



LEVEL 4B CHECKLIST

SECTION A: FACILITY INFORMATION	
REGISTRATION/ GAZETTED NAME	
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	
Description of location (prominent landmark)	
Facility level description	Provides specialised outpatient services.
List of services offered:	1. 2. 3. 4. 5. 6. 7. 8.



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	9.
	10.



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SECTION B: MANDATORY REQUIREMENTS				
Does the facility have the following mandatory requirements (Yes=2, Partial=1, No=0)				
	YES	PARTIAL	NO	REMARKS
1. Provides specialised services in one speciality				
2. At least one specialist in the scope of practice				
3. One Medical Officer per 10 patients				
4. Equipment specific to the scope of services				
5. Referral Systems in place				
6. Quality Improvement system				
7. Waste segregation bins in each service point area with SOPs				
8. Hygiene protocols with SOPs				
TOTAL				/16



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SECTION C: SERVICES OFFERED				
<i>Does the facility offer any of the following service? Yes -2, Partial - 1, No – 0</i>				
	YES	PARTIAL	NO	REMARKS
1. Provides specialised services in one speciality				
a) Consultation				
b) Day care surgery				
c) Specialist diagnostic imaging services				
d) dialysis				
e) chemotherapy				
f) radiotherapy				
g) ophthalmology				
h) fertility services				
i) specialized dental services				
j) audiology				
k) specialized medical and surgical procedure services				
l) Others, (specify)				
2. Evidence of linkage to other diagnostic services (service contract/MOU) including:				
a) Radiology and imaging services				
b) ICU/HDU inpatient services				
c) Class D laboratory services and above				
3. Evidence of a functional referral system (referral protocols, ACLS				



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Ambulance services)				
TOTAL:				/32



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SECTION D: FACILITY INFRASTRUCTURE				
	YES	PARTIAL	NO	REMARKS
1. Signage with:				
a) Accurate name				
b) Mission and vision				
c) List of services to be offered				
d) A service charter				
e) Licenses displayed				
2. Reception/ waiting area/Customer care				
3. Pay point (Teller)				
4. 2 consultation rooms each with:				
a) 1 table				
b) 3 chairs				
c) Examination couch covered with a mackintosh				
d) Wash and basin with running water and soap				
e) Colour coded pedal bins with corresponding bin liners <ul style="list-style-type: none"> i. Black ii. Yellow iii. Red 				
f) Stethoscope				
g) Tongue depressors				
h) Pulse oximeter				
i) Thermometer(accessible)				
j) Weigh scale (accessible)				
k) Stadiometer				
l) Foot stepper				



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m) Examination light				
n) Diagnostic set				
o) Pen Torch				
p) Privacy screen				
q) Any other examination equipment required for the specific scope of practise				
5. Treatment /procedure room with:				
a) Observation couch covered with a mackintosh				
b) Foot stepper/step stool				
c) Examination light				
d) Wash hand basin with running water and soap				
e) Privacy screen if required				
f) Drip stand				
g) Emergency tray (as annexed)				
h) Colour-coded Pedal bins with corresponding bin liners <ul style="list-style-type: none"> i. Black ii. Yellow iii. Red iv. Safety box 				
i) Colour coded decontamination buckets				
j) Cabinets or shelves				
k) Procedure trolley				
l) Suction machine				
m) Treatment equipment as per speciality				



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6. Triage room with:				
a) Table				
b) Chairs				
c) 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				
7. Where immunization services are offered:				
a) Vaccines				
b) Vaccine carrier				
c) Vaccine Refrigerator/ Cold Chain				
d) Thermometer				
i. Room thermometer				
ii. Fridge thermometer				
e) Temperature monitoring chart				
f) Waste segregation bins with corresponding bin liners				
i. Black				
ii. Yellow				
iii. Red				
iv. Safety box				



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g) Hand Wash basin with running water and soap				
8. Where surgery is offered:				
a) Major theatres should include:				
b) Receiving area				
i. Pre-operative area				
ii. Post-operative area				
iii. Oxygen source (Piped and Cylinder)				
iv. Anaesthetic machine				
v. Scrubbing area				
vi. Changing rooms for both male and female				
vii. Sluice room				
viii. Store for Linen				
ix. Drip stand				
x. Emergency tray/trolley (as annexed)				
xi. Colour-coded Pedal bins with corresponding bin liners a. Black b. Yellow c. Red d. Safety box				
xii. Cabinets or shelves (lockable)				
xiii. Procedure trolley				
xiv. Suction machine				



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xv. Sluice room with Colour coded decontamination buckets				
b) Day care cases theatre should include:				
i. Pre-operative room with patient bed/couch covered with a mackintosh				
ii. Post anaesthesia recovery room with patient monitors (where applicable)				
10. Oxygen supply at each service point:				
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.				
11. Health information management system with:				
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?				
12. Sterilization equipment				
13. Emergency trolley/tray				



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14. Waste management system or contract with NEMA-approved waste service provider- contract seen				
15. Portable water supply				
16. Reliable Power supply including adequate back up				
17. Oxygen supply: oxygen cylinder with flowmeter, or functional oxygen concentrator				
18. Disability-friendly infrastructure;				
a) Ramp (25°-30° incline with rails on both sides, non-slip floor)/ lift.				
b) Accessible washrooms				
19. Ablution facilities (separate for patient and staff and segregated by gender)				
20. Store with shelves, cabinets and pallets				
21. Security which includes:				
i. Functional CCTV with backup system				
ii. Security System				
22. Infection prevention and control facilities				
23. Adequate lighting and ventilation				
TOTAL				/44



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SECTION E: PERSONNEL				
<i>(Does the facility have the following personnel?)</i>				
1. At least 1 full time medical or dental Specialist in the area of specialisation (please list all available specialists)				
2. At least one Medical or dental officers				
3. Specialized clinical officers according to the scope of practice				
4. Specialized nurses according to the scope of practice				
5. Receptionist/administrative assistant (1)				
6. Support staff				
TOTAL:				/12



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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				
b) Pharmacy and Poisons Board				
c) Kenya Medical Laboratory Technicians and Technologists Board				
d) Kenya Nuclear Regulatory Authority				
e) Others (Specify):				
2. Valid registration and licence for the health professional(s) seen (mandatory)				
3. Personnel files				
4. Use of the standard WHO death reporting form?				
5. Hospital staff training in correct Medical Certification of Cause of Death?				
6. Standard Operating Procedures on:				
a) Emergency/ referral protocols				
b) Infection prevention and control				
c) Waste management				
d) Hygiene protocols (hand washing				



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protocols)				
e) Cleaning protocols (requires evidence of a cleaning roster)				
f) SOPs for all the service delivery areas				
g) Fire control Mechanism. (Fire extinguisher/ sand buckets, firefighting protocols)				
7. Valid contracts for any outsourced services e.g. waste management, hygiene, security, etc				
8. Disaster management preparedness policy				
9. Quality Improvement Policy				
Total				/36

SCORE SUMMARY

Area of Assessment		Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. $(A \div B) \times 100\%$
1.	Mandatory		16	
2.	Services Offered		32	
3.	Infrastructure		46	
4.	Personnel		12	
5.	Documentation		36	
			Total score (C)	=
			Average percentage i.e. $(C \div 5)$	

COMPLIANCE CATEGORIES AND ACTION:



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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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Date:	Signature

INSPECTION TEAM		
NAME	ORGANIZATION	SIGNATURE
1.		
2.		
3.		
4.		

DATED THIS.....DAY OF.....