



**LEVEL 3A**

*Nursing Homes/Cottage Hospitals/Maternity Homes*

**CHECKLIST FOR THE CATEGORIZATION OF FACILITIES**

**SECTION A: FACILITY INFORMATION**

<b>REGISTRATION/ GAZETTED NAME</b>	
Master facility no:	Registration No.
Physical location	Current License:
County	Name of contact person:
Sub-County	Qualification of contact person:
Ward	Address
Town/Market	Code:
Building/Plot no	Phone Number:
Current facility level	Email:
Facility ownership	Government/ Public entity <input type="checkbox"/> Faith-based <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/>
Catchment population	
Monthly outpatient workload	
In patient bed capacity	
Description of location (prominent landmark)	
Facility level description	<b>A health facility (public, private or faith-based) that provides comprehensive curative preventive, diagnostic, promotive and rehabilitative health services including maternity theatre services. Includes nursing homes, cottage hospitals &amp; maternity homes.</b>
List of services	



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**SECTION B: MANDATORY**

**Does the medical centre offer the following services? (Yes = 2, Partial = 1, No = 0)**

	YES	PARTIAL	NO	REMARKS
1. Provide outpatient services <b>(2Marks)</b>				
2. Maternity services for normal and caesarean deliveries <b>(2Marks)</b>				
3. Inpatient services (At least 24 beds, 6 male, 6 female, 6 maternity, 6 paediatric) <b>(2Marks)</b>				
4. Patient referral services <b>(2Marks)</b>				
5. Medical or dental consultation <b>(2Marks)</b>				
6. Pharmacy <b>(2Marks)</b>				
7. Radiologic & imaging services (at least ultrasound) <b>(2Marks)</b>				
8. Laboratory services Class C <b>(2Marks)</b>				
9. Visiting or Resident Obstetrician/ Gynaecologist <b>(2Marks)</b>				
10. At least one Medical Officer <b>(2Marks)</b>				
11. Quality Improvement Systems quality improvement teams and policy documents <b>(2Marks)</b>				
<b>Total:</b>				<b>/22</b>

**SECTION C: SERVICES OFFERED**

**Does the facility offer any of the following service? Yes -2, Partial - 1, No – 0**

	YES	PARTIAL	NO	REMARKS
1. Curative services <b>(2Marks)</b>				
2. Outpatient services <b>(2Marks)</b>				
3. Inpatient Services <b>(2Marks)</b>				
4. Maternity Services for:				
a) Normal <b>(2Marks)</b>				
b) Ceasarian Deliveries <b>(2Marks)</b>				
5. Newborn Unit <b>(2Marks)</b>				
6. Mental Health Services <b>(2Marks)</b>				
7. Elimination of communicable				



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diseases <b>(2Marks)</b>				
8. Screening of non-communicable diseases <b>(2Marks)</b>				
9. Referral services (Referral policy and ambulance) <b>(2Marks)</b>				
10. Basic oral health services <b>(2Marks)</b>				
11. Individual health education <b>(2Marks)</b>				
12. Antenatal care <b>(2Marks)</b>				
13. Immunisation services <b>(2Marks)</b>				
14. Community outreach services <b>(2Marks)</b>				
15. Class C Laboratory services (KMLTTB license displayed) with Capacity to offer.				
a) Haematology <b>(2Marks)</b>				
b) Microbiology <b>(2Marks)</b>				
c) Biochemistry <b>(2Marks)</b>				
d) Culture <b>(2Marks)</b>				
e) Sensitivity <b>(2Marks)</b>				
f) Urinalysis <b>(2Marks)</b>				
g) Serology <b>(2Marks)</b>				



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h) Group and Cross matching (2Marks)				
16. Basic radiological and imaging services				
a) Ultrasound (2Marks)				
b) X-ray (2Marks)				
17. Nutrition services (2Marks)				
18. Family Planning(2Marks)				
19. School health services (2Marks)				
20. Provide linkage between health facilities and community health services for GOK and Faith Based facilities. (2Marks)				
21. Ante natal and Post natal care(2Marks)				

**TOTAL:** /56

**SECTION D: FACILITY INFRASTRUCTURE**

	YES	PARTIAL	NO	REMARKS
1. Signage with: (2Marks)				
a) Name of facility				
b) Mission and Vision				
c) Displayed list of services to be offered				
d) Displayed service charter				
e) All licenses displayed (facility, laboratory, radiology and pharmacy)				
f) Patient charter				
2. Reception/ waiting area/ Customer care (2Marks)				
3. 2 consultation rooms with: (2Marks)				
a) 1 table				



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**CHECKLIST FOR THE CATEGORIZATION OF FACILITIES**

b) 3 chairs				
c) Examination couch covered with a mackintosh				
d) Wash and basin				
e) Pedal bins				
f) Stethoscope				
g) Tongue depressors				
h) Pulse oximeter				
i) Thermometer(accessible)				
j) Weigh scale (accessible)				
k) Foot stepper				
l) Examination light				
m) Diagnostic set				
n) Pen Torch				
o) Privacy screen				
5. One treatment/Procedure room with: <b>(2Marks)</b>				
a) Observation couch covered with a mackintosh				
b) Foot stepper/step stool				
c) Oxygen cylinder and flowmeter/ oxygen concentrator				
d) Examination light				
e) Wash hand basin with running water and soap				
f) Privacy screen if required				
g) Drip stand				
h) Nebulizer				
i) Emergency tray (as annexed)				
6. <b>Minor theatre with: (2Marks)</b>				



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a) Examination couch - covered with a mackintosh				
b) Foot stepper				
c) Drip stand				
d) Colour coded Pedal bins with corresponding bin liners <ul style="list-style-type: none"> <li>i. Black</li> <li>ii. Yellow</li> <li>iii. Red</li> <li>iv. safety box</li> </ul>				
e) Hand Wash basin with running water and soap				
f) Colour coded decontamination buckets (Red, Green and Blue)				
g) Cabinets or shelves				
h) Procedure trolley				
i) Suction machine				
<b>7. Triage room with: (2Marks)</b>				
a) Table				
b) Chairs				
c) Adult/paediatric weighing scale				
d) stadiometer				
e) Blood pressure machine				
f) Pulse oximeter				
g) Thermometer				
h) MUAC tape				
i) Hand wash basin with running water and soap				
j) Glucometer				



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8. Where immunization services are offered: <b>(2Marks)</b>				
a) Vaccine				
b) Vaccine carrier				
c) Refrigerator				
d) Thermometer (room thermometer and fridge thermometer)				
e) Temperature monitoring chart				
f) Waste segregation bins with				
g) corresponding bin liners (black, yellow, red, safety box)				
h) Hand Wash basin with running water and soap				
9. Where Dental services are offered: <b>(2Marks)</b>				
a) Reception				
b) Treatment room with:				
i. A dental chair with accessories				
ii. Dental stools				
iii. Chairs				
iv. Cabinets				
c) Sterilization room with an autoclave				
d) A functional dental chair				
e) Dental instruments				
i. Endodontic instruments				



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ii. Orthodontic instruments				
iii. Prosthetic kit				
iv. Amalgamator				
v. Periodontal sets				
vi. Surgical sets				
vii. Ultrasonic scaler				
f) Compressor (located outside the treatment unit)				
10. Health information management system with: <b>(2Marks)</b>				
a) Computer with HMIS				
b) MOH data set				
c) Manual data systems				
d) Are medical records kept for each patient?				
e) Do the records include names and patient unique numbers?				
f) Are medical records legible and signed?				
11. Laboratory room (CLASS C) <b>(2Marks)</b>				
12. Inpatient services (At least 24 beds, 6 male, 6 female, 6 maternity, 6 paediatric) <b>(2Marks)</b>				
13. Labour ward with a capacity of two beds <b>(2Marks)</b>				
14. Delivery suit with functional delivery bed/couch and non-slip floors <b>(2Marks)</b>				
a. Drip stand				
b. Two adjustable delivery couches with stirrups				



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**CHECKLIST FOR THE CATEGORIZATION OF FACILITIES**

c. Portable examination light				
d. Delivery kits				
e. PPH Kit				
f. PET Kit				
g. Functional neonatal resuscitaire				
h. Functional suction machines				
i. Neonatal weighing scale				
j. Oxygen source for both the mother and baby				
k. Heat source for both the mother and baby				
l. Privacy screens				
m. Bathroom with warm water and a toilet (non-slip floor)				
n. Sluice room with colour coded decontamination buckets				
o. Drainage system on the floor with a sloppy floor				
15. Maternity Theatre to include <b>(2Marks)</b>				



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**CHECKLIST FOR THE CATEGORIZATION OF FACILITIES**

a. sluice room				
b. Separate receiving bay				
c. Separate recovery area				
d. Functional patient monitoring equipment				
e. oxygen source for both mothers and baby				
f. functional resuscitaire				
g. suction machine				
h. Functional Ventilators				
i. theatre light				
j. scrubbing sink with running water and soap				
k. Emergency trolley Should include PPE/PPH kit				
l. theatre bed				
m. shelf or cabinet for sterile supplies				
n. Changing rooms with lockers				
o. surgical instruments including:				
i. Caesarean Section Set				
ii. Laparotomy Set				
16. General store (2Marks)				
17. MCH/FP Kit(2Marks)				
18. Security system (2Marks)				



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**CHECKLIST FOR THE CATEGORIZATION OF FACILITIES**

a) CCTV with a backup system				
b) Secure fence and gate				
c) Alarm system				
19. Holding room that can hold at least 3 dead bodies <b>(2Marks)</b>				
20. Backup Power Source (Generator, Solar) <b>(2Marks)</b>				

**TOTAL** / **40**

**SECTION E: PERSONNEL**

*(Does the facility have the following personnel?)*

1. Visiting or Resident Obstetrician/ Gynaecologist <b>(2Marks)</b>				
2. Medical officer (1) <b>(2Marks)</b>				
3. Dental officer (1 where dental services are offered) <b>(2Marks)</b>				
4. Clinical officer (Regular and specialised) <b>(2Marks)</b>				
5. At least one Clinical Officer / Nurse Anaesthetist (mandatory if a facility has a maternity theatre) <b>(2Marks)</b>				
6. Community oral health officer (COHO) (1) <b>(2Marks)</b>				
7. Nursing officers at least 4 per shift (Regular and specialised) <b>(2Marks)</b>				
8. Laboratory technologist (2) <b>(2Marks)</b>				
9. Pharmacist <b>(2Marks)</b>				
10. Pharmaceutical technologist (2) <b>(2Marks)</b>				
11. Occupational Therapist <b>(2Marks)</b>				



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**CHECKLIST FOR THE CATEGORIZATION OF FACILITIES**

12. Sonographer (1) (2Marks)				
13. Radiographer (1) (2Marks)				
14. Health records information officer (1) (2Marks)				
15. Receptionist (1) (2Marks)				
16. Support staff (2) (2Marks)				
17. Security officers (2) (2Marks)				
<b>TOTAL:</b>				<b>/34</b>

**SECTION F: DOCUMENTATION**

**Does the general practice/dental clinic have the following SOPs? (Yes=2, Partial= 1, No=0)**

	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
1. Valid Registration and Licenses Displayed ( <b>Mandatory</b> ):				
a) Kenya Medical Practitioners and Dentists Council ( <b>2Marks</b> )				
b) Pharmacy and Poisons Board ( <b>2Marks</b> )				
c) Kenya Medical Laboratory Technicians and Technologists Board ( <b>2Marks</b> )				
d) Kenya Nuclear Regulatory Authority ( <b>2Marks</b> )				
e) Others (Specify):				
2. Valid registration and licence for the health professional(s) seen ( <b>Mandatory</b> ) ( <b>2Marks</b> )				
3. Personnel files ( <b>2Marks</b> )				
4. Use of the standard WHO death reporting form? ( <b>2Marks</b> )				
5. Hospital staff training in correct Medical Certification of Cause of				



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Death? (2Marks)				
6. Standard Operating Procedures on:				
a) Emergency/ referral protocols (2Marks)				
b) Infection prevention and control (2Marks)				
c) Waste management (2Marks)				
d) Hygiene protocols (hand washing protocols) (2Marks)				
e) Cleaning protocols (requires evidence of a cleaning roster) (2Marks)				
f) SOPs for all the service delivery areas (2Marks)				
g) Fire control Mechanism (Fire extinguisher/ sand buckets, firefighting protocols) (2Marks)				
7. Valid contracts for any outsourced services e.g. waste management, hygiene, security, etc (2Marks)				
8. Disaster management preparedness policy (2Marks)				
9. Quality Improvement Policy (2Marks)				
<b>Total</b>				<b>/36</b>

**SCORE SUMMARY**

Area of Assessment		Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. (A ÷ B) × 100%
1.	Mandatory		22	
2.	Services Offered		50	
3.	Infrastructure		40	
4.	Personnel		34	
5.	Documentation		36	







**KMPDC**  
Enhancing Quality Healthcare

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**SIGN OFF:**

<b>Registered facility owner/ in-charge /Administrator</b>		
Name:		Designation:
Qualifications:		Regulatory body:
Registration no.:		License No:
Phone number:		E-mail:
Date:		Signature:

<b>INSPECTION TEAM</b>		
<b>Name</b>	<b>Organization</b>	<b>Signature</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		

Date of inspection ..... Time .....