REPUBLIC OF KENYA

Kenya Quality Assurance Model for Health

Quality Standards for Kenya Essential Package of Health

Provincial and National Hospitals

LEVEL 5 & 6

2009

Kenya Quality Assurance Model for Health (KQAMH)

Quality Standards for Kenya Essential Package of Health

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Provincial and National Hospitals

2009

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Table of Contents

Foreword

The National Health Sector Strategic Plan II (2005-2010) undertook to mainstream Quality Assurance strategies into the reform process, taking into account staff motivation, staff competence, adequate resources, content and process of care, referral systems, and the active participation of client and community.

Quality Assurance and Management has not previously been seen as an integral component of the health care services provision but rather as an add-on task. Many health workers have not completely understood the concept of quality and the benefits it would confer to their work and the outcomes for their patients.

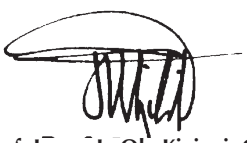
The National Hospital Insurance Fund (NHIF) has been promoting the concept of quality management in its accredited facilities using the Kenya Quality Model with encouraging results. However, the indicators in the model have been said to be unclear, often difficult to score and the same checklist was being applied for all the levels of service provision.

In this respect, the Ministry of Medical Services and the Ministry of Public Health and Sanitation embarked on the review of the Kenya Quality Model and its expansion into a National Policy on Quality Assurance including clinical care, management support and leadership and to make it adaptable for the different Kenya Essential Packages for Health Levels (KEPH). The new Model, the Kenya Quality Assurance Model for Health (KQAMH), has attempted to address the inadequacies identified in the Kenya Quality Model and has developed standards and checklists for KEPH Level 2, Level 3, Level 4 and Level 5 & 6. These KQAMH standards will form the basis for ISO certification for health facilities at all KEPH levels and compliment Health Sector reforms.

The Quality Standards outlined in this document apply to KEPH Level 5 & 6 in Public, Private, Faith Based and Non Governmental facilities which include Secondary (Provincial) and Tertiary (National) Hospitals. The Quality Standards are to be used hand in hand with the KEPH level 5 & 6 Checklist.

In an effort to harmonize the health facility quality management monitoring processes to Health Information Systems, the KQAMH has created linkages to Master Facility List (MFL) through integration of MFL facility codes, bio data profile and health services definitions.

It is hoped that all stakeholders will play an active role in the implementation of this model in all health facilities and the health workers will make it an integral part of their performance assessment in order to continuously improve the quality of health care provided through our health facilities.



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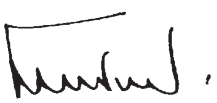
1st October 2009



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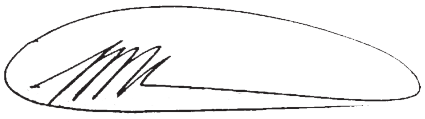
Acknowledgements

The review of the Kenya Quality Model has been accomplished through the collaborative efforts of the staff of Ministry of Medical Services and Ministry of Public Health and Sanitation, National Hospital Insurance Fund, Kenya Bureau of Standards, Faith Based Organizations, Regulatory Boards and Councils, Professional Associations, Local Authorities, Health NGOs Network (HENNET), Development Partners and Quality Improvement Teams from Public, Faith Based and Private health facilities drawn from all the provinces, and other stakeholders.

It is a result of long consultations, teamwork and information gathering involving stakeholders and gathering experiences from the users of the Kenya Quality Model who included health facilities' teams, Quality Assurance Officers and Health Inspectors.

The Ministry of Medical Services and the Ministry of Public Health and Sanitation wish to thank everyone who contributed, in one way or another, to the successful review of this document. Special thanks go the Technical Working Group and the Editorial teams under the guidance of Dr. Judith Bwonya, Dr. M. A. Ndonga, Mr. Francis K. Muma, Mr. Isaac Mwangangi and Dr. Gideon Toromo all of the Department of Standards and Regulatory Services (DSRS), Ministry of Medical Services, Dr. Salome Ngata of the GTZ Health Sector Programme and Mr. Titus Oyoo of the Kenya Bureau of Standards who was the lead consultant in the review process. We also wish to thank all the health facilities including Public, Faith Based and Private that participated in the pilot thus giving invaluable feedback that contributed to the refinement of the standards and tools.

Last but not least, the Government appreciates the financial and technical support given by the German Development Cooperation through GTZ Health Sector Programme.



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Abbreviations

A/D	Accident and Emergency Department (Casualty Department)
AIDS	Acquired Immune Deficiency Syndrome
CCC	Comprehensive Care Centre
CQI	Continuous Quality Improvement
DHMT	District Health Management Team
DSRS	Department of Standards and Regulatory Services
EBM	Evidence-based Medicine
EEC	Executive Expenditure Committee
EFQM	European Foundation for Quality Management
ENT	Ear, Nose and Throat
EPI	Expanded Programme on Immunization
FP/RH	Family Planning/Reproductive Health
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Service
HMT	Health Management Team
MCH	Maternal and Child Health
MOH	Ministry of Health
ISO	International Organization for Standardization
KQM	Kenya Quality Model
OPD	Out-Patient Department
PHC	Primary Health Care Programmes
PMO	Provincial Medical Officer
PP	Patients' Partnership
TQM	Total Quality Management
WHO	World Health Organization

Preface

The Ministry of Health in the National Health Sector Strategic Plan II (NHSSP II) has shifted emphasis from the burden of disease to the promotion of individual and community health by introducing the Kenya Essential Package for Health (KEPH). KEPH integrates all health programmes into a single package focused on improving health at different stages of the human life cycle.

The KEPH service levels are organized from Level 1 which is at the community level; Level 2 - Dispensaries and Clinics; Level 3 - Health Centres and Maternity Homes and Sub District Hospitals; Level 4 - Primary Facilities which include District Hospitals; Level 5 - Secondary Facilities/ Provincial Hospitals to Level 6 which covers the Tertiary/ National Hospitals.

To provide a Quality Assurance System for the Health Services, the Ministry of Medical Services and Ministry of Public Health and Sanitation have taken steps to review and expand the Kenya Quality Model to cater for the different KEPH service provision levels. This includes clinical care, management support and leadership. The review has attempted to take into account staff motivation, staff competence, adequate resources, content and process of care, referral systems, and the active participation of client and community.

Health Services Standards and a corresponding checklist have been developed for Levels 2, Level 3, Level 4 and 5 & 6 separately so as to focus on the unique characteristics of these levels or a set of levels.

As outlined in the NHSSP II, Level 5 facilities are expected to provide training services for health workers, referral services for curative and specialized care functions, management and coordination support to the districts and provision of internship. Level 6 facilities are expected to providetraining services for specialized health cadres, specialized care givers, interns, management and coordination support to the provinces and districts and partnership and linkages activities at MOH level

It is foreseen that with the introduction of a Quality Assurance and Standards adherence system, regular assessments and audits will be carried out and a culture of Quality Management will progressively take root in the Kenyan facilities and gradually seek to meet international standards of Quality.

The quality standards outlined in this document apply to Level 5 & 6 facilities which include Secondary (Provincial) and Tertiary (National) hospitals. During the development of this document it was noted that the services provided by Level 5 & 6 facilities were varied and therefore the standards have been expanded to capture the majority of these facilities.

Introduction

National Definition of Quality Improvement in Health Care:

Quality Improvement is a process

- to improve adherence to standards and guidelines,
- to improve structure-process-outcome of health services by applying quality management principles and tools, and
- to satisfy patients/clients needs in a culturally appropriate way.

The Kenya Quality Assurance Model for Health (KQAMH) integrates Evidence-Based Medicine (EBM) through wide dissemination of public health and clinical standards and guidelines with total quality management (TQM) and patient partnership (PP). The issue of quality and quality improvement should not be addressed as a separate programme rather Quality should be "built-in" and integrated in the health delivery system.

The KQAMH is based on the Kenya Health Standards which is designed to simultaneously address two major issues; first, a standards approach that will ensure delivery of safe and effective health services and secondly, the gradual introduction of quality management to health managers and service providers.

The Standards Approach:

The Department of Standards and Regulatory Services (DSRS) shall provide leadership in standards development, revision and regulation. Standards, clinical and public health guidelines shall be evidence-based (EBM approach), consider the perspective of communities and respect clients' right (PP).

This model is designed for self assessment by the Quality Improvement Teams (QITS) in the facility, Peer Assessments by Quality Improvement Teams of different facilities and external assessment by trained Quality Assurance Officers (QAOs) who shall provide support to ensure compliance with basic standards.

The Quality Management Approach:

Parallel to the standards approach, the DSRS in liaison with key players shall provide leadership in capacity building for quality management. The introduction of QM, including QM principles and tools, shall be the first step to build capacity at district or facility level to manage quality in a systematic and comprehensive manner. The aim is to provide motivation to surpass basic standards and to guide the way to excellence in health care.

Leadership at all levels will to use the KQAMH, for self-assessment. Health managers, service providers and support staff should engage in a continuous quality improvement process. The checklist is designed for integration in routine work and is linked to the Annual Operational Plans.

QAOs will verify district self-assessments through an assessment (using the same checklist) and provide support to quality improvement.

The checklist also forms the basis for the Health Services Monitoring & Evaluation (M&E) system. Summary reports will be entered into a national database. The information shall provide additional guidance on priority setting and resource allocation.

Scoring System:

The scoring system of the Checklist is based on a 5-point structure. A score of 1 or 0 % is the lowest score: a score of 5 or 100 % is the highest possible score.

1 or 0-24 % A minimum standard has not been met. There are no visible signs of any efforts to address compliance with the standards, only excuses. Self assessment has been initiated.

2 or 25-49% A minimum standard has not been met. However, there is evidence of commitment to change for the better, particularly by the top management. There are some demonstrated efforts to improve the situation. Health managers are able to produce some evidence that the issue of non-compliance has been assessed and an improvement plan to reach a stage of compliance is currently being implemented.

3 or 50-74 % A minimum standard has been met. This score refers to meeting the standard as outlined.

4 or 75-99 % A minimum standard has been met. Moreover, there is some demonstrated additional effort to surpass the standards under score 3. There is visible commitment to continuous improvement. Evidence can be produced to demonstrate quality improvement.

5 or 100 and above% Evidence to demonstrate positive results and trends over a period of one year can be produced. An excellence distinction has been achieved and the facility is recognized as a centre of excellence. Other International Standards are being met for certification.

Scoring Process

Each point on the checklist shall be scored against its performance as compared to the standard for the item which is outlined on this document.

To ease the scoring, each point has been separated into bullet points with each bullet indicating a related area where attention should be given. By gauging the performance at each bullet a fair idea of what the score should be, can be arrived at.

