REPUBLIC OF KENYA

MINISTRY OF HEALTH

QHKA

# 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 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 reviewers may carry out 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 the self-assessment and submit the duly filled scorecard together with the entry document, entry form and any support documents at *www.qualityhealthcareawards.com.*

Name of Health Facility: _____ Location: _____ Date: _____

| **Part A: Facility based Quality Improvement structures** | | | | |
|---|---|---|---|---|
| **Quality Standard** | **Expected Score** | **Quality Standard Description** | **Tick Where Applicable** | **Comments** |
| 1. The Facility has a Formal QI structures &teams in place (**MOV**: Facility Organogram/minutes | **5 Marks** | • Team has been formed and oriented with roles and responsibilities(2marks)<br>• QI Charter available and displayed with QIT leader and WITs leaders(2marks)<br>• The Facility organogram in place with QIFP included in the facility organogram structure. (1 Mark) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| 2.Quality Project(s) initiated in **Structural Dimensions** 1-10 of KQMH<br>(**MOV**: Quality & Facility Work plans) | **5 Marks** | • Team is actively meeting (minutes of meetings available) (1 Mark)<br>• Documented Gaps Identified, structural indicators and prioritization of activities (RCA, Countermeasures &work plans) (1 Mark)<br>• Structural projects are aligned to facility annual work plans (3 Marks) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |

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| 3. QI Project(s) initiated in **Process Dimensions** (11.1-11.14) Service Delivery<br>**(MOV:** Quality & Facility Work plans) | **5 Marks** | • Team is actively meeting (minutes of meetings available) (1 Mark)<br>• Documented Gaps Identified for process indicators and prioritization of activities (1 Mark)<br>• Process projects are aligned to facility annual work plans (3 Marks) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| **4.** Planning for the Quality three projectsidentified<br>**(MOV:** Facility QIT meetings reports)**(MOV:** RCA, Countermeasures and Run charts) | **5 Marks** | • Baseline data collected in each chosen project/intervention (1 Mark)<br>• Decision matrix done in each chosen project(1mark)<br>• Root cause analysis done in each chosen project/ intervention(1mark)<br>• Counter measures identified in each chosen project/ intervention(1mark)<br>• Prioritization matrix for counter measures In each chosen project/intervention(1mark) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| **5.** Changes have been documented in the three projects above<br>**(MOV:** Run charts showing at least 2cycles of 3 months each)<br>**(MOV:** Meeting Minutes) | **5 Marks** | • Data on projects indicators are collected on table (1 Mark)<br>• Run chart available and shows progress(1marks)<br>• **'STAR** 'acronym is annotated on run charts(1marks)<br>• Data review and decisions made to improve Performance(2marks) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| 6. Performance measurement (Improvement) observed in the three projects stated above<br>**(MOV:** Meeting Minutes) | **10 Marks** | • Change ideas just tested, successful change ideas implemented in the department not scaled up yet (1Mark)<br>• Evidence of moderate-significant improvement measures over 3 – 6 months of improvement from baseline assessment (4 Marks) | YES( ) NO( )<br>YES( ) NO( ) | |

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| | | • Evidence of significant improvement measures of over 6 months improvement from baseline assessment (5 Marks) | YES( ) N0( ) | |
| 7. Established Sustained Quality improvement performance **(MOV:** SOP, reports & Memos**)** | **5 Marks** | • Sustained improvement in at least 3 outcome measures in the last 3-6months(2marks)<br>• 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(3marks) | YES( ) NO( )<br>YES( ) NO( ) | |
| 8. Standardization of Quality (Outstanding sustainable improvement)(**MOV**-Abstracts, Posters or presentations} for advocacy& influence policy level) | **5 Marks** | • Consistent improvement of projects and changes implemented for entire facility in the last year(1mark)<br>• All goals have been accomplished, SOPs developed and shared in the last year(2mark)<br>• Facility invited to participate in QI best practices with partners and other facilities within the last year(2mark) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| 9. Participation in internal and external Quality Improvement forums **(MOV:** feedback reports **& Awards** or recognition) | **5 Marks** | • Internal QI sharing forums or mechanisms in place (meeting schedules) (1 Mark)<br>• Participated in County Quality review forums (1 Mark)<br>• External Learning and reward forums attended and work on quality presented(3 Marks) | YES( ) NO( )<br>YES( ) NO( ) | |

