SECTION 1: FACILITY MANAGEMENT

1.1 INSTITUTIONAL DETAILS

1.1.1 Name of Institution:………………………………………………

1.1.2 Region:…………………………..

1.1.3 Date………………………………

1.1.4 District:………………………

1.1.5 Address…………………………………………………………..

1.1.6 Bed complement:………………………….......

1.2 MANAGEMENT STRUCTURES

1.2.1 Organogram

No.	Item / statement	Yes	No
1.2.1.1	Is there an institutional organogram? (if no, go to Q1.2.2.1)		
1.2.1.2	Is the organogram displayed?		

Collect a copy of the organogram for examination.

1.2.1.3 Comment on the ability of organogram to enhance coordination, communication, interaction and involvement of staff/patients in managing the facility.

………………………………………………………………………………………..

1.2.2 Hospital House Management Committee (Hospital Management Committee)

1.2.2.1 Is there a Hospital house Management Committee?   Yes…..   No………..(if no, go to Q1.2.2.6)

1.2.2.2 If yes, does the membership conform to the provision of the Act 525? Yes……..   No……

> **Guide: assess the Membership / representatives to identify the conformity or not (i.e. Medical Superintendent, Hospital Administrator, Heads of Clinical Units (where applicable), Head of Nursing Services, Head of Pharmacy, