given the allotted points. All the required answers to a particular question must be present before you can indicate a “yes” for any given checklist question and then award the corresponding allotted points.*
- *It is often not necessary to ask all the checklist questions verbatim. An experienced auditor can often learn to answer multiple checklist questions through open-ended questions with the key or designated staff contact.*

This checklist is divided into different aspects of Quality Management System that the department is required to develop and implement regularly as listed below;

Hospital General Service Delivery - Outpatients Department

Name of Federal Tertiary Hospital:

Assessment Score Sheet					
Sections		Total Allotted Scores	Assessed Scores	Assessed Scores	Assessed Scores
1.0	General Information	30			
1.1	Facility and Safety	44			
1.2	Organization and Management	73			
1.2.1	Public-Private Partnership	26			
1.3	Health Records Management	37			
1.4	Occurrence/Incidence Management	15			
1.5	Outpatient Clinics	49			
1.6	Patient/Client Engagement and Communication	36			
1.7	Data Collection and Information Management	19			
1.8	Infection Control	51			
1.9	Waste Management	19			
1.10	Research Based Hospital	30			
Total Scores		429			



General Information

Date of Assessment:	
Name(s) and Affiliation(s) of Assessor(s):	
Name of Federal Tertiary Hospital	
Address:	
State:	
Hospital Telephone:	Hospital Email:
Name of CMD/MD:	Telephone/Email of CMD/MD:
No. of Beds:	Annual In-Patients Admission:
Mortality Rates per 100,000	Annual Out-Patients Attendance:
Infant mortality:	Referrals:
Maternal mortality:	Average theatre utilization:



General Information

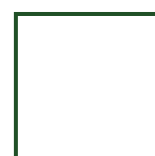
Profession	Number of Full Time Equivalent (FTEs)	Adequate for Facility Operations			Allotted Scores	Assessed Scores
		Yes	No	Insufficient Data		
Hospital Consultants per specialty					3	
Honorary Consultants					3	
Medical Officers:					3	
<i>House Officers</i>						
<i>Junior Resident Doctors</i>						
<i>Senior Resident Doctors</i>						
Staff Nurse					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Pharmacy Personnel					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Medical Laboratory Scientists					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Physiotherapists:					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Radiographers:					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Health Information Officers:					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Nutritionist/Dietician:					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Subtotal					30	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.1 FACILITY & SAFETY						
Is the general outlook of the hospital building in a good state?	YES	NO	N/A		2	
Does the hospital have a functional front desk officer/receptionist or clients information centre?	YES	NO	N/A		3	
Is there adequate cross ventilation across the hospital premises i.e clinics, waiting areas, wards?	YES	NO	N/A		2	
Is there adequate lighting across the hospital areas, wards and consultation rooms?	YES	NO	N/A		2	
Are the waiting areas adequately covered to prevent rain and excessive sun?	YES	NO	N/A		2	
Are there alternative accessible pathways for disabled patients e.g ramps or lift/elevators?	YES	NO	N/A		2	
Is there adequate water supply in the hospital?	YES	NO	N/A		2	
Standard: The hospital should provide adequate source of water to meet patients demand.						
Is there adequate alternative source of electric power?	YES	NO	N/A		3	
Solar?	YES	NO	N/A			
Generator?	YES	NO	N/A			
Standard: The hospital management must ensure that there is adequate alternative source of electric power that will service all areas of the hospital when required.						
Are there adequate and functional toilets and hand wash stations for patients and staff??	YES	NO	N/A		2	
Standard: The management must provide adequate and functional toilets and hand wash stations in different areas of the hospital and separate for staff and patients.						
Is the hospital infrastructure compliant with safety exits?	YES	NO	N/A		1	
Are fire extinguishers installed in strategic areas around the entire hospital premises?	YES	NO	N/A		2	
Standard: It is a regulatory safety standard that hospitals must install fire extinguishers in strategic areas across the premises.						
Does the hospital have an updated safety and security policy in place?	YES	NO	N/A		2	
Standard: The hospital management should have a safety and security policy in place that clearly state how to identify and respond to safety and security threats e.g fire, code blue, fall etc., and should be reviewed regularly (at least once in 2 years)						
Are staff made aware of the contents of this safety policy document e.g fire drills, telephone drills etc?	YES	NO	N/A		1	
Standard: The management team should ensure that all staff are aware and, regularly trained to understand the procedures in the safety and security policy document.						

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

Does the hospital have competent and adequate security officers?	YES	NO	N/A		2	
Does the hospital have a policy plan document on hazardous materials ?	YES	NO	N/A		2	
Are members of staff aware and trained on this policy document ?	YES	NO	N/A		1	
Are these hazardous materials handled and disposed off according to regulations and laws ?	YES	NO	N/A		2	
Standard: The hospital management must have a policy document on handling hazardous materials and waste and ensure that all staff including new in-take are aware and trained on this policy plan..						
Does the hospital management has a policy plan on managing emergency?	YES	NO	N/A		2	
Are adequate resources available to manage and train staff on emergency response in line with policy and procedures?	YES	NO	N/A		2	
Is there a designated officer to oversee the operations of the emergency plan according to the policy document?	YES	NO	N/A		1	
Standard: The organisation must have a policy plan in place for ensuring that patients and staff and others are safe from fire and smoke. The fire safety plan must be tested at least once in a year and members of staff should participate in the testing process.						
Is there a documented policy plan in place for the development and maintenance of the hospital infrastructures that will ensure the best possible quality and safety outcomes?	YES	NO	N/A		2	
Is there a built-in system or infrastructure to prevent patients from falls or reduce injury from falls?	YES	NO	N/A		2	
Hand rails on stair case?	YES	NO	N/A		1	
Bed brakes and rails?	YES	NO	N/A		1	
Standard: There must be a minimum of a built-in raft for disable patients and patients on wheel-chair.						
Subtotal					44	



For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.2 ORGANISATION AND MANAGEMENT						
Does the management have in place a strategic plan that clearly shows the road map to deliver on the organisation's objectives for continuous quality, safety and accountability?	YES	NO	N/A		3	
<i>Standard: The hospital management should have a detailed strategic plan that clearly shows the organisation's pathways to deliver continuous quality, safe and accountable healthcare service delivery.</i>						
Are staff aware of the organogram or chart that describes the governance structure of the hospital?	YES	NO	N/A		1	
Is the management team of the hospital knowledgeable about the local and national laws that guides the facility?	YES	NO	N/A		1	
<i>Standard: The hospital management team should be familiar with local and national laws that guides the various aspects of the tertiary hospital facilities.</i>						
Do all staff have their job descriptions clearly stated and given to each of them?	YES	NO	N/A		1	
<i>Standard: The top management should give each manager a copy of his/her job description and ensure that they understand the content. These managers are then saddled with the responsibility to ensure the same for the staff members in each of their departments.</i>						
Is there an established process for annual review of staff performance against the hospital criteria for performance?	YES	NO	N/A		2	
<i>Standard: Staff performance evaluation should be continuous</i>						
Are policies, procedures and protocols developed by the management team to set the standard of best practice for major clinical and non clinical services?	YES	NO	N/A		1	
<i>Standard: The management team must ensure that appropriate and relevant policies, procedures, and protocols are developed and made accessible to staff to ensure best practice are maintained for clinical and non-clinical work processes at all time. These policy documents should be reviewed at least once in 2 years.</i>						
Does the hospital have a personnel policy that address rewards and disciplines?	YES	NO	N/A		2	
Do top management carry out oversight functions and lead continuous quality improvement activities in the hospital?	YES	NO	N/A		2	
Does the hospital apply the concept of Integrated Practice Unit (IPU)?	YES	NO	N/A		2	
<i>Standard: The greatest improvements in healthcare outcomes and efficiency comes from sustained, team-based focus on a carefully defined set of medically integrated practice.</i>						
Is there a continuous quality improvement team/committe in the hospital?	YES	NO	N/A		3	
<i>Standard: There should be a continuous quality improvement team in the hospital who are selected from the various clinical and non-clinical departments and units of the hospital. This team will work together with the top management team to determine and prioritise measure and implement areas for improvement.</i>						
Are new or modified processes within the hospital monitored by data collection to determine if there are areas for improvement?	YES	NO	N/A		2	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Does the hospital develop and ensure the usage of clinical guidelines, protocols or pathways for clinical processes?	YES	NO	N/A		3	
Standard: Clinical governance standards mandates hospitals to have developed SOPs, guidelines and protocol for clinical and non-clinical processes along patient care pathways to ensure uniformity of standard and adherence to best practices at all times for the expected care outcomes.						
Does the hospital have a policy on staff attitude to patients?	YES	NO	N/A		2	
Are there patients' satisfaction survey carried out periodically?	YES	NO	N/A		3	
Does the survey include staff attitude and communication skill to patients?	YES	NO	N/A		1	
Are the patient satisfaction survey collated and analysed?	YES	NO	N/A		2	
Are the analyzed data feedback to the staff during staff meetings?	YES	NO	N/A		1	
Is the average waiting time in each of the various hospital care unit less than 1hour?	YES	NO	N/A		1	
Does the hospital enforce a policy on patients' confidentiality?	YES	NO	N/A		2	
Is there a designated call room?	YES	NO	N/A		1	
If YES, is it comfortably furnished & equipped for call officers? i.e. fridge, microwave, air conditions/fans.	YES	NO	N/A		1	
Is there a documented procedure for making and receiving emergency or out of hours calls?	YES	NO	N/A		1	
If YES, does this procedure document include levels of calls to the different levels of on-call duty officers?	YES	NO	N/A		1	
Does this document contain the compulsory inclusion of recruited in-house consultants in the day-to-day on-call duty roster?	YES	NO	N/A		1	
Does this document include guidelines for weekend call duty rostering?	YES	NO	N/A		1	
Do you always get prompt response from the following on-call duty officers when rostered including weekend calls?	YES	NO	N/A		2	
Senior consultant						
Junior consultant						
Senior Registrars						
Junior Registrars						
House officers						
Matrons						

