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General Medical/Dental Centre

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

SECTION A: FACILITY INFORMATION	
REGISTRATION/ GAZETTED NAME	
Master facility no:	Registration No.
Physical location	Current License No.
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 ☐ Faith-based ☐ Private ☐ Other ☐
Catchment population	
Monthly outpatient workload	
Description of location (prominent landmark)	
Facility level description	**It is an outpatient facility manned by dental/medical officer that provides medical and dental services**
List of services offered by the Facility (Confirmed):	**1.** **2.** **3.** **4.** **5.** **6.** **7.** **8.** **9.** **10.**

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SECTION B: MANDATORY REQUIREMENTS

Does the Health facility offer the following Services? (Yes=2, Partial= 1, No=0)

	YES	PARTIAL	NO	REMARKS
1. Provide outpatient services **(2Marks)**				
2. At least one Medical Officer/Dental Officers **(2Marks)**				
3. Patient referral protocols (Patient referral policies and BLS and ACLS Ambulance) **(2Marks)**				
4. Medical waste management system **(2Marks)**				
5. Quality Improvement System **(2Marks)**				
Total				**/10**

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 **(2Marks)**				
2. Outpatient services **(2Marks)**				
3. Referral services (documentation showing referral pathway) **(2Marks)**				
4. Minor surgical procedures **(2Marks)**				

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5. Dental services **(2Marks)**				
6. Health promotion (posters, messages, videos, health talks) **(2Marks)**				
7. Family planning services (FP) **(2Marks)**				
8. Emergency Services (including Advanced Life support **(2Marks)**				
9. Screening for communicable and non-communicable diseases (NCDs) **(2Marks)**				
10. Basic radiological and imaging services:				
a) Ultrasound **(2Marks)**				
b) X- ray **(2Marks)**				
11. Nutrition services **(2Marks)**				
12. School health services **(2Marks)**				
13. Laboratory services (KMLTTB license displayed) **(2Marks)**				
14. Provide linkage between health facilities and community health services for GOK and Faith Based facilities. **(2Marks)**				
Total				**/30**

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

SECTION D: FACILITY INFRASTRUCTURE				
Does the facility offer any of the following infrastructure? Yes -2, Partial - 1, No – 0				
	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)				
2. Reception/ waiting area/Customer care **(2Marks)**				
3. Pay point (Teller) **(2Marks)**				
4. Consultation room with: **(2Marks)**				
a) 1 table				
b) 3 chairs				
c) Examination couch covered with a mackintosh				
d) Wash and basin				

e) Colour coded Pedal bins with corresponding bin liners.
      i. Black
      ii. Yellow
      iii. Red				

f) Sharps safety box				
e) Stethoscope				
f) Tongue depressors				
g) Pulse oximeter				

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

h) Thermometer(accessible)				
i) Weigh scale (accessible)				
j) Foot stepper				
k) Examination light				
l) Diagnostic set				
m) Pen torch				
n) Privacy screen				
5. At least One (1) treatment room each with: **(2Marks)**				
a) Observation couch covered with a mackintosh				
b) Foot stepper/step stool				
c) Oxygen cylinder and flowmeter/ oxygen concentrator				
d) Functional portable examination light				
e) Wash hand and basin with running water and soap				
f) Privacy screen if required				
g) Drip stand				
h) Nebulizer				
i) A stitching pack				
j) Incision and Drainage Kit				
k) Minor surgical set				
6. Procedure room each with: **(2Marks)**				
a) Examination couch – covered with a mackintosh				
b) Foot stepper				
c) Drip stand				
d) Colour coded Pedal bins with corresponding bin liners.				

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

	i. Black				
	ii. Yellow				
	iii. Red				
e)	Sharps Safety Box				
f)	Colour coded decontamination buckets				
g)	Cabinets or shelves				
h)	Procedure trolley				
i)	Suction machine				
j)	Cancer screening equipment				
7.	Triage area with: **(2Marks)**				
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				
g)	Colour coded Pedal bins with corresponding bin liners.				
	i. Black				
	ii. Yellow				
	iii. Red				
h)	Sharps safety Box				
8.	Dental Consultation Room with:				

(2Marks)

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

(2Marks)				
a) Waiting area				
b) Consultation room				
c) Dental Chair				
d) Separate sterilization Unit				
9. Emergency equipment **(2Marks)**				
a) Does the facility have an emergency tray available at all the designated sites?				
b) Is there a checklist for regular review and updates to the emergency? *To include names of drugs, amounts and expiration date*				
c) Does the emergency tray have the following essential drugs? i. Glucose ii. Adrenaline iii. Sodium bicarbonate iv. Diazepam v. Phenobarbitone vi. Normal Saline vii. Epinephrine viii. Atropine				
d) Does the emergency tray have the following equipment? i. Ambu bag and mask available in paediatric and adult sizes ii. Adjustable bed iii. Functional suction machine				

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

iv. Oxygen cylinder & flowmeter				
v. Oral airway				
vi. IV giving set				
10. MCH/CWC/Immunization/FP room with: **(2Marks)**				
a) Waiting bay				
b) Antenatal/postnatal room				
c) Family planning room				
d) PMTCT				
e) Immunization room with functional cold chain facilities				
f) CWC clinic				
g) Nutritional room				
h) Stadiometer				
i) Data books				
j) MUAC and tape measure				
k) Vaccine				
i. Vaccine carrier				
ii. Temperature monitoring chart				
iii. Cold Chain management				
l) Colour coded Pedal bins with corresponding bin liners.				
iv. Black				
v. Yellow				
vi. Red				
m) FP kits:				
i. IUD				
ii. Implants				

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

iii. Pills				
iv. Condoms				
v. Insertion and removal instruments				
vi. PPEs				
vii. Checklists				
11. Health information management system with: **(2Marks)**				
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?				
g) One records room (Lockable)				
12. Communication equipment: **(2Marks)**				
a) Telephone				
b) Intercom				
13. Clean water Source (potable water source) **(2Marks)**				
14. Power source: **(2Marks)**				
a) Electricity or Solar				
b) Backup power source/ Generator/Inverter				

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

15. Oxygen supply: **(2Marks)**				
a) Is it pipes or cylinders?				
b) If piped, from manifold or oxygen plant?				
b) If cylinders, number and capacity of cylinders, number of flowmeters.				
16. Disability-friendly infrastructure. **(2Marks)**				
a) Ramp (25°-30° incline with rails on both sides, non-slip floor)				
b) Lifts dedicated for patient use. (where applicable)				
c) Accessible gender specific washrooms				
17. Ablution facilities **(2Marks)**				
18. One drug store with: **(2Marks)**				
a) shelves				
b) Lockable cabinets				
c) DDA cabinet				
d) Controllable access to the store				
e) Bin cards				
19. Laboratory or MOU **(2Marks)**				
a) Wash and basin protocol				
b) Granite/tile work top (bright colours)				
20. Firefighting equipment **(2Marks)**				
21. Store for supplies **(2Marks)**				
22. Staff lounge **(2Marks)**				

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

23. Waste management system/proof of contract with a licensed waste disposal company (NEMA approved)/ Fenced incinerator (NEMA approved) Macerator or placenta pit **(2Marks)**				
24. Central sterilization service unit **(2Marks)**				
a) Functional autoclave				
b) Demarcated clean and sterile zone				
c) Labelled shelves				
25. Security: **(2Marks)**				
a) CCTV system				
b) Security System				
c) Perimeter fence				
TOTAL				**/50**

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CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

	YES	PARTIAL	NO	REMARKS
SECTION E: PERSONNEL *(Does the facility have the following personnel?)*				
1. Medical officers **(2Marks)**				
2. Other Health Care Practitioners **(2 Marks)**				
a) Clinical officers				
b) Nurses				
c) Nutrition and dietetic officers (at least 1)				
d) At least two Pharmaceutical technologists				
e) Dentists (mandatory if there is a dental unit)				
f) Health promotion officers (at least 1)				
g) Medical Social workers				
h) Health records information management officers				
i) Medical laboratory technologists/technicians				
j) Radiographer (at least 1 mandatory if there is X-ray)				
k) Sonographer (at least one if there is ultrasound)				
3. At Least Three (3) Security Guards **(2Marks)**				
4. Support staff to be determined by institution's capacity **(2Marks)**				

CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

TOTAL:	/ 8

SECTION F: DOCUMENTATION				
Does the medical clinic have the following documentation? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1. Valid Registration and Licenses Displayed (**Mandatory**):				
a) Kenya Medical Practitioners and Dentists Council **(2Marks)**				
2. Mandatory as per service area **(2 Marks)**				
b) Pharmacy and Poisons Board				
c) Kenya Medical Laboratory Technicians and Technologists Board				
d) Kenya Nuclear Regulatory Authority				
e) Others (Specify):				
3. Valid registration and licence for the health professional(s) seen (mandatory) **(2Marks)**				
4. Personnel files **(2Marks)**				
5. Hospital staff training in correct Medical Certification of Cause of Death? **(2Marks)**				
6. Standard Operating Procedures on:				
a) Emergency/ referral protocols **(2Marks)**				
b) Infection prevention				

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and control				
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)**				
Total				**/28**

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CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

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		**10**	
2.	Services Offered		**30**	
3.	Infrastructure		**50**	
4.	Personnel		**8**	
5.	Documentation		**28**	
			Total score (C)	=
			Average percentage i.e. (C÷5)	

COMPLIANCE CATEGORIES AND ACTION:

Facility score (% of the total score)	Compliance Category	Action
81% and above	Compliant	Facility eligible for registration/ upgrade. Re-inspect in a year
71 – 80%	Fairly Compliant	Facility is eligible for registration/upgrade. Inspect in 6 months
51- 70%	Partially Compliant	Facility is eligible for registration/upgrade. Inspect in 4 months
50 and Below	Non-Compliant	Facility not suitable for upgrade. Re assess with the suitable level checklist

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CHECKLIST FOR THE CATEGORIZATION OF FACILITIES

FINDINGS AND RECOMMENDATIONS
Key findings
Recommendations

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