



REPUBLIC OF KENYA

# Kenya Quality Assurance Model for Health

Quality Standards for Kenya Essential Package of Health

Provincial and National Hospitals

2009

# LEVEL 5 & 6 - CHECKLIST

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## Quality Standards for Kenya Essential Package of Health

Provincial & National Hospitals 2009

# LEVEL 5 & 6 - CHECK LIST

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

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

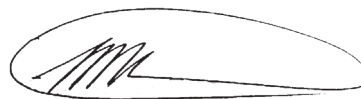
The review of the Kenya Quality Model has been accomplished through the collaborative efforts of the staff of Ministry of Medical Services and Ministry of Public Health and Sanitation, National Hospital Insurance Fund, Kenya Bureau of Standards, Faith Based Organizations, Regulatory Boards and Councils, 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.

The exercise has entailed long consultations, teamwork and information gathering involving stakeholders and consolidating 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 to 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. Similarly, we are also grateful to 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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1st October 2009



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# Introduction

This Checklist is intended for use in facilities at Level 5 & 6 of the Kenya Essential Package for Health (KEPH) service delivery. It is to be used alongside the Quality Standards for KEPH Level 2 facilities. The checklist is meant for a facility's self assessment, peer assessment of network of facilities, or by an external assessor such as the Quality Assurance Officers.

## Scoring System:

The scoring system of the Checklist is based on a 5-point scoring structure. A score of 1 or 0 % is the lowest score, while 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 standard, only excuses.

**2 or 25-49%:** A minimum standard has not been met. However, there is evidence for 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.

## Quality improvement documentation system for Level 2 facility

(Tick where applicable)

These documents (where applicable) should be available at the beginning of the assessment process

- |   |  |
|---|--|
| <input type="checkbox"/> Facility Profile                   | <input type="checkbox"/> Laboratory reports                  |
| <input type="checkbox"/> Staff list                         | <input type="checkbox"/> Reports from all Wards/ Departments |
| <input type="checkbox"/> Health Plan                        | <input type="checkbox"/> Laboratory Report                   |
| <input type="checkbox"/> Facility license/lease certificate | <input type="checkbox"/> Pharmacy Report                     |
| <input type="checkbox"/> Administration report              | <input type="checkbox"/> Theatre report                      |
| <input type="checkbox"/> Sterilization department           | <input type="checkbox"/> Equipment maintenance report        |
| <input type="checkbox"/> Financial audit report             | <input type="checkbox"/> MoH/Facility Policy                 |
| <input type="checkbox"/> HMIS report                        | <input type="checkbox"/> PHC programmes' report              |
| <input type="checkbox"/> OPD report                         | <input type="checkbox"/> X-ray/Medical Imaging unit          |
| <input type="checkbox"/> Facility Maintenance Report        | <input type="checkbox"/> Rehabilitation Department Report    |

### Facility Profile:

Province: .....

Town: .....

District: .....

Facility Name: .....

Population of catchment area: .....

No. of other health facilities in the area: .....

a) Public facilities: .....

b) Private for profit/NGO: .....

Range of services offered (Fill in the services offered by the facility in the space provided below):

.....

.....

.....

.....

.....

.....

.....

.....



## Health status and development:

- a) IMR:
- b) TFR:
- c) MMR:
- c) Crude Birth Rate:
- d) Nutrition (% malnutrition):
- e) HIV Prevalence:
- g) Life expectancy:
- h) % below poverty line:
- i) Quality Improvement Reports:

Assessment carried out by: ..... Date: .....

# DIMENSION 1

## Leadership in Healthcare

		Score	1	2	3	4	5%
	<b>Supportive Attitude</b>						
1.1	Management and clinical meetings are held on a monthly basis						
1.2	Leaders take ownership and recognize their role in Quality Management and Improvement						
1.3	Leaders promote a quality culture of continuous improvement						
1.4	Leaders have established a Quality Assurance unit						
1.5	Documented evidence of the performance of Quality Assurance Unit						
1.6	Top management review the quality management system periodically						
1.7	The quality management review agenda is comprehensive						
1.8	Quality Management review meetings arrive at concrete decisions, allocate resources and document them.						