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Is there a system for periodic monitoring on-call duty performance for all level officers/staff?	YES	NO	N/A		2	
If YES, does the management ensure that on-call duty performance are monitored regularly including weekend call duty?	YES	NO	N/A		2	
Do you have clocking register for call duty officers?	YES	NO	N/A		2	
Are matrons on night shift?	YES	NO	N/A		2	
Are AD nurses on night shift?	YES	NO	N/A		2	
Are AD nurses on night and weekend duty?	YES	NO	N/A		2	
Does the pharmacy operate out of hours service?	YES	NO	N/A		2	
If YES, is there an on-call duty roster developed for pharmacists, including weekend on-call duty?	YES	NO	N/A		2	
Are senior pharmacists, included in the on-call duty?	YES	NO	N/A		2	
Does the hospital laboratory department operate out of hours service?	YES	NO	N/A		2	
If YES, is there an on-call duty roster developed for laboratory staff including weekend on-call duty?	YES	NO	N/A		2	
Are senior laboratory officers, including managers included in these call-duty rosters?	YES	NO	N/A		2	
Does management feed medical and health workers on calls, night and weekend shifts?	YES	NO	N/A		2	
Is the payment fo calls and shift duty automatic?	YES	NO	N/A		2	
Is payment based on actual duty performance?	YES	NO	N/A		2	
Subtotal					73	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.2.1 Public - Private Partnership						
Is the hospital/Institution currently running any public private partnership (PPP) or joint venture (JV) of any sort?	YES	NO	N/A		3	
If YES, is this PPP or JV on clinical services delivery?	YES	NO	N/A		5	
Or non-clinical support services?	YES	NO	N/A		2	
NOTE: Contact person should list the specific PPP services in the hospital in the comment column						
How will you rate the impact of these PPP services on the hospital overall performance?	Very effective high positive impact? <input type="checkbox"/>		medium Impact? <input type="checkbox"/>		5	
	Satisfactory (improvement required) <input type="checkbox"/>		Not satisfactory - low impact <input type="checkbox"/>			
Standard: Any PPP services engagement by the hospital management is expected to enhance and improve patient service delivery						
Does the management carry out periodic in-house performance and impact assessment on running PPP or JV services in the hospital?	YES	NO	N/A		3	
Standard: it is pertinent that performance assessment should be done on PPP services periodically to measure the required effectiveness and impact.						
Does the management seek detailed legal advice and involvement in its PPP and JV engagement?	YES	NO	N/A		3	
Standard: Management is to seek relevant legal advice and involvement from experts knowledgeable and experienced in healthcare related services and preferably allow the legal experts to take the lead in the PPP/JV contractual service agreement and terms of reference.						
Is/are there clearly written and easily understood memorandum of understanding(MOU) or contract service agreement for each PPP engagement?	YES	NO	N/A		3	
ARE all PPP or joint ventures MOUs filed within the hospital premises and easily accessbbble to relevant key officers?	YES	NO	N/A		2	
Standard: The management must ensure that MOU document is in place clearl written and easily understood by particularly parties and signed accordingly for every PPP or JV.						
Subtotal					26	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.3 HEALTH RECORDS MANAGEMENT						
Does the hospital have a main health records department?	YES	NO	N/A		3	
Do the outpatient clinic areas and specialty clinic units have dedicated health records offices?	YES	NO	N/A		2	
Are the health record offices adequately staffed with professional health records officers?	YES	NO	N/A		1	
Are these record units/offices adequately spacious and comfortable for the health record staff to work in?	YES	NO	N/A		1	
Standard: General and special clinics outpatients department/units should have dedicated health records units with adequate space for staff, workstations and filing cabinets. The room should be well ventilated preferably with fitted air-conditioners/fans and properly illuminated.						
Do you always have adequate supply of health recording tools available?	YES	NO	N/A		3	
Case note tags						
Tracer Cards						
Continuation forms						
Master name index cards						
Investigation mounted forms						
Documentation registers						
Are health records offices equipped with adequate functional computer systems?	YES	NO	N/A		2	
Does the hospital operate an electronic Medical Records system? (EMR)	YES	NO	N/A		3	
Are health records staff regularly trained on managing the EMR system?	YES	NO	N/A		2	
Are there dedicated expert technicians on site to promptly respond to the EMR troubleshooting?	YES	NO	N/A		1	
Standard: The management is expected to permanently recruit expert technicians and locate them on hospital site for prompt response to the EMR system troubleshooting.						
Is a dispatch register kept and up to date for the movement of patients' medical records/file?	YES	NO	N/A		1	
Is there a fire safety and prevention plan in place in the health records offices?	YES	NO	N/A		1	
Standard: Adequate fire extinguishers should be available around the records office area						
Is there a documented procedure for retaining patients' medical records and record registers?	YES	NO	N/A		1	
Standard: Patients' Medical Records and registers should be retained in line with hospital documented policy and procedures for medical, legal, administrative, educational and other purposes. Formal and documented Approval from top management would be taken before destroying any medical record.						

