

Republic of Rwanda



Ministry of Health

**Rwanda Ministry of Health
Licensing of Private Health Facilities**

INSPECTION TOOL

December 2021



RWANDA MINISTRY OF HEALTH
LICENSING OF PRIVATE HEALTH FACILITIES

INSPECTION TOOL

December 2021

Page 2 of 26

Preface

The Ministry of Health is proud to publish the Licensing of private health facilities, inspection tool. These standards, in part, help fulfill the mission of the Ministry “to provide and continually improve the health services of the Rwandan population through the provision of preventive, curative and rehabilitative health care thereby contributing to the reduction of poverty and enhancing the general well-being of the population.”

Rwanda has been on a journey to improve quality since 1998. As such, the Ministry of Health has established programs in collaboration with various partners over time to address priority health care issues using quality improvement approaches. Our ultimate desire is to institutionalize quality throughout our health care system starting from the inspection of private health facilities in licensing process.

This inspection assessment tool has been developed based on the private health facilities licensing standards, first edition 2019. The tool will be used by private health facility licensing inspectors at district level to establish whether a private health facility meets all requirements of the licensing standards for quality and safety prior to issuance of a licensing certificate. In addition, private investors can use these standards as they prepare to be inspected and use the same tool to conduct their own self-assessment. Everyone must be committed to a long-term process. This kind of commitment requires embedding the aim of quality services into the vision and mission statements of our health care organizations, setting measurable goals, and monitoring their achievement.

Dr. NGAMIJE M. Daniel
Minister of Health



Section 1: Guidance on using the Inspection toolkit

Purpose

The inspection assessment tool has been developed based on the Private Health Facilities Licensing Standards 1st edition 2019. The toolkit will be used by private health facility licensing inspectors at district level to establish whether a private health facility meets all requirements of the licensing standards for quality and safety prior to issuance of a licensing certificate.

In addition, private investors can use the Private Health Facility Licensing Standards as they prepare to be inspected and also use the same Inspection tool to conduct their own self-assessment

How is the toolkit organized?

The toolkit is organized into two sections;

- Section 1 describes the setup of the toolkit and provides guidance on how to use it.
- Section 2 is the inspection tool that is to be used to measure readiness of the facility prior to receiving patients.

The inspection tool in Section 2 is organized according to 2 areas: primary areas and cross-cutting areas.

The team of inspectors needs to be trained on conducting the inspection and how to assess and the methods that can be used to obtain information.

Table 1: Overview of Private Health Facility Licensing Standards

Primary Areas	Cross Cutting Areas
1. Construction and Design standards	5. Infection Prevention and Control
2. Human Resources	6. Quality Improvement
3. Clinical Services	7. Administrative and Legal Requirements
4. Equipment and Supplies	

What methods can be used to conduct the assessment?

Several methodologies are necessary for gathering information to complete the inspection. Some are outlined below.

1. Observation

Inspectors can use this method while touring the facility, especially assessing the readiness of the facility with regards to infection prevention and control, construction, and design of the infrastructure.

2. Formal and informal interviews

One-on-one interviews may be conducted with managers or staff that will be working in the facility. The interview would focus on assessing whether the processes described in policy and procedures documents are known to the facility managers and staff.

3. Inventory

Inventory is a process of inspection to determine whether the essential medicines, supplies and equipment are available and to assess the storage and maintenance of supplies and equipment. The team of inspectors would use this method to assess the standards regarding equipment and supplies of the health facility.

4. Review of documents

Much of the information to assess whether standards are met is obtained by reviewing documents, e.g., the policies, procedures, protocols, contracts, and plans developed/implemented by the private health facility

How to communicate findings?

The inspection tool is designed in as such a way to provide areas where the inspector will note the standards as met or not met. In some (few) instances, some standards might not be applicable for a particular facility. The third column provides areas where the inspector will note the observation on a specific standard. At the end of each area, space is available to write actions or recommendations which the inspected facility should take into account to close whatever gaps identified during the inspection and from which basis the license cannot be issued.

The Inspection Team

The licensing inspection team will be made up of a representative from the MOH, an engineer from the Rwanda Biomedical Center, the Director of Health, laboratory technician, medical officer Quality improvement officer/ IPC focal person from the hospital within the district in which the health facility is located, and a specialty health professional (when the health facility provides a specialty service).

The Inspection Report

An inspection report is written by the inspection team. There are only two decisions that must be made by the inspector - the health facility meets the standard, or the health facility does not meet the standard. The standard is met if all the criteria are in place. If not, the standard is not met. If one of the means of criteria is not met, the health facility staff will need to develop a corrective action plan. The facility will maintain communication with the district and MOH regarding progress towards meeting the standards. Once all means of criteria are achieved, the team can recommend a license to be issued by the MOH.

Table 2: Summary of standards

No	Construction and design	Human resources	Clinical services	Equipment and supplies	Infection prevention and control	Quality improvement	Administrative and legal requirements
1	Safe environment	Personnel files	Patient identification	Inventory management	Infection prevention and control program	Quality indicators	Business registration certificate
2	Fire safety	Staff qualifications	Patient medical record	Equipment and supplies	Clean environment	Customer care program	Business plan

3	Waiting room space	Sufficient staff	Admit/discharge criteria	Emergency equipment and supplies	Disinfection and sterilization processes	Complaint system	Mission, vision and values
4	Toilet facilities	Job orientation	Treatment guidelines/protocols	Medication management	Personal protective equipment	Reporting medical errors	Patient rights
5	Signage	Performance management	Emergency transport	Medication safety	Handwashing facilities		Costs posted
6	Privacy	Pre-employment physicals	laboratory	Pediatric equipment and supplies	Hand hygiene		General management manual
7	Access & patient flow	Dress code	Diagnostic imaging	Sterilization supplies, equipment, space	Clean linen		Security plan
8	Safe water			Equipment maintenance	Medical waste management		
9	Stable electricity				Isolation precautions		

Specific information for the facility

1. **Name of the Health Facility:**

2. Type of the health facility (tick the appropriate)

- a) Hospital b) Polyclinic c) General Clinic
d) Dispensary: e) Specialized clinic:
f) Specialized Hospital
g. Others.....

3. Licensure Status (New/Existing)

4. **Location:**

District:
Sector:
Cell:
Street number:.....
Email address:.....
Website (if applicable)
Mobile.....

• **Name of the Head of the facility/Owner:**

• **Responsible for clinical services: Names:**

- **Phone number:**
- **Email address:**
- **Registration number:**
- **Qualification:**

Section 2: The inspection Assessment Tool

0. General Information	Yes/Met No /Not met	Observation
Does the facility have a valid provisional authorization letter to open a private Facility (new facility)		Please precise the validity of provisional authorization
Does the facility have a valid license to operate (For existing facility upgrading or opening new services)		Please precise the validity of license
Actions to be taken/ Recommendations:		
1. Construction & Design (CD)		
CD1: The environment is safe for patients, staff, and visitors.	Yes/Met No /Not met	Observation
CD1a. The health facility has acquired the permits and approvals to construct/rehabilitate/extend or renting agreement the facility/the building meets the requirements to accommodate the health facility		
CD1b. Observe for leaking ceilings, plumbing, security, obstruction of fire exits or equipment, safe storage of chemicals, ventilation systems (inside and outside of the building).		
CD2: A fire safety plan is written and all elements in place to carry it out.	Yes/Met No /Not met	Observation
CD2a. A fire safety plan (that is specific to the health facility and includes: a. orientation of all staff to the plan b. fire prevention		

<ul style="list-style-type: none"> c. early detection (e.g., by smoke detectors or regular patrols) d. communication (e.g. by electronic or manual alarm or use of whistles) e. abatement (e.g. by extinguishers and/or functional fire hose) f. safe exit routes for staff and patients 		
<p>CD2b. Sufficient fire equipment (extinguishers, water hoses, water supply, and exit signage) is available, functioning and easily accessible, especially in risk areas: Pharmacy, waiting area, Laboratory, Store of Oxygen, etc..</p> <p>Note: if the health facility is within a building with other businesses, the fire plan needs to consider how the people in their health facility will exit the building.</p>		
<p>CD3: Waiting room space is available for the type of services being provided.</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>CD3a. Signs designate waiting areas including admission area, outpatient, emergency department, surgical, and intensive care units,</p>		
<p>CD3b. waiting area is available, well ventilated and enough according to the category of HF/Services provided.</p>		
<p>CD4: Sufficient toilet facilities for patients, staff, people with physical disabilities, and visitors are available and designated with a sign or recognizable symbol.</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>CD4a-c. Toilets have functioning flush mechanism (mechanical or bucket/water).</p> <ul style="list-style-type: none"> a. Each facility has a commode, toilet paper, hand washing sink, soap dispenser, and paper towels or electric dryers. b. All toilets provide privacy. c. Signs are located on or next to the door identifying the toilets. 		
<p>CD4d. Access includes:</p> <ul style="list-style-type: none"> a. Doorways are wide enough to permit access by a wheelchair (82 cm) and there is sufficient turning radius (e.g. 1500mm). b. Patient toilets have steady grab rails (for People with 		

