



QUALITY HEALTHCARE SELF-ASSESSMENT SCORECARD

Quality Healthcare Kenyan Awards

This **Quality Assessment Tool** will be used **in part** to evaluate **health facilities** submitting entries for the following 3 categories; **Award of excellence in improving access to primary care services**, **Award of excellence in advancing maternal and child health** and **Health facility innovation project of the year**. If shortlisted, the judges may carry out a verification Quality Assessment at your facility using this same tool which has **5 Sections** of Quality Standards derived from both the **Kenya Quality Model for Health (KQMH)** and the **Joint Health Inspection Checklist**.

Health facilities will carry out a self-assessment and submit the **duly filled** scorecard together with the entry document, entry form and any support documents at www.qualityhealthcareawards.com

Facility Name: Completed By: Date:

Part A: Facility based Quality Improvement structures					
Quality Standard	Expected Score	Quality Standard Description	Tick Where Applicable	Actual Score	Brief Remarks
1. The Facility has a Formal QI structures & teams in place (MOV: Facility Organogram/minutes of meetings at least in the last 6 months)	5 Marks	<ul style="list-style-type: none"> Team has been formed and oriented with Roles and responsibilities QI Charter available and displayed with QIT leader and WITs leaders The Facility organogram in place with QIFP included in the facility organogram structure. 	Yes() No() Yes() No() Yes() No()		



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<p>2. Quality Project(s) initiated in Structural Dimensions 1-10 of KQMH</p> <p>(MOV: Quality & Facility Work plans)</p>	<p>5 Marks</p>	<ul style="list-style-type: none"> • Team is actively meeting (minutes of meetings available) • Documented Gaps Identified, structural indicators and prioritization of activities (RCA, Countermeasures & work plans) • Structural projects are aligned to facility annual work plans 	<p>Yes() No()</p> <p>Yes() No()</p> <p>Yes() No()</p>		
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<p>3. QI Project(s) initiated in Process Dimensions (11.1-11.14) Service delivery (MOV: Quality & Facility Work plans)</p>	<p>5 Marks</p>	<ul style="list-style-type: none"> • Team is actively meeting (minutes of meetings available) • Documented Gaps Identified for process indicators and prioritization of activities • Process projects are aligned to facility annual work plans 	<p>Yes() No() Yes() No() Yes() No()</p>		
<p>4. Planning for the Quality improvement done in at least any three projects identified (MOV: Facility QIT meetings reports) (MOV: RCA, Countermeasures and Run charts)</p>	<p>5 Marks</p>	<ul style="list-style-type: none"> • Baseline data collected in each chosen project /intervention • Decision matrix done in each chosen project • Root cause analysis done in each chosen project/ intervention • Counter measures identified in each chosen project/ intervention • Prioritization matrix for counter measures in each chosen project/ intervention 	<p>Yes() No() Yes() No() Yes() No() Yes() No()</p>		
<p>5. Changes have been documented in the three projects above (MOV: Run charts showing at least 2 cycles of 3 months each) (MOV: Meeting Minutes)</p>	<p>5 Marks</p>	<ul style="list-style-type: none"> • Data on projects indicators are collected on table • Run chart available and shows progress • ‘STAR ‘acronym is annotated on run charts • Data review and decisions made to improve performance 	<p>Yes() No() Yes() No() Yes() No() Yes() No()</p>		
<p>6. Performance measurement (Improvement) observed in the three projects stated above (MOV: Meeting Minutes)</p>	<p>10 Marks</p>	<ul style="list-style-type: none"> • Change ideas just tested, successful change ideas implemented in the department not scaled up yet • Evidence of moderate-significant improvement measures over 3-6 months of improvement from baseline assessment 	<p>Yes() No() Yes() No()</p>		