Are there dedicated storage area/rooms for retaining and preserving old patients' record files and register books separate from the current files storage area??	YES	NO	N/A		2	
Are these storage rooms adequately secured, well ventilated and protected from pests and fire?	YES	NO	N/A		1	
Does the department carry out periodic pest control fumigation of the filing rooms?	YES	NO	N/A		1	
Standard: Special care has to be taken to reserve the safety of records. Records have to be protected from insects, termites and being exposed to heat, fire, dampness and dust.						
Are the current patients' records rooms/filing shelves / offices adequately secured at all times and not accessible to unauthorized persons? i.e. locked and access controlled.					2	
Standard: Medical Records in the department should be kept secured from loss, theft and tampering and in strict confidentiality at all times. No unauthorized persons are allowed to have access to patients' medical records or any type of patient data information.						
Does the main health record department run a 24 hours shift services maned by a competent health records professional at all times?	YES	NO	N/A		1	
Standard: The health records office should be manned by authorized staff at all times and when not, it should be locked and key kept in custody of an authorized health records personnel who can access the office.						
Are all the health records staff aware and knowledgeable on the hospital's policy and procedures on confidentiality of patient's information and records?	YES	NO	N/A		3	
Standard: Persons working in the Medical Records, persons directly involved in patient care who have access to patient medical records must not under any circumstances disclose any type of patient information to unauthorized persons. Disclosures of any information contained in the medical records are a breach of confidentiality. Authorized persons, who need to obtain any kind of patient information, should adhere to hospital guidelines in policy and procedures for the "Release of Information".						
Are all patients' medical records from the outpatients' clinics/A&E returned back to the health record office before the end of working hours every day?	YES	NO	N/A		1	
Is there a designated or rostered health records officer to collect patients' files from the outpatients' clinics/ emergency unit back to the records department daily?	YES	NO	N/A		1	
Standard: All medical records taken from the Medical Records department during working hours by any outpatient department /A&E or by any authorized persons/units should be returned on the same day. No records are to be kept overnight in any unit other than inpatients. Patients or their relatives should not be allowed to carry the patient files or to keep them in their possessions.						
Are there specially trained and competent record staff on the clinical coding procedures? i.e. international classification of diseases (ICD-10) and Classification of surgical operations (CSO-10)	YES	NO	N/A		2	
Standard: The hospital management must train relevant health records officers who deal with the In-patients records files (Admissions and discharge) on correct and accurate clinical coding skills and indexing.						
Does the record department have a record tracking system/procedure in place to ensure easy tracking of patients' records?	YES	NO	N/A		1	
Standard: A logbook/register should also be maintained for all outgoing patient medical record in the Medical Records Department for all requests for files. Date, Medical Record Number, Dr.'s Name, Name of Department and time requested should be entered in the logbook with the signature of the medical record staff. The clinic receiving the files should also be entered in with date, time, and signature of receiving officer.						
Are mobile boxes available for the health record staff for moving case notes from the wards back to the records department?	YES	NO	N/A		1	
Standard: The hospital management is required to provide adequate and secured mobile boxes or alternative appropriate containers for transporting bulk patients' files from the OPD clinics and Inpatient wards back to the health records office						