| Part B: Infection control and prevention | | | | |
|---|---|---|---|---|
| **Quality Standard** | **Expected** | **Quality Standard Description** | **Tick where Applicable** | **Comments** |
| 1. The health facility has in place an infection prevention and control team structure as per the national policy and guidelines | **5 Marks** | • A multidisciplinary IPC committee/ unit in place, with terms of reference(2marks)<br>• **(MOV- Minutes of monthly meetings & clinical Reports (1mark),**<br>• **Appointment letters for committee members (1 Mark)**<br>• **Routine audits(1mark)** | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>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** | • A plan is in place to continuously update staff knowledge on infection prevention control practices (1 Mark)<br>• **(MOV- Work plans(1mark),**<br>• **Training schedules(1mark),**<br>• **Clinical audit schedule(1mark) and,**<br>• **Signage of IPC processes(1mark)** | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| 3. IPC SOPs / Guidelines / Job Aids developed and displayed in the required designated areas | **10 Marks** | • Hand Hygiene (1 Mark)<br>• Waste management (1 Mark)<br>• Respiratory hygiene (1 Mark)<br>• Occupational exposure management (1 Mark)<br>• Personal protective equipment (1 Mark)<br>• Care of linen (1 Mark)<br>• Isolation measures (1 Mark)<br>• Food handling (1 Mark)<br>• Management of care, equipment and environmental control (1 Mark)<br>• Patient protection and security measures (1 mark) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| **Part C: Patient Centered Care** | | | | |
| **Quality Standard** | **Expected Score** | **Quality Standard Description** | **Tick where Applicable** | **Comments** |

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| 1. Customers involvement in facility Quality Improvement activities | **4 Marks** | • Staff Satisfaction surveys done **(MOV reports) (1mark)**<br>• Client Satisfaction surveys done **(MOV reports) (1mark)**<br>• Consumers/Community is included as part of facilities QI team (QIT) (1 Mark)<br>• Patient feedback mechanism in place; **(1mark)** | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| | | **(MOV: Suggestion box, phone numbers and on duty manager display among other mechanisms)** | | |
| 2. The facility has a mechanism to protect the patients' rights | **4 Marks** | • Patient rights charter displayed conspicuously in waiting areas. (**MOV-Observation**) **(1mark)**<br>• Regular sensitization of patients on their rights **(MOV- schedule/record) (1mark)**<br>• Patients sign consent forms for medical procedures where required **(MOV-patient files) (1mark)**<br>• Facility assures that patients get full range of services regardless of their religious, economic or social status **(MOV- protocol in place) (1mark)** | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |

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| 3. The facility ensures Healthcare providers in the facility empower and enable patients/clients to actively participate in their care processes and decision making of their health | **4 Marks** | • All service providers wear tags with name and designation visible to patients at all times **(MOV- Name and designation tags) (0.5 Mark)**<br>• Cost of services and any insurance rebates that apply to the patient are displayed or available to the patient. **(MOV-Observation-(0.5 mark)**<br>• Patients are fully informed on risks and benefits of care given and a written consent obtained from the patient (**MOV- Consent forms)** (1mark)<br>• 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) (0.5mark)**<br>• Dignity and privacy in relation to patients' care and support is provided **(MOV-Patient screens, lockable doors and privacy working stations) (1mark)**<br>• There is linkage to social and community networks for patient support and care **(MOV- List/inventory of support groups/networks for referral) (0.5mark** | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| 4. The facility provides amenities for patients and visitors with disabilities | **2 Marks** | • The facility has protocols to follow when dealing with differently abled persons **(MOV- Documented protocols, availability of trained (1mark)**<br>• The facility has provision for ease of movement for the differently abled persons (MOV- Ramps, lifts etc.) (1mark) | YES( ) NO( )<br>YES( ) NO( ) | |