		Score	1	2	3	4	5%
1.9	A clear policy and guidelines guiding training of health workers is in place						
1.10	A clear policy guiding Internships is in place						
1.11	Supportive supervision/trainings for lower facilities are managed as an integral part of quality improvement						
1.12	Evidence of expenditure on Supportive Supervision is demonstrated						
<p><b>Comments:</b></p>							

## DIMENSION 2

### Human Resources Management

	Score	1	2	3	4	5%
2.1	Staff list(s) including registration, qualification, current deployment, etc. is available.					
2.2	All vacancies/positions are filled as required					
2.3	All employees know their job descriptions.					
2.4	Staff are appraised on an annual basis					
2.5	Continuous professional development programme available					
2.6	Regular updates by senior medical staff / supervisors on Standards and Guidelines are done					
2.7	Staff are involved and participate in quality assessment and improvement					
2.8	Medical Staff safety programmes are regularly assessed and improved.					
2.9	Safety measures and guidelines for non medical departments are in place and known to all staff.					
2.10	Efforts to improve staff motivation are demonstrated					

	Score	1	2	3	4	5%
2.11	Enhanced team work/team building demonstrated					
<p><b>Comments:</b></p>						

## DIMENSION 3

### Standards, Guidelines and Annual Health Plans

	Score	1	2	3	4	5%
3.1	Health workers are familiar with Health Sector planning documents					
3.2	Standards and guidelines for the six priority PHC packages available.					
3.3	Culture for acquisition and use of Standards and guidelines is demonstrated.					
3.4	Timely implementation of the Facility Health Plan.					
3.5	Facility's Health Plan is evidence-based.					
	<b>Comments</b>					

# DIMENSION 4

## Infrastructure

		Score	1	2	3	4	5%
<b>4.1</b>	<b>Legal Requirements</b>						
4.1.1	Facility complies with Kenyan Health Laws and Regulations						
4.1.2	Facility is licensed to operate and physical address registered						
<b>4.2</b>	<b>Sanitation, Drainage and Health Safety</b>						
4.2.1	Health facility is kept clean at all times						
4.2.2	Safe water is available at all times						
4.2.3	Toilets and latrines for patients and staff are kept clean and of acceptable standards at all times						
4.2.4	Availability of a functional waste disposal and management system						
4.2.5	Functional incinerator is in place						
4.2.6	Functional drainage system in place						

		1	2	3	4	5%
<b>4.3</b>	<b>Lighting and Security</b>					
4.3.1	Power supply and lighting is available at all times					
4.3.2	Adequate security and safety measures to protect the facility in place					
4.3.3	The health facility and all storage facilities are lockable.					
4.3.4	Emergency management procedures in place and known					
<b>4.4</b>	<b>Maintenance</b>					
4.4.1	Buildings are planned and managed to support PHC programmes.					
4.4.2	Pest control measures in place					
4.4.3	Facility compound is well maintained					
4.4.4	Signages for directions are available					
<b>4.5</b>	<b>Hygiene</b>					
4.5.1	Infection prevention programme in place					
4.5.2	Standards for management of a hygienic kitchen (where applicable) are available and adhered to					



		Score	1	2	3	4	5%
4.5.3	Adequate and properly managed laundry facilities						
4.5.4	Adequate and properly managed mortuary where applicable						
	<b>Comments</b>						

# DIMENSION 5

## Supplies

		Score	1	2	3	4	5%
5.1.1	Supplies are be planned and managed in support of MOH/Facility policy and strategy						
5.1.2	Availability of drugs, generics and brands, approved for use at designated facility level.						
5.1.3	Guidelines for management of drugs are in place, known and adhered to						
5.1.4	Guidelines on rational drug use are in place, known and adhered to.						
5.1.5	Adequate availability of non-pharmaceutical supplies						
5.2	Kitchen supplies are managed according to the set guidelines						
5.3	Basic office supplies and consumables are available in sufficient quantities.						
5.4	Other supplies including detergents etc are available in sufficient quantities						
<b>Comments:</b>							

# DIMENSION 6

## Machines and Diagnostic Equipment

Regular maintenance and good working order of equipment and diagnostic facilities located in the following areas:

		Score	1	2	3	4	5%
6.1.1	Accident and Emergency Department						
6.1.2	Specialists clinics						
6.1.3	Comprehensive care Centre						
6.1.4	Rehabilitative clinics						
6.2	All wards						
6.3	Laboratory						
6.4	Sterilization Department						
6.5	Administration						
6.6	HMIS						
6.9	Maintenance / Medical Engineering						
6.8	Environmental Health Department						

		1	2	3	4	5%
6.9	Theatre					
	<b>Comments</b>					

# DIMENSION 7

## Transport

		Score	1	2	3	4	5%
7.1	Adequate transport available and fully operational						
7.2	Regular maintenance of all means of transport						
7.3	Availability of fuel and animal feed where applicable at all times						
<b>Comments</b>							

# DIMENSION 8

## Referral System

		Score	1	2	3	4	5%
8.1	Availability and use of referral guidelines and protocols						
8.2	Availability of communication system (telephone, radio, etc)						
8.3	Availability of fully equipped functional ambulance and trained personnel in emergency care						
8.4	A disaster management plan in place and known to all staff						
<b>Comments</b>							

# DIMENSION 9

## Records and Information System

		Score	1	2	3	4	5%
9.1.1	Patients 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						
	<b>Comments:</b>						

# DIMENSION 10

## Financial Management

	Score	1	2	3	4	5%
10.1	The facility has a sound financial plan that is adequately funded					
10.2	Financial resources are provided and used towards Quality Management and Continuous Quality Improvement programmes					
10.3	Availability of updated fee structure, strategically and prominently displayed					
10.4	Facility improvement/ Quality management funds are efficiently used and monitored in line with MoH guidelines or equivalent					
<b>Comments</b>						



# DIMENSION 11

## Processes

### I. Process of Health Service Delivery Client Provider Interaction

		Score	1	2	3	4	5%
11.1	Standard operating procedures are available for each department/unit						
11.2	Providers know and use standard treatment guidelines and protocols.						
11.3	Job aids for complex tasks and procedures are available and used						
11.4	Patients'/clients' perspective and rights are observed and respected.						
<b>Comments</b>							

## II. Continuous Quality Improvement (CQI)

		Score	1	2	3	4	5%
11.4	Documented evidence of						
11.5	Problem Identification and priority setting						
11.6	PLAN						
11.7	DO						
11.8	CHECK						
11.9	ACT						
<p><b>Comments</b></p>							

### III. Primary Health Care (PHC) Programmes Implementation

		Score	1	2	3	4	5%
11.5	Documented evidence of the implementation of the following programmes						
11.5.1	Malaria						
11.5.2	EPI						
11.5.3	FP/RH						
11.5.4	HIV/AIDS/TB						
11.5.5	IMCI						
11.5.6	Communicable diseases						
11.5.7	Other						
11.6	Evaluation reports are available						
<b>Comments</b>							

# DIMENSION 12

## Results

		Score	1	2	3	4	5%
<b>12.1</b>	<b>I. Patient/Client Results</b>						
12.1.1	Patient/client results are assessed on a regular basis and considered						
12.1.2	Mechanism for patient/client feedback in place. Patient/client satisfaction improving						
<b>Comments</b>							

		Score	1	2	3	4	5%
<b>12.2</b>	<b>II. Performance of the Health Facility</b>						
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	Number of maternal deaths in facility						
12.2.5	Number of deliveries						
12.2.6	Neonatal deaths						
12.2.7	Average Length of Stay						
<p><b>Comments</b></p>							

	Score	1	2	3	4	5%
	<b>III. Progress and Performance of PHC Programmes.(where applicable)</b>					
12.3	The targets for the following programmes have been met					
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					
<b>Comments</b>						

	Score	1	2	3	4	5%
	<b>IV. Staff Results</b>					
12.4	Staff attitude, motivation, job satisfaction and professional improvement is assessed and monitored over time					
<p><b>Comments</b></p>						

		Score	1	2	3	4	5%
	<b>V. Societal Results</b>						
12.5	Society satisfaction is assessed at regular intervals used in improvement plans.						
<b>Comments</b>							



	Score	1	2	3	4	5%
	<b>VI. Health Outcomes</b>					
12.6	Efforts to obtain information on the populations changing trends on disease burden					
<p><b>Comments</b></p>						



This Checklist 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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