Disabilities). Faucets are easily operable and within reach of someone in a wheelchair.		
CD5: The signage in the facility is clearly visible and understood by most of the population.	Yes/Met No /Not met	Observation
CD5a-c. The facility has: <ul style="list-style-type: none"> • External signage provides guidance for people unfamiliar with the facility to locate the entrance and a list of services available. • Emergency services are boldly visible. • Parking areas for staff, visitors and emergencies is well marked. • Internal facility signs include the name of the facility and a list of services provided. • Clear, visible internal signage includes the names and directions for main facility areas and services. Signs are written in Kinyarwanda and French and/or English. 		
CD6: Verbal and visual privacy of patients is ensured when stating their primary complaint and when receiving treatment or information in patient settings.	Yes/Met No /Not met	Observation
CD6a. A process needs to be in place to protect patient privacy when registering, making payments, appointments and picking up medications.		
CD6b. Each patient care area provides privacy from casual observation by other patients or visitors: <ul style="list-style-type: none"> • Consultation/treatment rooms with windows have curtains. • Screens are available for patient's undressing. Drapes or gowns are available for patients that are undressed. 		
CD7: There is easy access to the health facility for all patients including patients who have difficulty with mobility	Yes/Met No /Not met	Observation
CD7a. Handicapped parking includes: <ul style="list-style-type: none"> • At least 10% of parking spaces of health facility are dedicated to handicapped; the spaces are allocated among the various entrances. • The parking spaces are marked with the international symbol of 		

accessibility, either with a sign or painted on the cement.		
CD7b. The lighting plans are on the site plan and showing the areas for which lighting is planned, itemizing each area (e.g. parking lot, doorways, walkways, and signage).		
CD7c. The ramp slope is manageable (approximately 1:20 or not too steep) and allow patient flow within the facility.		
CD7d. Roofed asphalt or cement roadway leading to all entrances within the facility. No pot holes; some surface roughness is tolerated.		
CD8: A stable source of clean water is available to the health facility.	Yes/Met No /Not met	Observation
CD8a. The water management policy and procedure include: Current water sources, Suppliers, Availability of drinking water, Arrangements for emergency drinking water supplies, if needed, Testing and treatment		
CD8b. Observe the following: <ul style="list-style-type: none"> • Availability of safe drinking water. • Drinking water dispensers for patient use are available in all patient care areas. • Water is protected from contamination (completely covered) • A backup of water supply is available when needed (e.g. water tanks). 		
CD9: A stable source of electricity is available to the health facility	Yes/Met No /Not met	Observation
CD9a. There is a plan for power management that describes the processes for maintaining electrical power to meet emergency needs. <ul style="list-style-type: none"> • A site plan showing electrical service entrance, distribution system, service transformer, and emergency generator location is posted. • Critical areas and equipment requiring back up have been identified in the plan, e.g. NICU, ventilators, when applicable. Alternates sources of power are available, e.g. generator.		
Actions to be taken/ Recommendations:		

2. Human Resources (HR)

HR1: A personnel filing system has been established	Yes/Met No /Not met	Observation
HR1a. A policy & procedure describes the contents & personnel filing system, including security and confidentiality of the personnel records.		
HR1b. Files are set up and ready to use for the required content including: <ul style="list-style-type: none"> a. Personal information including national ID, address, telephone, and emergency contact person information. b. Job description c. Curriculum vitae (CV)/resume, as applicable. d. Education diploma/certificate e. Valid professional license, as appropriate f. References g. Employment contract document between the employee and employer h. Other requirements according to job/position 		
HR1c. Check to see if the personnel file cabinet can be locked and find out who will have access to the key		
HR2: All staff members have the appropriate qualifications to carry out their roles and responsibilities.	Yes/Met No /Not met	Observation
HR2a-b. A current policy indicates that the job description contains at least <ul style="list-style-type: none"> a. Education, training and experience required b. Reporting relationship (who they report to) c. Roles and responsibilities d. Job contract 		