Quality Improvement Documentation System:

To enable the Assessors to capture all the aspects of Quality in full detail, a combined effort of everyone in the organization is needed to achieve change and significant improvement in quality of health care. Leadership in health care at all levels including Provincial Health Management Team PHMT, District Health Management Team DHMT, private sector and faith based organizations leadership and those in-charge of wards and support services, health workers and support staff need to be involved in supporting Quality Improvement Documentation System. This system comprises of regular quality reports from various leaders of the health delivery system. All Documents listed below should be made available before or in the initial phase of the assessment as they shall form the audit basis for the quality assessment.

Facility Profile

- Facility Profile
- Staff list
- Health Plan
- Facility license/lease certificate
- Administration report
- Sterilization department
- Financial audit report
- HMIS report
- OPD report
- Facility maintenance Report
- Reports from all wards/ departments
- Laboratory report
- Pharmacy report
- Theater report
- Equipment maintenance report
- MOH/Facility Policy
- PHC programmes' report (where applicable)
- Xray/Medical Imaging Department Report
- Rehabilitation Department Report

DIMENSION 1

Leadership

Leadership has been identified as one of the most important principles in quality management and improvement.

In general, leadership can be defined as a process of providing guidance and motivation. Leadership includes all senior managers at various levels of an organization such as the PS, the Director of Medical Services/Public Health, Departmental Heads, Provincial Medical Officers, all District Health Management Team members, FBOs leader, CEOs, those in-charge of departments, wards, laboratory, pharmacy, etc.

In the context of health care in Kenya, good leadership;

- promotes the vision, mission and values of the health organization as stated in the National Health Sector Strategic Plan.
- visibly demonstrates commitment to improve safety of health care services, decrease the risks of adverse effects of health services by, for instance, assessing and improving compliance with standards and guidelines.
- is committed to continuous quality improvement by ensuring regular supportive supervision, encouraging self-assessments, supporting quality improvement teams and by encouraging and supporting quality improvement initiatives by including them in the Health Plans.

- Leaders motivate health workers and support staff to do better.

Supportive Attitude

The facility managers and those in-charge of various departments and wards shall be in support of systematic and continuous quality improvement of lower level facilities.

Standards

1.1

Management Meetings

- Management and clinical meetings shall be held on a monthly basis.
- A quorum of key people shall be present (apologies to be documented).
- Agenda for meetings shall be available and known to members.
- Quality Improvement shall be a permanent agenda point in all such fora.
- Proceedings of each meeting shall be minuted.

1.2

- Leaders shall be aware of the Kenya Quality Assurance Model for Health (KQAMH) and recognize their own role in leadership as an essential part for improving quality in health care.
- They shall visibly demonstrate commitment to improve safety and decrease the risks of adverse effects of health services by compliance with standards.
- Roles and responsibilities of various leaders in view of Quality Management (QM) shall be clarified.

1.3

- Leaders shall promote a quality culture of continuous improvement (towards the public and staff).
- They shall be aware of the MOH's (Ministry of Health)/ Health Sector/ Facility's policy, mission and vision.
- They shall communicate them to the staff and also communicate the quality policy, formulate quality objectives and conduct management reviews.

1.4

- They further shall formally create a Quality Assurance (QA) unit with the role of coordinating the quality programmes at the facility level.
- The leaders shall oversee the formation of a Quality Improvement Team (QIT) for the facility and Quality Improvement Circles for various departments.
- The Quality Assurance unit shall be comprised of employees whose full time activities are Quality Assurance and in addition (non full time) Management Representatives
- The QA shall act as the secretariat to the QIT

1.5

The Quality Assurance unit shall

- Ensure that processes needed for the quality management system are established, implemented and maintained.
- Conduct periodic assessments/ audits of a various departments/units.
- Report to the top management on the performance of the quality management system and needs for improvement.
- Document the identified areas for improvement and demonstrate efforts for remedial action.
- Periodically submit the assessments report to the National database.

1.6

- Top management shall review the facility's Quality Assurance Unit reports and quality management system, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness.
- The review shall include, performance of various units in quality and opportunities for improvement and the need for changes to the quality management system, including the quality policy and quality objectives.

1.7

The agenda for management review meetings shall include but not limited to;

- Results of assessments
- Customer feedback
- Process performance
- Status of preventive and corrective actions
- Follow-up actions from previous management reviews
- Recommendations for improvement

1.8 Review output

The minutes of the management and clinical review meetings shall include any decisions and actions related but not limited to

- Improvement of the effectiveness of the quality management system and its processes
- Action points for identified gaps in Quality reports
- Resource needs and how to address them.

1.9 Health workers training

- Clear policy, guidelines and division of labour between the facility and the attached training institution shall be in place.
- This shall clearly outline the cadre of health workers to be trained and the numbers.
- The activities expected to be undertaken by students shall be clearly outlined.
- Relevant authorization from the relevant bodies to host training shall be in place.

1.10 Internship

- A clear policy and guidelines for interns shall be in place.
- This shall clearly outline the cadres of interns to be hosted at the facility, their number and the length of internships for each cadre.
- An updated database of all the interns, their cadre, date of entry, rotations undertaken, and exits shall be in place.
- Relevant authorization from the relevant bodies to host interns shall be in place.