Are the following listed registers available and kept up to date in the records department?:	YES	NO	N/A		1	
Admission register						
Discharge register						
New patient and follow up register						
Death register						
Morbidity register						
Missing patient's medical records register						
Standard: The relevant hospital management should ensure that the records department keep these listed registers and are accurately filled and kept up to date always.						
Subtotal					37	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.4 OCCURRENCE/INCIDENCE MANAGEMENT						
Are there incidence reporting book in every key clinical and non-clinical areas?	YES	NO	N/A		3	
Is there an incident management policy in place?	YES	NO	N/A		2	
Standard: There should be a standard patient safety incident reporting and management policy in place backed up by incident reporting books in key areas of patient care pathways in the hospital.						
Are staff made aware and encouraged to fill in patient safety incidence in the incidence reporting book and in a timely mannner?	YES	NO	N/A		2	
Standard: The management through the departmental heads should make staff at all levels aware of incidence reporting and should encourage reporting practicing a non-punitive and no-blame culture in response to any reported incidence except when it becomes very obviously necessary to do so.						
Are patient safety incidents identified, managed and responded to on time?	YES	NO	N/A		2	
Are reported adverse events collated periodically and analyzed to identify trends?	YES	NO	N/A		2	
Standard: Management are expected to use analyzed results to inform strategic actions to improve patient and staff safety and minimize reoccurrence.						
Does the hospital conduct induction and on-going training for healthcare providers on how to identify, manage, response to and effectively report patient and staff safety incidendents?	YES	NO	N/A		2	
Is there any policy that prevents patients and healthcare providers from abuse?	YES	NO	N/A		2	
Standard: The hospital must ensure that both patient and staff are protected from abuse through laid down policy statements and rule of law..						
Subtotal					15	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.5 OUTPATIENT CLINICS						
Is the entrance to the GOPD welcoming and well lit?	YES	NO	N/A		3	
Is the main entrance to the general outpatient (GOPD) clinics area easily identifiable with clearly visible signage?	YES	NO	N/A		2	
Are the health record offices adequately staffed with professional health records officers?	YES	NO	N/A		2	
<i>Standard: The GOPD entrance is usually the main entrance to the hospital and depicts the image of the hospital, therefore it should be very welcoming with good and attractive landscaping, well-lit up and clean at all times</i>						
Are there clearly visible signage to direct patients to other service areas from the GOPD area?	YES	NO	N/A		3	
<i>Standard: The entire GOPD area has to be easily identifiable and accessible to patients. Clear visible sign posts either in words and/or pictorial guides should be fixed around the department so patients can easily find their way around the facility.</i>						
Is there an emergency exit provided in the GOPD area?	YES	NO	N/A		1	
<i>Standard: There should be designated emergency exit doors in the GOPD area, clearly and visibly signposted and free of clutters and obstructions at all times.</i>						
Is there adequate space for free and unhindered movement of people traffic including trolley and wheel chairs?	YES	NO	N/A		1	
<i>Standard: The hospital structure depending on operational capacity should have a commensurate floor space for GOPD area to avoid overcrowding and allow for free unhindered movement of people traffic, trolleys and wheel chairs</i>						
Is there adequate space provided for patient waiting area?	YES	NO	N/A		2	
Is the patient waiting area well ventilated and adequately furnished with chairs	YES	NO	N/A		2	
<i>Standard: Appropriate and adequate patient waiting area that is well ventilated and fitted with AC/Fans must be provided with durable comfortable seating chairs that can be cleaned and disinfected when necessary.</i>						
Is there built in ramps to cater for immobile/disabled patients in the GOPD?	YES	NO	N/A		2	
Is there a designated Nursing station area within the GOPD ?	YES	NO	N/A		1	
<i>Standard: The GOPD area should have a designated Nurses station with a comfortable work space and work stations, well ventilated and easy access to clean separate staff toilets.</i>						
Are there adequate number of clinical/consulting rooms in the GOPD based on your work load?	YES	NO	N/A		3	
There is a dedicated consulting room/rooms for visiting doctors in GOPD	YES	NO	N/A		2	
Is there a designated pharmacy unit for the GOPD area?	YES	NO	N/A		3	
Is there dedicated treatment, injection and dressing room in the GOPD?	YES	NO	N/A		2	