HR3: There is a sufficient number of qualified staff to meet the needs of the patients and services provided according to the category of the facility and related service package.	Yes/Met No /Not met	Observation
HR3a. The facility has a staffing plan, which includes the number and categories of staff needed per shift		
HR4: All staff has been oriented to the organization and their role and responsibilities.	Yes/Met No /Not met	Observation
HR4a. A policy and procedure describes orientation expectations for new and reassigned staff, volunteers, internees and contracted workers		
HR4b. Review the tools that will be used for staff orientation: general and specific to the services of assignment.		
HR5: A performance evaluation system has been designed.	Yes/Met No /Not met	Observation
HR5a. There is performance evaluation policy and procedure that describes a. -the performance appraisal links with the job description b. -Requires employee annual goals c. -Supervisor provide feedback to employees d. -An action plan is developed		
HR5b. Facility should have an evaluation performance tool. The tool should include areas to document the above elements.		
HR6: All employees of the health facility receive a pre-employment physical and mental sound	Yes/Met No /Not met	Observation
HR6a. Review the policy and procedure to determine what types of physical and mental assessments will be required and that the assessment will be performed from a facility approved by competent authority recommended by the employer		
HR6b. A proof of medical certificate is available for each contracted staff		
HR7: Staff adhere to the facility dress code	Yes/Met No /Not met	Observation

HR7a. A dress code policy is developed for staff to present a professional image to the public.		
Actions to be taken/ Recommendations:		
3. Clinical Services		
CS1: There is a system in place for accurate patient identification	Yes/Met No /Not met	Observation
CS1a. A patient identification policy and procedure are present.		
CS1b. If babies will be delivered in the facility, the procedure describes how they will be identified.		
CS2: A medical (patient) record is maintained for every individual evaluated and treated at the facility (inpatient and outpatient)	Yes/Met No /Not met	Observation
CS2a. The policy and procedure include: <ul style="list-style-type: none"> • coding and indexing medical records • ensuring confidentiality of the records • completion of medical records prior to filing • filing, record retrieval and tracking systems archiving and destruction of medical records		
CS3: Admission and registration, discharge and referral criteria have been established.	Yes/Met No /Not met	Observation
CS3a. Admission and registration policies and procedures are written: <ul style="list-style-type: none"> • Registration process of outpatients/inpatients. • Inpatient and emergency admissions • Admission/discharge (for inpatients) • • Continuity of care tools all cases, including mental health cases. Referral criteria and process 		

CS4: Current treatment guidelines/protocols are developed for the projected top 10 targeted conditions	Yes/Met No /Not met	Observation
CS4a. Current treatment guidelines, protocols, and algorithms have been adopted (primarily from MOH or other internationally recognized source such as WHO) based on the anticipated populations.		
CS4b. Protocols are available and communicated to facility medical staff (signatures and dates of facility medical staff.)		
CS4c. Treatment guidelines/protocols are available in the relevant clinical areas.		
CS5: System for emergency and non-emergency transport (ambulance services) of patients to another health facility is written	Yes/Met No /Not met	Observation
CS5a. There is a written policy and procedure for the transport of patients to other health facilities available to all staff.		
CS5b. If ambulances services are contracted, there is a written contract. Note: At hospital level, the hospital should have its own ambulance.		
CS5c. A transport register is available to record all transfers		
CS6: The facility has available, adequate laboratory services according to needs of patients.	Yes/Met No /Not met	Observation
CS6a-c. Review the written description of laboratory services and whether policies and procedures are written for collection, proper labeling, sample rejection, results confidentiality, archiving system and transport, testing of lab specimens and a list of normal ranges, turnaround times and critical values are defined and made available to all clinical areas. NOTE: If there are any lab services, e.g. checking urine or blood with dipsticks, check the process. If specimens are sent out to a lab, check the process		
CS7: Diagnostic imaging services are consistently available to meet patient needs and are safely provided by qualified individuals	Yes/Met No /Not met	Observation
CS7a. There is a list of the types of imaging services provided.		