1.11 Supportive supervision/ trainings (where applicable)

Supportive supervision/trainings for lower facilities shall be managed as an integral part of quality improvement

- Professionals (surgeons, physicians, nurses) shall train the officers at the lower facilities on periodic intervals.
- A schedule for the supervision/training activities shall be in place and the responsible persons informed.
- Standardized and tested checklists for supervision shall be available and used during regular supervision.

1.12

- Supportive supervision/trainings shall be carried out on a monthly basis.
- A percentage of revenue generated shall be re-invested in supportive supervision/ trainings.
- Records of expenditure on Supportive Supervision/trainings shall be available, maintained and used for planning and management (for public health facilities the prescribed percentage is 30% of revenue generated through cost sharing).

DIMENSION 2

Human Resource Management

Human Resource Management entails how an organization manages, develops and releases the knowledge and full potential of its people at an individual, team-based and-organization-wide level, and plans these activities to support its policy and strategy and the effective operation of its processes.

The staff or people of an organization play an essential role in quality improvement. In addition to traditional ways of managing staff (job descriptions, clear hierarchical order, defined work areas, regular appraisals, performance-based promotion etc.) many successful organizations, have identified involvement of staff in quality improvement and building of interdisciplinary teams as major principles in quality improvement. Staff involvement in planning at all levels is essential if change is to be managed well and participatory approaches lead to a sense of common ownership of both problems and solutions.

Total Quality Management (TQM) emphasizes the use of teams. Partnerships with staff shall entail staff development, cross-training or new work organizations, such as high performance work teams. Internal partnerships also might involve creating network relationships among your work units to improve flexibility, responsiveness, and knowledge sharing.

Integration of these principles in the Kenyan context is that human resources are planned, managed and improved in line with MoH/Health Sector/Facility policy and strategy. Career development and deployment shall be fair, transparent and all staff irrespective of gender, disability etc, and should be given equal opportunities. Promotion shall be based on performance. Information, knowledge and experience shall be shared amongst health professionals and support staff on a regular basis, making maximum use of locally available resources.

Human Resource Management in Health Care

Standards

2.1

- A staff list indicating registration, qualifications, year of employment and current deployment shall be available and up-dated in regular intervals.

2.2

- All positions shall be filled with qualified staff in accordance with the relevant ratios (that is, staffing norms).
- All vacancies shall be communicated to the staff and the relevant authorities and documentation shall be available.

2.3

- Written Job descriptions for all positions shall be available and communicated to respective employees.
- Evidence that all employees have received a written copy shall be available.

2.4

- Appraisals for all staff shall be carried out on an annual basis by using a standardized appraisal format based on performance indicators.
- Appraisal forms shall be available and signed by appraisees and evidence of a copy given to the appraisee available.

2.5

- Staff at all levels shall be part of a Continuous Professional Development (CPD) programme, which shall be;
  - Linked to the organizations needs,
  - Based on staff appraisals and staff needs,
  - Planned and up-dated on an annual basis and implemented as part of the Facility Health Plan. A CPD data base for the facility is available to support the above.
- A CPD coordinator for the facility shall be appointed to coordinate all the CPD activities.

2.6

- Managers of various departments/ units shall update health workers and support staff on available standards and guidelines, on a regular basis.
- A work plan shall be in place showing the schedule of updates and responsible persons.
- Documentations of the implementation shall be available (list participants, topics covered, date of updates etc) should be available.
- Areas that require development of standards and guidelines shall be continuously identified and communicated to the Quality Management Unit.

2.7

- Health workers and support staff shall participate in quality assessment and contribute to improvement activities.
- This shall be on an individual or team basis, (for instance, in form of routine staff meetings, supervisory sessions)
- Quality circles and a Quality Improvement Team shall be in place and meet on regular basis.

2.8

2.8.1

- Measures to ensure staff safety shall be assessed and improved at regular intervals (for example through availability of protective gear, gloves, safe disposal of used needles and handling of other sharp instruments, implementation of an infection prevention programme, guidelines

on postexposure prophylaxis (HIV, Hepatitis B, etc).

- Documentation on regular assessments and improvement measures shall be available.
- Database of Accidental exposures (pricks, etc) shall be maintained.
- Guidelines for Post Exposure Prophylaxis (PEP) and guidelines for disposal of contaminated materials such as sharps containers shall be available and strategically placed.
- A schedule for training the staff on safety measures including PEP shall be in place and adhered to.

2.8.2

- Safety Measures and guidelines for all the other non Medical Departments shall be in place and adhered to.
- They are known to all employees in the department and copies shall be strategically displayed

2.9

- There shall be evidence of improving staff motivation by management. The evidence should include regular and planned participation in seminars and workshops, welfare programmes, certification for achievers, rewards for top achievers, tea, changing/wash rooms, etc.
- A documented schedule shall be available.

2.10

- Leaders of a facility or public health programme shall endeavour to nature team work at all times.
- Team building exercises shall be done on a regular basis and there shall be documented evidence of specific activities undertaken and a schedule for planned activities.

DIMENSION 3

Policy, Standards, Guidelines and Strategy

Policy and Strategy, Standards and Guidelines and the National/Provincial Health Sector plan build the necessary framework for health workers and support staff to carry out their work. In order to enable health services and primary health care programmes to be effective and produce a positive impact on health outcome, these documents should be in line with stakeholders' needs and expectations, based on what is safe and effective, and known and timely implemented by leaders and staff.

3.1

- Health workers shall be familiar with the Kenyan Health Sector Policy Framework, National Health Sector Strategic Plans and the Annual Operational Plans (AOPs) and copies shall be available.
- Facilities shall show evidence of having been involved/contributed to the development of AOP.