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| 5. The facility implements a mechanism to improve accuracy of patient identification | **4 Marks** | • Patients are identified using at least two identifiers **(MOV-Protocol in place; sample 5 patient files)** (0.5mark)<br>• Each patient is provided a hospital bracelet with unique identifier **(MOV- Observe for armband with unique identifier) (0.5mark)**<br>• The same identification is consistently used throughout the care process. **(MOV-Sample 5 patient files) (0.5)**<br>• Patients are identified before providing treatments **(MOV-Protocol in place; sample 5 patient files) (0.5)**<br>• Patients are identified before undergoing any procedures (**MOV-Protocol in place**) (0.5)<br>• The facility is implementing a system of reporting, investigation and change management to respond to any patient care mismatching events **(MOV – Documentation of this system)** (1.5 Marks) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| 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** | • Facility provides individualized plan for palliative care of the terminally ill patient. (1 Mark)<br>• 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**) (1 Mark)<br>• There is debriefing and support supervision for care providers to cope with stressful encounters/situations **(MOV – SOP, Interview with health providers)** (1 Mark)<br>• Facility providers for standardized, documented procedures on embalming, autopsies, issuance of burial permit as appropriate **(MOV -documented procedure)** (1 Mark) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| **Part D: Facility Infrastructure and Patient Comfort** | | | | |

| Quality Standard | Expected Score | Quality Standard Description | Tick Where Applicable | Comments |
|---|---|---|---|---|
| 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? | **4 Marks** | • There should be proper ventilation, sanitation, warm showers and toilets, availability of running water, ICT, beatification, signage, paint work repairs, maintenance reports & record of pest and control. (2 Marks) | YES( ) NO( ) | |
| 2. How are patients made to be comfortable? Beds, mackintosh, mattress, linen, Uniforms, kitchen hygiene, control of overcrowding in wards (IPPC)? | | • Patients should be comfortable; beds mattresses, linen, uniforms, kitchen hygiene & no overcrowding in the wards, warm showers. (2marks) | YES( ) NO( ) | |
| **Part E: Maternal and Child health Outcome Indicators** | | | | |
| **Quality Standard** | **Expected Score** | **Quality Standard Description** | **Tick Where Applicable** | **Comments** |
| 1. Documented Maternal and Child health indicators at maternity (registers/wall charts)<br>2. Management and outcome of PPH, APH, PETS<br>3. Use of partograpgh chart | **4 Marks** | • Facility based Newborn mortality rate (NMR)(1mark)<br>• Facility based Maternal mortality rate (MMR)(1mark)<br>• Facility has management of obstetric emergencies **(MOV: SOP)** (1 Mark)<br>• Facility has partograph use **(MOV:SOP)** (1 Mark) | YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( )<br>YES( ) NO( ) | |
| **Grand total** | **100%** | | | |

| SECTION | EXPECTED SCORE | ACTUAL SCORE |
|---|---|---|
| Part A | 50 marks | |
| Part B | 20 marks | |
| Part C | 22 marks | |
| Part D | 4 marks | |
| Part E | 4 marks | |
| Total | 100 Marks | |

| SCORING SYSTEM | | |
|---|---|---|
| **Score** | **Percentage (%)** | **Remarks** |
| 1 | 0 – 24% | Poor |
| 2 | 25% - 49% | Fair |
| 3 | 50% - 74% | Good |
| 4 | 75% - 99% | Excellent |
| 5 | 100% | Outstanding |

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**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

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**Quality Assessment by:**

NAME:_____ SIGNATURE: _____

DESIGNATION:_____ DATE: _____

**Authenticated by:**

NAME:_____ SIGNATURE: _____

DESIGNATION:_____ DATE: _____

*In case of any questions, contact us on phone +254 731 060 164 or email info@qualityhealthcareawards.com*