CS7b. Current policies and procedures are written for each imaging service provided.		
CS7c. A radiation safety manual is available.		
CS7d. A quality control manual is available. Radiology manual with a list of radiology safety items to be used while inspecting.		
CS7e. An imaging register is present.		
CS7f. Check the job descriptions for diagnostic imaging staff.		
CS8. Surgical service policies, procedures, and/or protocols are available for the types of surgeries performed. Note: Mark not applicable if no surgeries performed.	Yes/Met No /Not met	Observation
CS8a: Policies, procedures or protocols are in place regarding: <ul style="list-style-type: none"> • Conducting pre-op assessments • Recording a pre-op diagnosis. • Monitoring patients during surgery. • Operative report content and timely completion. 		
CS8b. Check whether copies of the surgical site checklist are available in quantities by the projected surgeries to be performed.		
Actions to be taken/ Recommendations:		
4. Equipment & Supplies		
ESI: An equipment inventory management system is in place	Yes/Met No /Not met	Observation
ES1a. A list of all equipment is available that contains: <ul style="list-style-type: none"> • equipment ID number • type of equipment • brand name/manufacturer • model & serial numbers (manufacturer) • brief description of function/purpose • date of purchase 		To specify the coding method The recommended is graving method

<ul style="list-style-type: none"> • installation date • value of the equipment • physical location within facility • status of the equipment (functional or unfunctional) • power requirements (voltage) • maintenance requirements • date entered inventory • Contact for preventive and curative maintenance in place • purchase supplier • New equipment or second hand • Equipment replacement plan • Equipment maintenance contract • Equipment maintenance and calibration plan • Facility ownership for all equipment (e.g. donation, invoice, etc.) 		
<p>ES1b. The policy and procedure include:</p> <ul style="list-style-type: none"> • controls regarding requesting and receiving stock from central stock. • equipment identification numbering • equipment standardization and availability of spare parts from the supplier • donated equipment • updating records with any changes • annual review of all equipment disposal (annual review of the equipment value) • Waste disposal management system 		
<p>ES2: Essential functioning equipment & supplies are available in the health facilities</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>ES2a. A list of essential equipment, supplies & instruments is present in each service based on the health service packages with a backup system in place in case of any disruption</p>		
<p>ES2b. The equipment and supplies are observed to be stored in a clean closed cabinet or room, organized and supplies labeled.</p>		
<p>ES2c. The supplies are within expiry date and the essential equipment is available and in good working order – and standardized throughout the facility</p>		
<p>ES3: Essential functioning emergency equipment & supplies are available in the health facilities</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>

<p>ES3a. A list of essential emergency supplies and equipment is present based on the level of care and resuscitation provided by the facility and populations served. (Refer to health service packages)</p>			
<p>ES3b. The emergency container may be a trolley, box, or other type of container that is easy to access and use yet secure accompanied with a checklist of drugs, consumables and equipment</p>			
<p>ES3c. A policy and procedure outlines the process for maintenance of emergency supplies and equipment.</p>			
<p>ES3d. The emergency supplies are observed to be organized, labeled and within expiry date and the essential equipment is available and in good working order – and standardized throughout the facility</p>			
<p>ES4: Emergency medications that are allowed for the health facility are on site and in the quantities required.</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>	
<p>ES4a. The list of medications is based on the level of care and types of services provided and projected patient volumes.</p>			
<p>ES4b. Observe that emergency medications are available and, in the quantities, required, and the medications have a valid expiration date.</p>			
<p>ES4c-d. The policy and procedure include:</p> <ul style="list-style-type: none"> • Reordering supplies (person responsible, how often, process) • Use of stock cards/registers (maximum/minimum levels) • How to obtain medications not in drug formulary • Who is responsible for managing the medications 			
<p>ES5: Medication use complies with current safety guidelines</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>	
<p>ES5a. There are policies and procedures that describe medication management processes within the facility, which include at least:</p> <ol style="list-style-type: none"> a. look-alike sound-alike drugs b. medication accuracy at transitions of care c. who can prescribe medications? d. who can administer medications? 			