Is the treatment room equipped with a chair, bed, cardiac resuscitation trolley, oximeter?	YES	NO	N/A		2	
<i>Standard: The GOPD should have dedicated treatment/dressing rooms furnished and equipped for comfortable patient procedures and immediate emergency response.</i>						
Is the roster for doctors and nurses working in the GOPD displayed daily?					2	
Is there a dedicated triage room or area for nurses initial assessments?					2	
<i>Standard: There must be a designated triage room for nurses to carry out initial vital assessment on patients and maintain privacy as much as possible.</i>						
Are there patient education materials and posters available all around the GOPD area?					2	
<i>Standard: Campaigns for National Health Education topics should be regularly displayed in the form of wall paintings, boards or posters in GOPD areas.</i>						
Is there a public address system available for use when needed in the GOPD?					2	
Are there easily accessible toilets for patients use in the GOPD area?					2	
Are the toilets in the GOPD gender separated? – Male and Female					2	
<i>Standard: Adequate toilets must be provided for GOPD patients, separated for male and female use with hand washing hygiene facilities</i>						
Are there dedicated cleaners for cleaning the OPD area and patients toilets daily?					1	
Are these areas and toilets cleaned at least twice every day?					2	
<i>Standard: There must be dedicated cleaners effectively trained to clean the OPD areas and toilets at least TWICE due to the patient traffic.</i>						
Is there running water supply to the GOPD?					2	
Is the GOPD a priority for alternative water source supply?					1	
<i>Standard: The management should ensure constant, uninterrupted running water supply to the GOPD at all times. This will involve including the GOPD area as one of the priority departments for alternative water source supply during shortage</i>						
Subtotal					49	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.6 PATIENT/CLIENT ENGAGEMENT & COMMUNICATION						
Is there a written and accessible protocol for identifying patients and matching correct patient with correct care?	YES	NO	N/A		2	
<i>Standard: There must be a written and adopted protocol for identifying patients before care.</i>						
Does the hospital adopt at least 2 patients identifiers system in which the patients also participate in the identification process?	YES	NO	N/A		2	
<i>Standard: The hospital is expected to adopt at least 2 patients identifiers system to ensure matching correct patient with correct care and reduce the risk of error.</i>						
Are containers used in collecting patient's specimens labeled with the patients detail in his/her presence after taking the samples?	YES	NO	N/A		2	
<i>Standard: Specimens must be labeled with patient's name immediately after taking specimen and confirmed correct with the patient for sedated/ unconscious patients, sample bottles are labeled and cross checked by two health professionals..</i>						
Are patients informed about their planned care and treatment?	YES	NO	N/A		2	
<i>Standard: Patients should be educated on their treatment, procedures, medicines, nutrition and use of medical equipment.</i>						
Is there a policy document and accessible guidelines for receiving informed consent from patients before invasive procedures in accordance with the laws of the Federal Government of Nigeria ?	YES	NO	N/A		2	
<i>Standard: The management must ensure that patient receives education and give informed consent before procedures.</i>						
Are patients educated on their medical conditions and care so they can make informed decisions?	YES	NO	N/A		2	
Is there a copy of the patient's bill of rights in the hospital?	YES	NO	N/A		3	
Are staff trained and educated on the patient's bill of rights and their expected responsibilities?	YES	NO	N/A		3	
Is there a policy instituting respect for patient's dignity and privacy at all time?	YES	NO	N/A		3	
<i>Standard: Patients' right, beliefs and values must be respected as far as its reasonably practicable when receiving care. This must be backed up with a policy mission statement of the hospital and code of conduct staff.</i>						
Are patient informed of their rights to accept or refuse treatment?	YES	NO	N/A		2	
Are these informed decisions clearly documented in patient's case notes and reported to senior management as appropriate?	YES	NO	N/A		2	

Is there a process in place to educate patients on how to continue their care at home after discharge?	YES	NO	N/A		2	
Is patient education done in language most understood by the patient regularly?	YES	NO	N/A		2	
Is there a process and written guidelines to educate pregnant women about their pregnancy, nutrition, drugs, delivery, post-natal care, family planning methods, immunization and infants feeding?	YES	NO	N/A		2	
Is there an established process and documented guideline that ensures the transfer of correct and accurate patient information between care givers e.g during nursing, clinical, medical and non-clinical handovers?	YES	NO	N/A		3	
<i>Standard: There must be established written and accurate policy guidelines to guard the correct and accurate hand over of patient's care plan and update between care givers.</i>						
Is there a written policy guideline for receiving verbal and telephone orders?	YES	NO	N/A		2	
<i>Standard: Policy must include writing down the orders and reading it back to confirm the correct information given.</i>						
Subtotal					36	



For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.7 DATA COLLECTION AND INFORMATION MANAGEMENT						
Does the hospital website provides links to healthcare resources and related information about the hospital?	YES	NO	N/A		3	
Does the hospital have an integrated information system?	YES	NO	N/A		2	
Are key operations of patient care documented on a database e.g bed occupancy, patient waiting time, mortality rates, natality rates, average length of stay, hand hygiene, patient satisfaction?	YES	NO	N/A		2	
Are the healthcare workers trained on the importance of data collection and how to collect data?	YES	NO	N/A		2	
Is there any incentive for data collection by top management and departmental heads to motivate consistent data collection?	YES	NO	N/A		2	
Are these data collected monitored for improvement of patient care service delivery?	YES	NO	N/A		2	
Are data collected regularly in this hospital e.g monthly or quarterly?	YES	NO	N/A		2	
Are data results communicated to top management and key department officers?	YES	NO	N/A		2	
Does the top management use analyzed data to make informed decisions about the hospital quality improvement plans and activities?	YES	NO	N/A		2	
<i>Standard: Hospital management should ensure that key data are collected daily and collated and analyzed at regular periodic intervals and used to make quality improvement decisions for the hospital.</i>						
Subtotal					19	