		<ul style="list-style-type: none"> Evidence of significant improvement measures of over 6 months improvement from baseline assessment 	Yes() No()		
<p>7. Established Sustained Quality improvement performance</p> <p>(MOV: SOP, reports & Memos)</p>	5 Marks	<ul style="list-style-type: none"> Sustained improvement in at least 3 outcome measures in the last 3-6 months Involved in self-initiated team-driven spread of successful project to a larger group or other departments in the facility in the last 6 months 	<p>Yes() No()</p> <p>Yes() No()</p>		
<p>8. Standardization of Quality (Outstanding sustainable improvement)</p> <p>(MOV-Abstracts, Posters or presentations} for advocacy& influence policy level)</p>	5 Marks	<ul style="list-style-type: none"> Consistent improvement of projects and changes implemented for entire facility in the last year All goals have been accomplished, SOPs developed and shared in the last year Facility invited to participate in QI best practices with partners and other facilities within the last year 	<p>Yes() No()</p> <p>Yes() No()</p> <p>Yes() No()</p>		
<p>9. Participation in internal and external Quality Improvement forums</p> <p>(MOV: feedback reports & Awards or recognition)</p>	5 Marks	<ul style="list-style-type: none"> Internal QI sharing forums or mechanisms in place (meeting schedules) Participated in County Quality review forums External Learning and reward forums attended and work on quality presented 	<p>Yes() No()</p> <p>Yes() No()</p> <p>Yes() No()</p>		



Part B: Infection control and prevention					
Quality Standard	Expected Score	Quality Standard Description	Tick Where Applicable	Actual Score	Remarks
1. The health facility has in place an infection prevention and control team structure as per the national policy and guidelines	5 Marks	<ul style="list-style-type: none"> A multidisciplinary IPC committee/ unit in place, with terms of reference (MOV- Minutes of monthly meetings, clinical reports, appointment letters for committee members, routine audits) 	Yes() No() Yes() No()		
2. The health facility ensures infection prevention and control practice in accordance with the approved guidelines and policies (MOV: IPC work plan)	5 Marks	<ul style="list-style-type: none"> A plan is in place to continuously update staff knowledge on infection prevention and control practices (MOV- Work plans, training schedules, clinical audit schedule and signage of IPC processes) 	Yes() No()		
3. IPC Policies and SOPs developed and displayed in the required designated areas	10 Marks	<ul style="list-style-type: none"> Hand Hygiene, Waste management, Respiratory hygiene, Occupational exposure management, Personal protective equipment, Care of linen, Isolation, Food handling, Management of care equipment and environmental control and patient protection and security measures 			
Part C: Patient Centered Care					
Quality Standard	Expected Score	Quality Standard Description	Tick Where Applicable	Actual Score	Remarks
1. Customers involvement in facility Quality Improvement activities	4 Marks	<ul style="list-style-type: none"> Staff Satisfaction surveys done (MOV reports) Client Satisfaction surveys done (MOV reports) Consumers/Community is included as part of facilities QI team (QIT) Patient feedback mechanism in place; 	Yes() No() Yes() No() Yes() No() Yes() No()		



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		<ul style="list-style-type: none"> • (MOV: Suggestion box, phone numbers and on duty manager display among other mechanisms) 			
2. The facility has a mechanism to protect the patient's rights	4 Marks	<ul style="list-style-type: none"> • Patient rights charter displayed conspicuously in waiting areas. (MOV-Observation) • Regular sensitization of patients on their rights (MOV- schedule/record) • Patients sign consent forms for medical procedures where required (MOV- patient files) • Facility assures that patients get full range of services regardless of their religious, economic or social status (MOV- protocol in place) 	Yes() No()		
3. The facility ensures Health care providers in the facility empower and enable patients/clients to actively participate in their care processes and decision making of their health	4 Marks	<ul style="list-style-type: none"> • All service providers wear tags with name and designation visible to patients at all times(MOV- Name and designation tags) • Cost of services and any insurance rebates that apply to the patient are displayed or available to the patient. (MOV-Observation) • Patients are fully informed on risks and benefits of care given and a written consent obtained from the patient (MOV- Consent forms) • The patient and next of kin are supported to cope with debilitating effects of illness/disability (MOV-Counselling facilities, prayer rooms, referral options to appropriate facilities) • Dignity and privacy in relation to patients' care and support is provided (MOV- Patient screens, lockable doors and privacy working stations) 	Yes() No()		



		to respond to any patient care mismatching events (MOV- Documentation of this system, relevant reports)			
6. The facility shall have a procedure for the care of terminally ill patients (MOV- Availability of palliative care plan and facility shall provide for respectful care of the deceased)	4 Marks	<ul style="list-style-type: none"> Facility provides individualized plan for palliative care of the terminally ill patient There is use of written procedures for handling cases of bereavement, performing culturally appropriate last offices, handling of the body and handover to funeral services or last rites as appropriate (MOV-SOPs) There is debriefing and support supervision for care providers to cope with stressful encounters/situations (MOV- SOP, interview with health providers) Facility provides for standardized, documented procedures on embalming, autopsies, issuance of burial permit as appropriate (MOV- documented procedure) 	Yes() No() Yes() No() Yes() No() Yes() No()		
Part D Facility infrastructure and patient comfort					
Quality Standard	Expected Score	Quality Standard Description	Tick Where Applicable	Actual Score	Remarks
1. Facility infrastructure What's the facility's structural status on; ventilation, sanitation, warm showers, toilets, running water, beatification, signage, paintwork repairs and maintenance, pest control?	4marks	There should be proper ventilation, sanitation, warm showers, and toilets, Availability of running water, beatification, signage, paintwork repairs and maintenance reports & record of pest control.			



<p>How are patients made to be comfortable? Beds, mackintosh, mattress, linen, Uniforms, kitchen hygiene, control of overcrowding in wards (IPPC)?</p>		<p>Patients should be comfortable; beds mattresses, linen, uniforms, kitchen hygiene & no overcrowding in the wards</p>			
Part E: Maternal and Child health Outcome Indicators					
Quality Standard	Expected Score	Quality Standard Description	Tick Where Applicable	Actual Score	Remarks
<ol style="list-style-type: none"> 1. Documented Maternal and Child health indicators at maternity (registers/wall charts) 2. Management and outcome of PPH, APH, PETS 3. Use of partograph chart 	4 Marks	<ul style="list-style-type: none"> • Facility based Newborn mortality rate (NMR) • Facility based Maternal mortality rate (MMR) • Facility has management of obstetric emergencies (MOV:SOP) • Facility has partograph use (MOV:SOP) 	<p>Yes() No()</p> <p>Yes() No()</p>		
Grand total	100%				



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SECTION	EXPECTED SCORE	ACTUAL SCORE (Self-awarded)
Part A	50 marks	
Part B	20 marks	
Part C	18 marks	
Part D	4 marks	
Part E	4 marks	
Total	100 Marks	



KEY:

APH-antepartum Hemorrhage

IPC-Infection prevention and Control

IPPC-infection prevention and control and people crowding

KQMH- Kenya Quality Model for Health

MMR-Maternal Mortality Rate

MOV-Means of Verification

NMR-Neonatal mortality Rate

PETS-Pre Eclampsia Toxemia Syndrome

PPH-post-partum Haemorrhage

QHKA-Quality Healthcare Kenyan Awards

QI-Quality improvement

QIFP-Quality improvement focal person

QIT-Quality Improvement team

RCA-root cause analysis or Fish bone used in analyzing quality challenges and providing solutions

WIT-Work improvement team

STAR-An acronym for **shift, trend, astronomical points** and **Runs** in a run charts analysis for QI performance and should be explained as below

- **Shift** are six or more consecutive points above or below the median line
- **Trend** are six or more consecutively increasing or decreasing points indicating that special cause variation exists
- **Astronomical points** also called outliers, it's any extremely high or low values indicating special cause variation in the performance
- **Runs** are sequence of consecutive points lying on same side of the Median line

In case of any questions, contact us on phone [+254731060164 / 788362259](tel:+254731060164) or email info@qualityhealthcareawards.com