

Level 6 A

(Specialized Tertiary Referral/ Faith Based Specialized Tertiary referral Hospital)

CHECKLIST FOR CATEGORIZATION OF HEALTH INSTITUTIONS

SECTION A: FACILITY INFORMATION				
Registration/ Gazette name:				
Master facility No:		Registration No: (MPDB No)		
Physical Location		Contact details		
County:		Name of contact:		
Sub-County/District:		Qualification of contact person		
Address:				
Town/Market		Phone Number:		
Building/Plot No		Email:		
Current Facility Level				
Facility ownership:		Government/public entity () Faith Based () Private commercial (for profit) () Other ()		
Catchment Population				
Monthly outpatient workload				
In-patient bed capacity:				
Description of location (prominent landmark)				
Mandatory requirements		a. Offers highly specialized and discipline specialization service b. Specialized regional and geographical referral tertiary for highly specialized health care c. Attached to a medical school for sub-specialization training in a certain discipline d. Specialized operating theatres based on the specialist service e. Specialized laboratory services based on the line of specialization f. Specialized radiological & Imaging services based on the line of specialization.		
SECTION B: SERVICES OFFERED:				
	YES	PARTIAL	NO	REMARKS
Does the facility offer any highly specialized or sub-specialized services exclusively? (if yes,				

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indicate)				
SECTION C: FACILITY INFRASTRUCTURE				
Does the facility have the following infrastructure? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) Out Patient Department				
a. One triage room				
b. Six (6) consultation rooms				
c. One (1) registration room				
d. Two (2) procedure rooms				
e. One (1) minor theatre				
2) an Intensive Care Unit				
3) a High Dependency Unit				
4) Specialized radiological services				
5) Inpatient services;				
6) Two (2) Discipline specific operating theatres				
7) Medical engineering unit;				
8) Inpatient pharmacy				
9) Outpatient Pharmacy				
10) Administration unit with—				
a. One cash office;				
b. Two stores;				
c. Administration offices;				
d. One room for health records;				
11) A general supply store				
12) Kitchen;				
13) Laundry;				
14) Mortuary/ holding room				

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15) Cloakrooms;				
16) Clean piped water supply and reservoir				
17) One (1) generator house;				
18) One (1) incinerator;				
19) Two (2) ALS Ambulance;				
20) Two (2) Support & utility vehicles;				
21) A composite pit/non-combustible waste holding area;				
22) Non-combustible waste management system;				
23) Fence and gate;				
24) Ramp /disability friendly walkways;				
25) Medical Waste Management System				
a. Waste segregation				
b. IPC committee with minutes				
c. Policy/SOP's on waste management				
26) CSSD department				
27) CCTV system				
28) fire –fighting equipment				
29) modern communication system and ICT infrastructure				
Total:				

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SECTION D: PERSONNEL				
	YES	PARTIAL	NO	REMARKS
1. At least 4 resident specialists in the area of specialty?				
2. Nurses as per WHO ratios (at least 75 % to be trained in the specialty)				
3. At least ten (10) Medical Laboratory specialists				
4. Two (2) pharmacist specialists				
5. Two (2) pharmacists				
6. Six (6) pharmaceutical technologists				
7. Other health specialists (specify)				
SECTION E: FINDINGS AND RECOMMENDATIONS				
Findings				
Recommendations				
Registered owner/ In- charge of the facility/ administrator				
Name:				Designation:
Qualifications				Regulatory body:
Registration No:				Licence No:
Phone number:				Email:
Date:				Signature:

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INSPECTION TEAM			
	Name:	Organization:	Signature:
(1)			
(2)			
(3)			
(4)			

Dated this..... day of, 2019