3.2

Standards and guidelines for the six priority Primary Health Care packages (Reproductive Health, Expanded Programme for Immunization, Malaria, Integrated Management of Childhood Sicknesses, TB/HIV/AIDS, and Communicable Diseases) shall be available and known to management, health workers and support staff concerned.

3.3

- A system shall be in place to ensure the use and adherence of standards and guidelines, and responsibilities have been assigned to specific individual(s) to monitor this.
- A plan shall be in place to ensure that health workers regularly update and re-familiarize themselves with the existing standards and guidelines.
- Continuous effort to acquire the developed guidelines and standards from relevant authorities shall be demonstrated.

3.4

- A Facility Health Plan (Strategic or operational) which is in line with the Provincial and National Health Sector Plan shall be available and be timely implemented.
- Documentation showing the activities, responsible persons, indicators, resources and the status of activities shall be available.

3.5

- The Facility Health Plan shall be based on facility needs assessment(s) and information from performance measurement (such as Health Management Information Services, Quality Management Checklists, etc.).
- The plan shall support stated clients' rights and include the perspective of users and communities. Supporting documentation shall be available.

DIMENSION 4

Infrastructure

Dimensions 4, 5, 6, 7, 8, 9 and 10 refer to how the organization plans and manages all its resources in order to support Health Sector Policy and strategy to deliver safe and effective health services and implement successful PHC programmes

4.1 Legal requirements

4.1.1

- The health facility and its grounds shall be planned and managed in support of health Sector/facility policy and strategy and the condition of the facility complies with Kenyan Health Laws and Regulations.

4.1.2

- The health facility shall be licensed to operate and licence openly displayed, and/or other relevant documentation shall be available.
- A copy of the inspection report used to accredit the facility for licensure shall be available.
- Land Registration or lease certificate documents shall be available.

4.2 Sanitation, Drainage and Health Safety

Proper programmes for sanitation to facilitate safe health care delivery and keep the risk of adverse effects of health care at minimum level shall be available, implemented and updated at stated intervals.

4.2.1

- The health facility and its immediate surroundings shall be kept free of litters, unrequired objects and odours, and tidy at all times.
- A cleaning schedule record shall be availed

4.2.2

- Safe water shall be available at all times.
- The facility shall provide and maintain chemical analysis certification sampling schedule, collection and piping system.

4.2.3

- Clean and adequate toilets shall be available for staff and patients/clients.
- Proper labeling of female and male toilets /staff toilets shall be present.
- A cleaning schedule record shall be availed plus a routine cleaning checklist, detergents used, availability of Personal Protective Equipment for cleaning staff etc are available.

- Toilet paper, water and a soap dispenser and disinfectant soap and also hand drying facilities (dryer or disposable towels) shall be available at all times.

4.2.4

- A waste disposal management system shall be available.
- Waste separation bins shall be clearly labeled and sharps containers with instructions on how to dispose the waste shall be available.
- Personnel responsible for waste disposal shall be trained (evidence to be produced).
- A record of waste handling (burning, incineration) shall be available.

4.2.5

- The health facility shall determine, provide and maintain incineration services as per the Public health specification.
- Preventive maintenance schedule, trained personnel and Standard Operating Procedures for disposal of incinerate shall be available and regularly updated.

4.2.6

- The health facility shall have a functional drainage system for both sewage and rain water in all its units.
- There shall be no signs of stagnation of sewage, storm or waste water in the facility and/or compound.

4.3 Lighting and security requirements

4.3.1

- The health facility shall have a regular and reliable power supply and/or sufficient lighting to carry out routine and emergency procedures.
- Availability of back-ups from other sources of power including. generators, solar, etc.
- Maintenance schedule for solar and generators shall be available and adhered to and records available.

4.3.2

- Adequate security and safety measures to protect the facility from theft and burglary shall be in place. Depending on the security risk, the health facility shall be protected through a security fence or wall and/or the service of a security guard/ company.
- Security diary shall be available

4.3.3

- All units of health facility and all storage facilities shall be lockable and shall be kept secure when not in use.
- The keys to these units that has been secured shall be easily accessible when needed

4.3.4

- Disaster management programmes shall be in place, known and implemented. These will include fire fighting techniques, fire drills, disaster plan, etc.
- Personnel shall be aware of safety procedures and protocols and know how to behave in case of emergencies.
- Posters showing escape instructions and routes shall be strategically placed.

4.4 Maintenance requirements

4.4.1

- Buildings shall be planned and managed to support health service delivery and implementation of PHC programmes and in line with the Building Code.
- Necessary maintenance and structural changes to improve the performance of the health facility to meet patients/clients needs shall be included in the annual health plan.
- Approved Building plan(s) shall be in place

4.4.2

- Safety measures shall be in place including Rat control, pest control schedules, schedule for net treatment, etc.

4.4.3

- The compound of the health facility shall be well maintained by cutting of grass, cut, grooming of flowers , trimming and maintaining of the perimeter fence, proper landscaping.
- Strategically placed dustbins and no littering signs.

4.4.4

- Sign boards, signs, labels and directions to find ones way around the facility shall be clearly displayed and translated in an appropriate language where necessary.

4.5 Hygiene requirements

4.5.1

- An Infection Prevention Programme shall be in place and implemented within the Annual Health Plan.
- The staff shall be continuously trained, training schedule in place.
- Guidelines on hygiene and safety (including guidelines on injection) shall be openly and conspicuously displayed at the point of use.
- Materials such as the buckets, disinfectants etc shall be available

4.5.2

- Trained staffs with valid medical certificates for food handlers shall be in place.
- Standards for maintenance of a hygienic kitchen and guidelines for food processing shall be available and known by kitchen staff and adhered to.
- Clean-pest free storage facility shall be available and well maintained.

4.5.3

- The health facility shall have adequate and properly managed laundry facilities.
- Guidelines for sorting and labeling of linen and protective gear shall be provided and adhered to.
- Cloth lines and drying facilities shall be in place.

4.5.4

- The health facility shall have adequate and properly managed mortuary.
- Trained personnel, Standard Operating Procedures, proper body identification, post-mortem tables, etc where applicable shall be available.
- The facility basic maintenance/cleanliness shall be upheld.

DIMENSION 5

Supplies

Supplies shall be planned and managed in support of MOH/Facility Policy and strategy to deliver safe and effective health services

5.1: Pharmacy

5.1.1

- Plans for supplies shall be available, the supply levels shall be incorporated in the budgetary allocation of the facility, records shall be available and updated, etc

5.1.2

- All generic drugs and brands approved for safe use at a designated facility level shall be available in sufficient quantities, including a buffer stock at all times.
- Evidence shall be provided through a monthly report indicating the source of drugs, medical drug consumption, current stocks, dispensing records, expiry records and pilferage records.
- Monthly reports shall be available and used in management and planning.

5.1.3

- Guidelines for the management of drugs shall be available, conspicuously displayed, known and adhered to by responsible staff. This include guidelines for procurement, storage and dispensing.

5.1.4

- Guidelines on rational drug use shall be available, known and adhered to.
- Periodic pharmacy reports to the clinicians detailing the drugs available and stock levels.

5.1.5

- Quality non-pharmaceutical medical supplies such as gloves and syringes shall be available in sufficient quantities at all times.
- A pharmaceuticals management software is in place or tally sheets, bin cards, etc shall be available and used.
- Use of First-In-First-Out (FIFO) shall be evidenced.
- This shall be verified through a monthly report and this report shall be used for planning and management.

5.2 Kitchen supplies

- Kitchen supplies shall be managed according to the prescribed Public Health Standards and Guidelines.
- Plans for supplies shall be available, the supply levels are incorporated in the budgetary allocation of the facility, records are available and updated, etc

5.3 Office supplies

- Basic office supplies and consumables such as. pens and writing materials,

patients' files, cards among others shall be available in sufficient quantities at all times.

5.4. Other supplies

- Other supplies including. detergents, washing materials shall be available in sufficient quantities.
- Plans for supplies shall be available and the supply levels shall be incorporated in the budgetary allocation of the facility and records shall be available and updated.
- A database showing the movement of supplies shall be maintained and up to date.

DIMENSION 6, 7, 8, 9 & 10

DIMENSION 6

Machines and Diagnostic Equipment

Machines and diagnostic equipment shall be planned and managed to support the MOH/Facility Policy and Strategy to deliver safe and effective health services.

This shall be verified through inventory status and maintenance reports of equipment by those in-charge from departments, wards and offices listed under 6.1 to 6.10. Expiry of the equipments should be clearly indicated. The information shall be used for planning and management.

6.1 Out-patient departments

- 6.1.1 Accident and Emergency Department
- 6.1.2 Specialists clinics (ENT, Surgery etc)
- 6.1.3 Comprehensive Care Centre (CCC)
- 6.1.4 Rehabilitative clinics

6.2 All Wards

6.3 Laboratory

6.4 Sterilization Department

6.5 Administration

6.6 HMIS

6.7 Maintenance/Medical engineering unit

6.8 Environmental Health Department (or house keeping, or hospital sanitation department)

6.9 Theatre

DIMENSION 7

Transport

Transport shall be planned and managed to support MoH/Facility's Policy and Strategy to deliver safe and effective health services.

7.1

- Number of vehicles, motorbikes and bicycles for the delivery of health services shall be adequate as prescribed for the level.
- All means of transport shall be fully functional at all times. This shall be verified through work tickets and reports.

7.2

- Guidelines for the maintenance of vehicles and motorbikes, bicycles and other means of transport shall be available and adhered to.

- Evidence of services schedules and maintenance records shall be available and up-to-date.
- Existence of functional garage or sub-contract with other garages, existence of fuel cards, etc

7.3

- Fuel shall be available in sufficient quantities at all times.
- Fueling protocols and guidelines shall be adhered to.

DIMENSION 8

Referral System

The facility shall plan and manage a referral system to support MOH/Facility Policy and Strategy to deliver safe and effective health services.

8.1

- The facility shall ensure that referral guidelines and protocols are available, known to health workers and support staff and followed.
- The Level 5 & 6 facilities shall adequately train the lower facilities on the referral guidelines and safety procedures.
- To ease congestion at level 5 & 6 facilities, the guidelines on the kind of cases to be referred and the protocols shall be developed together with lower level facilities.

8.2

- An adequate communication system (telephone) shall be in place and functional at all times.

8.3

- The facility shall have a minimum number of fully equipped ambulances prescribed for the level on stand-by 24 hours.
- The ambulance/facility shall have at least one trained personnel (trained in emergency care) other than the driver who shall also trained in First Aid techniques.

8.4

- The facility shall determine and plan an appropriate disaster management system, that outlines clearly the management, referral and transportation of the victims in case of a disaster and shall be known to all staff.

DIMENSION 9

Records and Information System

Records and information system shall be used to support MOH/Facility Policy and Strategy to deliver safe and effective health services.

9.1

- Records listed below under 9.11 to 9.1.9 shall be available (where applicable), complete and used on a day-to-day basis as appropriate.
- An HMIS system in line with MOH/ facility policy and strategy shall be in place and continuously up-dated.
- Reports shall be prepared on a regular basis and made available for planning and monitoring of health care delivery and implementation of PHC programmes.
- Evidence of utilization of these reports during planning shall be availed;

  9.1.1 Patients records (files, cards) – Outpatient and In-patient records

  9.1.2 Child Welfare Cards

  9.1.3 Registers

  9.1.4 Birth notification forms

  9.1.5 Death notification forms

  9.1.6 Cash registers and/or computers

  9.1.7 Statistical Reports

DIMENSION 10

Financial Management

10.1

- The MOH/Facility/Sponsors/ Proprietors shall determine, facilitate and provide financial resources needed to be used to support MoH Policy/Facility Strategy to deliver safe and effective health services. This shall be reflected in the financial plan.
- The MOH/Facility/Sponsors/Proprietors shall determine, facilitate and provide financial resources needed to implement and maintain the **quality management system** and continually improve its effectiveness and enhance customer satisfaction.

10.2

- The facility shall ensure that financial resources provided are used to support MOH/Facility Policy, Strategy and Plan to improve quality management for safe and effective health services.

10.3

- Updated fee structure shall be available and be strategically and prominently displayed.
- Information for insured clients (for example by the NHIF) shall also be available and conspicuously displayed

10.4

- Financial audits shall be carried out at intervals determined by the MOH/ Facility in collaboration with Health Management Teams and Hospital Boards or other relevant body, and reports availed on request.
- Areas for improvement or/and concern identified by the audit shall be acted upon and necessary steps to remedy the situation shall be taken by responsible staff and authorities.

DIMENSION 11

Processes

I

Process of Health Service Delivery

Definition: The term process refers to a sequence of steps or set of activities, which adds value by producing required outputs from a variety of inputs.

A desired result is achieved more efficiently when activities and related resources are managed as a process (ISO). Identifying, understanding and managing inter-related processes as a system contributes to the organization's effectiveness and efficiency in achieving its objectives. Continual improvement of the organization's overall performance should be a permanent objective of the organization.

▸ **Client-Provider-Interaction (CPI)** – the actual health service given to patients/ clients.

Health service delivery is viewed as a process. People/staff involved in the sequence of steps in service delivery work as a team to ensure safe and efficient services in line with standards and guidelines.

The typical core process observed in a hospital includes all the steps of service delivery - from the point when the patient/ client enters the facility, the registration and admission procedures, diagnostic procedures, medical treatment, nursing care, etc. up to discharge - that taking place to influence the patients health status and outcome. Standards and Guidelines (S&G) based on evidence help to optimize care and reduce errors. Client's perspective should also be taken into consideration in the whole process. Adherence to standards will be determined through self-assessment, peer assessments and external assessments (for example by the Quality Assurance Officer) and supervision within the facility.

11.1

- All departments/units shall have Standard Operating Procedures (SOPs) that are known to all employees in the department.
- Copies of SOPs shall be easily accessible to employees.

11.2

- All services shall be provided in line with MOH public health and clinical standards and guidelines.
- Guidelines and Standards shall be in place at the point of use.
- There should be evidence of efforts to acquire guidelines and standards from relevant sources.
- Monthly reports on staff's meeting to emphasize on the use of and to familiarize themselves with S& G will be in place.

- Peer review shall be carried out in all clinical areas and the proceedings properly documented.

11.3

- Job Aids for complex procedures shall be prominently and strategically displayed and used (for in instance through posters, instructions, fliers, etc).

11.4

- Client's right's according to the facility service charter shall be strategically and prominently displayed, known and respected.
- Reports of staff meetings to familiarize themselves with clients' rights and emphasize on the need to respect them shall be available.
- Evidence of efforts to educate the clients on their rights shall be available.

II

Continuous Quality Improvement (CQI) using Plan-Do-Check-Act Cycle

Health managers, service providers and support staff shall be engaged in a continuous quality improvement process. There shall be a demonstrated effort to continuously improve health care delivery to increase safety and effectiveness of services and increase responsiveness to patients'/clients' needs. To enable facilities do this, **Plan-Do-Check-Act cycle** is recommended.

11.5

- Each Department in the facility shall be assessed on development of a rolling Quality Improvement Plan for identified areas of improvement based on;
- quarterly quality assessments, checklist, PHC programmes progress reports, client feedback etc.
- Supporting documents and visible evidence shall be available.

III

Primary Health Care (PHC) Programmes implementation

Seventy percent (70%) of the disease burden is related to areas identified as priority packages in the National Health Sector Strategic Plan II. This includes Malaria, EPI, HIV/AIDS/TB, FP/RH, IMCI and communicable diseases. It is essential that all districts implement these PHC programmes in line with MoH/Facility Policies and Strategies. Interventions need to be adapted to the local disease prevalence and community needs and included in the District Health Plan. Guidelines for the District Health Plan provided by the MoH should be available, known and used in the development of the plan.

The plan follows the log frame approach, which facilitates monitoring and evaluation (M&E) of progress. Objectively verifiable indicators (OVI) are used to document to what extend the outputs have been achieved and regular progress reports should be available.

11.6

- The facility shall plan and implement the six priority PHC programmes (Malaria, EPI, FP/RH, HIV/AIDS/TB, IMCI and communicable diseases) in line with

A Plan-Do- Check- Act cycle

Facility Profile		
11.4.1	Identification of process(s) or area(s) for improvement	Based on **checklist**, HMIS, progress reports client feedback etc. Several areas shall be identified and some prioritized
11.4.2	Planning and target setting for improvement	Additional tools like brainstorming, flow charts, etc. can be used at all stages
		Involve all staff prepare a **PLAN**, stating • process activities and expected improvement • resource requirements • people responsible for implementation • time frame • Tools: planning matrix, system modeling,
11.4.3	Implementation and monitoring of improvement	Involved staff implement **(DO)** planned activities and documents progress over time Tools: planning and progress reports
11.4.4 **11.4.5**	Evaluation of benefits of improvement	Involved staff **(CHECK)** in given interval if the investment in the improvement effort was worth it. Time to celebrate and communicate success stories to others and eventually **ACT** upon new identified areas and prioritized for improvement

MOH and MOH's/facility policies and strategies.

- Health workers, communities and other stakeholders shall be involved in the planning process.
- Documents to support the planning and implementation shall be available. These include work plans, responsible persons, budgets materials needed etc.

11.7

- Benefits of improvement interventions shall be evaluated at planned intervals and success stories and lessons learnt shall be communicated.

DIMENSION 12

RESULTS

I

Health Service Delivery

Well managed inputs and processes shall lead to improved results. Results shall be documented and used to steer structure/ inputs and processes. This completes the quality improvement cycle, and a continuous improvement process based on facts, is initiated.

The classic QM framework uses the terms structure, process and outcome. However, in the health sector there is a clear distinction between outcome and output. Most of the indicators we use to monitor performance of health service delivery and public health programmes measure 'output'. The term output refers to the deliverables of a service provider or programme. Output can be managed and directly influenced by managers and care providers, while outcome in health care describes the changes in health status of individuals and communities. In other words output will describe what the health system delivers and outcome will describe the effects on the individual and the population in general.

The KQAMH Quality Standards and the Checklist use the term Results to cover both, output and outcome, deliverables of the health system including interaction with other sectors and the effects on the health status of the Kenyan population.

12.1 Patient/client results

12.1.1

- Patients'/clients' views and level of satisfaction shall be assessed at planned intervals through exit interviews.
- Results shall be documented and acted upon in improvement plans.

12.1.2

- Mechanisms for patient/client feedback shall be in place.

II

12.2 Performance of the health facility (This result area is linked to the HMIS). *(These points apply to each of the indicators below)*

- The performance of health facilities shall be assessed on a regular basis.
- The indicators listed below shall be calculated on a monthly basis and monitored over time.
- Results and trends (as shown below) shall be analyzed and documented, discussed during management meetings and used for management decisions (including target setting).

12.2.1 Expenditure/revenue ratio

12.2.2 Total financial resources in relation to number of beds.

12.2.3 Overall death rate (deaths / admissions)

12.2.4 Maternal deaths rate

12.2.5 Number of deliveries

12.2.6 Neonatal deaths

12.2.7 Average length of stay

III

PHC Programme Management (where applicable)

12.3. Progress and performance of PHC programmes.

This result area is linked to a set of quality standards and indicators agreed upon with the national programmes of the six NHSSP priority areas and responsible Divisions under the Department of Primary Health Care.

The targets of the following programmes shall be met. These targets shall be reported in percentage coverage:

12.3.1 EPI programme

12.3.2 Malaria programme

12.3.3 IMCI programme

12.3.4 HIV/AIDS

12.3.5 TB programme

12.3.6 FP programme

12.3.7 RH programme

12.3.8 Communicable diseases programme

12.3.9 Other(in case of outbreaks)

IV

Staff Results

This result area looks at the effects on health workers and support staff (including attitude, motivation, job satisfaction, professional improvement).

12.4

- Staff attitude, motivation, job satisfaction, professional improvement shall be assessed through individual assessments and group discussions and monitored over time.
- Results and trends shall be documented, discussed during management meetings and used for management decisions.

V

Society Results

This result area focuses on the society. It reviews the public image of the facility and delivered services, cultural acceptability, society satisfaction, among others.

12.5

- Society satisfaction shall be assessed at planned intervals.
- Areas to be assessed include public image of the facility, delivered services and cultural acceptability.
- Information shall be obtained through key informants (community leaders, church leaders, youth representatives, etc.), community surveys, and press statements.

- Results and trends shall be documented, discussed during management meetings and used for management decisions.

VI

Health Outcome as A Result of Health Care Delivery

This describes changes in health status and trends of disease burden of the population served by the facility.

12.6

- Monitoring of the health status and trends of disease burden in the catchment area shall be done periodically.
- The facility shall make every effort to obtain the results of such studies that have been carried out by other people including NGOs, government bodies etc.
- These results shall be used to inform planning.

This Quality Assurance Standard has been professionally edited, designed and laid out by Argwings Owiti (Through the Line Communications) in close consultation with personnel from the Ministry of Medical Services and the Ministry of Public Health, including Dr. Judith Bwonya, Dr. Lucy Musyoka, Mr. Dan Owiti, Mr. Isaac Mwangangi and Mr. Francis Muma.

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