<p>e. how medications are verified before administration (5 rights)</p> <p>f. storage of medications</p> <p>g. injection safety</p> <p>h. telephone orders (read back policy)</p> <p>i. avoiding use of abbreviations</p> <p>j. patient instructions</p> <p>k. narcotics and psychotropic drugs, if applicable</p> <p>l. reporting medication adverse events (All related medications events)</p> <p>m. cold chain management (when relevant)</p>		
<p>ES5b. Observe whether there is a locked medicine cupboard, locked room, medication refrigerator or controlled drug storage area.</p>		
<p>ES5C. Check the medication refrigerator to see if the temperature is being monitored at least twice a day and recorded. The monitoring tool should have the expected ranges and who to call if the temperature is out of range. ONLY medications should be in the refrigerator, NO food or drinks.</p>		
<p>ES6: If services for pediatric patients are provided, all special equipment and supplies are available in the health facility</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>ES6a. Lists of equipment & supplies include: A checklist of emergency pediatric medications, their route, strengths and amounts to be kept in stock is present based on current clinical protocols for emergency conditions (e.g. resuscitation).</p> <ul style="list-style-type: none"> • Job aides/charts for calculating or determining dosages for pediatric patients is present. • A list of stock pediatric medications, their route, strengths and minimum/maximum amounts to be kept in stock is present based on current clinical protocols for common conditions (e.g. integrated management of childhood illnesses). 		
<p>ES6b. Emergency trolley/box and stock medication storage are stocked according to the list.</p>		

Medications are stored according to manufacturer's recommendations, e.g. refrigerated, protected from light.		
ES7: Supplies, equipment and dedicated space is available for sterilization of equipment and instruments.	Yes/Met No /Not met	Observation
ES7a. The soiled and clean work areas are physically separated. <ul style="list-style-type: none"> • Sterilization room. This room is used exclusively for the inspection, assembly, and packaging of instruments for sterilization. • Access to the sterilization room is restricted. 		
ES7b. Current evidence-based policies and procedures are written for: <ul style="list-style-type: none"> • Decontamination and disinfection processes for surgery, CSSD(Central Sterilization Service Department) and patient care units. • Decontamination and disinfection processes for laundry, kitchen, and cleaning (housekeeping). • Sterilization techniques (e.g., sterilization times, temperatures, and humidity) • Prohibition of reuse of single use devices 		
ES7c. Necessary equipment and products to implement the decontamination policies and procedures are present and in good working order: <ul style="list-style-type: none"> • Disinfectants, • Sterilizer, • mechanical and chemical monitors • sterilization containers • Covered storage areas 		
ES7d. Each person who is responsible for instruments sterilization should be a health professional		
ES8: There is an equipment maintenance policy and procedure.	Yes/Met No /Not met	Observation
ES8a. The policy and procedure includes: <ol style="list-style-type: none"> acceptance testing calibration corrective maintenance (repair) inspection and preventive maintenance replacement planning 		

<p>ES8b. The health facility has a contract with a qualified maintenance service provider or has a staff in charge of maintenance.</p>		
<p>Actions to be taken/ Recommendations:</p>		
<p>5. Infection Prevention & Control</p>		
<p>IPC1: The health facility has policies and procedures/safety manuals for preventing and controlling infections</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>IPC1a. IPC policies and procedures include (as relevant to the services provided):</p> <ol style="list-style-type: none"> 1. Hand hygiene 2. Use of PPEs: gloves, gowns, masks, etc. 3. Surgical antisepsis 4. Cleaning, disinfection, sterilization 5. Waste management 6. Processing linen 7. Reprocessing disposable (single-use) items 8. Housekeeping 9. Isolation precautions 10. Sharps and needle disposal 11. Prevention of infections, e.g. tuberculosis, cholera, surgical site, urinary tract, fetal and newborn. 		
<p>ICP1b. A document describes management of IPC Program, including the surveillance process.</p>		
<p>IPC2: The health facility has a system to maintain a clean environment</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>IPC2a. Current evidence-based policies and procedures are written for:</p> <ol style="list-style-type: none"> a. Cleaning and disinfection processes for general housekeeping, including toilets. b. Cleaning and disinfection processes for patient care areas: 		

<ul style="list-style-type: none"> • Cleaning patient equipment, e.g. B/P cuffs, thermometers. • Mixing, using and refreshing disinfectant solutions on floors, beds, trolleys, etc. <p>c. Cleaning of ventilation units, e.g. fans, air-conditioners, furnace filters, and ducts.</p>		
<p>IPC2b. Check for a cleaning company contract or job description for a staff assigned to IPC:</p> <ul style="list-style-type: none"> • Expectations of quality & safety • Terms of enforcement if quality or safety conditions not met 		
<p>IPC2c. All inspectors to observe cleanliness during assessment.</p>		
<p>IPC3: Disinfection and sterilization processes are carried out according to policy and procedure</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>IPC3a. Dirty equipment/instruments are separated from clean and clean items are stored properly.</p>		
<p>IPC3b. Review the competency checklist to see if it covers the steps for sterilization based on the type of equipment present. Interview the manager to determine that the planned staff are or will be trained by competent trainers.</p>		
<p>IPC4: Personal protective equipment (PPE) is available</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>IPC4a. PPE supplies and equipment are available and convenient to staff in all locations.</p>		
<p>IPC4b. Check to see if the PPEs are consistent with the types of services provided and there are sufficient quantities.</p>		
<p>IPC 5: Hand washing facilities are available for washing hands before and after treating patients</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>IPC5a. Handwashing stations located:</p> <ul style="list-style-type: none"> • in or immediately accessible at the nurse's station. • Hand washing stations are evenly distributed for every 4 patient care rooms in a hospital and 1 in each outpatient treatment room. • Each station should have soap with hand towels or electric hand 		

dryer; or hand disinfectant dispenser.		
IPC6: Hand hygiene is promoted as part of the infection prevention and control system of the health facility	Yes/Met No /Not met	Observation
IPC6a. Hand hygiene procedures are posted in treatment areas and washrooms (to be included in 5)		
IPC7: There is a system in place for consistent supply of clean linen	Yes/Met No /Not met	Observation
IPC7a. There is a policy and procedure for collecting, labeling, and laundering of linen contaminated with hazardous materials or body fluids. ¹		
IPC8: There is a system in place for the safe disposal of medical waste (to be included in IPC1a)	Yes/Met No /Not met	Observation
IPC8a. The policy and procedure includes: <ul style="list-style-type: none"> • color-coding • separation • labeling • transporting • sharps disposal • managing spills • storage • container cleaning • incinerating/burying 		
IPC8b. Observe for separate trash bins for medical waste and non-medical waste that are color coded bags.		
IPC8c. Check for the facility incinerator of a contract with the company that incinerates and disposes of medical waste according to the MOH Medical Waste Management Plan.		
IPC9: Isolation precautions are available	Yes/Met No /Not met	Observation
IPC9a. Look for the MOH policy and procedure regarding isolation precautions.		
IPC9b. Interview facility manager regarding managing patients with symptoms of an infectious disease. Responses should include: <ul style="list-style-type: none"> • screening patients upon arrival • taking patients out of common waiting room 		

¹ Health Care Laundry Accreditation Council. Accreditation Standards for Processing Usable Textiles for Use in Healthcare Facilities. 2006: Health Care Laundry Accreditation Council, Frankfort, IL

<ul style="list-style-type: none"> • using appropriate PPE, closing door to treatment room, etc. • For hospitals, visit an isolation room and determine if they are equipped according to level of care. 		
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Actions to be taken/ Recommendations:

--

6. Quality Improvement

QI1: Quality Indicators have been identified to be tracked during the operation of the health facility.	Yes/Met No /Not met	Observation
<p>QI1a. An initial set of at least two clinical indicators are set by the HF management:</p> <ul style="list-style-type: none"> a. selected based on important elements of practice (may be input, process or outcome) b. operationally defined evidence-based (operational definition of an indicator) c. Quality indicators planning and monitoring system in place 		
QI2. A customer care program is in place.	Yes/Met No /Not met	Observation
<p>QI2a. The program includes:</p> <ul style="list-style-type: none"> a. There is customer care focal person with defined responsibilities in job descriptions (JD) b. Orientation of patients and their families to their environment c. The procedure defines suggestion box accessibility and defined frequency of opening of the suggestion box 		
<p>QI2b. Interview the manager regarding the planned orientation of staff to customer care. Ask for the content and materials that will be used.</p>		

QI3: A system is in place to review and resolve patient and family complaints or respond to recommendations for improvement of services.	Yes/Met No /Not met	Observation
QI3a. A process is in place for patients and family to comment on services, e.g., suggestion box, interviews, exit surveys.		
QI3b. The procedure includes: <ul style="list-style-type: none"> a. How patients/families are informed of the procedure b. How complaints are received (verbal or written) c. Confidentiality d. How staff are to respond/manage complaints e. Types of complaints received are tracked to see if there are trends that need to be investigated. f. How data is used to improve customer service 		
QI4: The facility has a procedure to identify and reduce medical errors.	Yes/Met No /Not met	Observation
QI4a. The policy and procedure includes: <ul style="list-style-type: none"> a. A process of incidents reporting b. Responsibilities in reporting, follow up and monitoring c. Making the patient safe d. Investigating issue and corrective actions Documentation/reporting mechanism/channel		
Actions to be taken/ Recommendations:		
7.Administrative & Legal Requirements		
ALR1: A governing body has been organized that is responsible for the facility.	Yes/Met No /Not met	Observation
ALR1a. Review the organizational chart for reporting relationships. (If there is only one person in charge of the facility – go to ALR1b.		

<p>ALR1b. Look in the administrative manual for the description of the leadership structure of the facility.</p>		
<p>ALR2: The health facility has a business plan written.</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>ALR2a. The business plan includes:</p> <ol style="list-style-type: none"> a. Facility description b. Market analysis c. Organization & management d. Services planned/available e. Marketing plan f. Funding request g. Financial projections h. Appendix: e.g. resume, permits, leases <p>(Source: Ministerial Instructions-Governing Private Health Facilities, Article 2)</p>		
<p>ALR3: The health facility has a business registration certificate.</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>ALR3a. A business registration certificate (RDB certificate) is posted in the administration office.</p>		
<p>ALR4: A management manual of facility policies, plans, standards operating Procedures (SOPs) available</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>
<p>ALR4a. Locate the management manual. It should have an index listing the content, a consistent format is used for writing policies and standards operating procedures. Content would include:</p> <ul style="list-style-type: none"> • Description of the leadership structure • Mission, vision and values of the facility • Description of operating hours • Patients' rights declaration • Policies such as "no smoking", visitors, dress code, leave time, etc. • SOPs such as: hiring, billing, orientation of new employees, confidentiality, inventory management. • Plans: fire, security, IPC, etc. (If a large facility, these may be located in separate manuals. 		
<p>ALR5. The facility has a written mission (purpose), values, and code of ethics and strategic objectives.</p>	<p>Yes/Met No /Not met</p>	<p>Observation</p>

ALR5a. The mission statement (or purpose), values, code of ethics and strategic objectives are specific to this facility.		
ALR5b. The mission, values and code of ethics are posted for public view.		
ALR5.c. Observe whether the information on services and hours of operation are posted for public view.		
ALR6: The services available at the facility are posted	Yes/Met No /Not met	Observation
ALR6a. Observe whether the information on services and hours of operations are posted for public view.		
ALR7: The health facility supports patient rights.	Yes/Met No /Not met	Observation
ALR7a. Check for a list of the patients' rights and responsibilities posted in the public areas.		
ALR7b. A visiting policy is posted in inpatient facilities for public view.		
ALR7c. A list of services prices is available in the reception and billing areas for public view.		
ALR8: Smoking is not permitted within the facility	Yes/Met No /Not met	Observation
ALR8a. Observe whether the no smoking signs are securely fastened to the walls, the main entrance and reception areas, with wording large enough to be easily seen.		
ALR8b. Observe whether there is evidence of smoking within the facility, e.g. ashtrays or cigarette butts on the stairwells/halls.		
ALR9: The health facility has a security plan.	Yes/Met No /Not met	Observation The title is not matching with ALR9a
ALR9a. The security plan includes: Access to facility, e.g. entrance; staff identification; visitor control; protection of facility access/resources; and security threats.		
Actions to be taken/ Recommendations:		

Health facility owner

Names: -----

Signature and stamp: -----

Date: -----

List of Inspection Team

No	Name	Position	Institution	signature
1.				
2.				
3.				
4				

Date of inspection: -----/-----/-----

-End-