	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.8 INFECTION CONTROL						
Is there an infection control policy in the hospital with guidelines for each clinical and non-clinical area?	YES	NO	N/A		3	
<i>Standard: The hospital must have an infection control policy with written guidelines for every care area.</i>						
Are these infection control guidelines easily accessible and understood by all the relevant staff?	YES	NO	N/A		2	
Do the hospital carry out regular infection control up date training for all staff at least once a year?	YES	NO	N/A		3	
<i>Standard: All hospitals are expected to carry out infection control training for all staff both clinical and non-clinical at least once a year. This training must also be on a mandatory part of orientation programme for new staff.</i>						
Is there a documented cleaning procedure for the clinical areas e.g delivery rooms, operating theatre, in between delivery procedure?	YES	NO	N/A		2	
<i>Standard: There must be a written standard procedure for cleaning all clinical areas in the hospital which must include the appropriate disinfectant to be used and the mixing ratio.</i>						
Is the standard procedure easily accessible and understood by all relevant staff e.g cleaners, porters, auxiliary nurses, theatre nurses etc?	YES	NO	N/A		2	
Are there refresher in-house training done for these cadres of staff regularly?	YES	NO	N/A		1	
<i>Standard: Refresher training must be done at least twice a year for all relevant staff.</i>						
Is there a written standard process procedure for cleaning and sterilizing equipment?	YES	NO	N/A		2	
<i>Standard: The hospital should have a documented work process/policy for the sterilizing unit and must include the correct methods of packaging equipments to be sterilized, different methods of sterilizing the various equipment, operating the autoclave machine, preventive service maintenance of the machine, proper storage of sterilized equipment to avoid contamination and decontamination process.</i>						
Is the autoclave machine serviced regularly?	YES	NO	N/A		2	
Is there an existing maintenance service contract in place for the autoclave?	YES	NO	N/A		1	
Is the area for wrapping and packaging clean instruments adequate, safe and always clean?	YES	NO	N/A		1	
Is there appreciable human traffic control around the sterilization unit?	YES	NO	N/A		1	
<i>Standard: The hospital should identify a low traffic area to locate the sterilization unit to avoid cross-contamination.</i>						
Has the hospital adopted the WHO or CDC hand hygiene programme?	YES	NO	N/A		3	
<i>Standard: The hospitals is required to adopt either a WHO or CDC hand hygiene programme.</i>						
Are there any guidelines for post exposure prophylaxis after needle stick injury?	YES	NO	N/A		1	
<i>Standard: There must be written and accessible guidelines for post exposure prophylaxis action.</i>						

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Are personal protective equipment (PPE) readily available for use whenever required either by staff or patient?	YES	NO	N/A		2	
Standard: The hospital must make PPE available at all times and must always be worn by healthcare workers and support staff who provide direct care and may have contact with blood, body fluids, excretions or secretions e.g doctors, nurses, laundry, health records staff, laboratory handling blood stained files, porters, ambulance drivers etc.						
Are clinical and non-clinical staff trained regularly on the appropriate use of PPE?	YES	NO	N/A		2	
Standard: All relevant staff must be regularly trained on the appropriate use of PPE at least once a year.						
Are used PPE discarded in appropriate disposal bags, and disposed off in line with the hospital policy?	YES	NO	N/A		1	
Does the hospital have a quarantine and isolation area?	YES	NO	N/A		3	
Are sharps used in the wards disposed off in the correct sharps bins?	YES	NO	N/A		2	
Are filled and sealed sharps bins stored away safely from the ward areas and disposed off as per hospital policy in a timely manner?	YES	NO	N/A		2	
Standard: Full sharps bins are to be sealed off immediately and stored away from the ward areas, pending the time they will be disposed by the hospital waste management policy.						
Infection Control in Laundry:						
Does the hospital have a written procedure for handling dirty, soiled and clean linen?	YES	NO	N/A		2	
Standard: The laundry department should have a procedure policy document in place to control cross-contamination in the laundry when handling linens from the clinical areas and in the laundry rooms.						
Infection Control in the Kitchen:						
Is there a written SOPs for cleaning the hospital kitchen?	YES	NO	N/A		2	
Standard: There must be an easily accessible and understood SOPs for cleaning the hospital kitchen. The SOPs must be read by all relevant staff and a signature log kept.						
Are there at least 2 wash hand basins in the kitchen?	YES	NO	N/A		2	
Are kitchen floor and food preparation surfaces cleaned and kept dry daily and immediately after use and even when not in use always?	YES	NO	N/A		2	
Are foods stored in appropriate temperature and safe containers?	YES	NO	N/A		2	

Is there a written procedure of maintaining food kept in the refrigerators to ensure first in and first out policy?	YES	NO	N/A		1	
Is a temperature log kept for kitchen refrigerators?	YES	NO	N/A		2	
Is there a designated staff who oversees the quality of food supplies and cooked?	YES	NO	N/A		1	
Is there a process in place for handling and storing perishable food items?	YES	NO	N/A			
<i>Standard: There must be a standard process in place for handling perishable food items to ensure their freshness at all time.</i>						
Subtotal					26	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.9 WASTE MANAGEMENT						
Does the hospital have a waste management policy in place?	YES	NO	N/A		3	
<i>Standard: The hospital must have a documented management policy in place that is reviewed and updated regularly at least once every 2 years. All clinical and non-clinical staff must be aware of this policy.</i>						
Are relevant clinical and non-clinical staff handling hospital waste at all levels of care trained on waste management in line with hospital written policy?	YES	NO	N/A		2	
<i>Standard: All relevant hospital staff directly handling waste must be trained on proper waste management according to the law and hospital policy. Refresher in-house training must be done at least once a year and also form part of orientation programme for new staff.</i>						
Is there functional and adequate incinerators for waste management?	YES	NO	N/A		3	
Are waste segregation performed as appropriate at the site of generation?	YES	NO	N/A		2	
<i>Standard: Waste segregation done at its generation site reduces the volume of cross-contamination during transportation to the disposal site.</i>						
Are medical wastes collected in covered leak-proof containers from clinical areas away?	YES	NO	N/A		2	
Does the hospital have a designated centralized area for the collection and disposal of medical and non-medical wastes according to the laws?	YES	NO	N/A		3	
<i>Standard: The hospital must identify and establish a centralized area within the hospital caption for collection of both medical and non-medical waste according to the laws.</i>						
Is the centralized waste collection area covered and free from rodents, and flies at all time?	YES	NO	N/A		2	
Is the supply and availability of puncture-proof sharps boxes adequate always?	YES	NO	N/A		2	
<i>Standard: There must always be adequate supply of sharps bins/boxes in all clinical areas of the hospital.</i>						
Subtotal					19	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
1.10 RESEARCH-BASED HOSPITAL						
Does the hospital have a designated research unit/office?	YES	NO	N/A		3	
Standard: Tertiary hospitals especially university teaching hospitals are potential sites/locations for medical researches and clinical trials and therefore are expected to have a designated research unit/office						
if yes, does the office have a dedicated governance officer?	YES	NO	N/A		3	
Standard: Every research unit must be headed by a designated research governance officer who oversees the daily operations of the unit and ensure that all administration paper work and appropriate legal process.						
Relating to every research activities to be done or currently running in the hospital are adequately and timely carried out and completed especially before the research activities commence in that hospital	YES	NO	N/A		3	
Does the hospital research unit have a research governance checklist developed guide prospective corporate research and principal investigators applying for research/clinical trials in the hospital?	YES	NO	N/A		3	
Standard: The hospital management is expected to develop a research governance checklist guide prospective researchers/investors to comply with requirement to ensure patient safety and impact research results.						
Does the governance checklist include a mandatory approval letter from a relevant research review ethic committee?	YES	NO	N/A		3	
Standard: The hospital management through the research unit must ensure that an ethical approval is obtained and submitted for every research or clinical trial carried out in the hospital before the investigation activity commence.						
Is the research unit equipped with dedicated ICT equipment/tools to collate and store relevant research information and participants database?	YES	NO	N/A		3	
Standard: Hospital research units should be equipped with adequate ICT equipment and the designated manager relevant research information are collated and stored electronically with backup in place especially the database of all recruited patients for each research /clinical trial being done in the hospital.						
If yes above, is this recruited patients database centrally linked to other key relevant clinical areas e.g ward, A&E?	YES	NO	N/A		3	
If no above, is there any alternative communication method being used by the research unit to share the recruited patients database with these relevant clinical areas?	YES	NO	N/A			
Standard: The hospital management should ensure that the database of patient recruited or participating in any given research/clinical trial is centrally and easily accessible to all relevant clinical areas e.g wards, theatres, age e.t.c to ensure patients safety and above to measure the performance of the research.						

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Has the hospital secured any research grant within the last one year?	YES	NO	N/A		3	
If YES, to what total grant sum? (tick as appropriate)	less than 500,000N					
	500,000 - 1000,000					
	1000,000 - 2, 500, 000					
	2, 500, 000.00 - 50,000,00					
Does the hospital management have a constituted establishment reward system in place for the principal investigator who secure the research grant on behalf of the hospital ? i.e cash reward?	YES	NO	N/A		3	
is the institution currently affiliated or in collaboration with any other; Institutions or health organization nationally and internationally either for academic, research or special medical services?	YES	NO	N/A		3	
Subtotal					30	



SUMMARY

Noted Challenges:

Noted Recommendations: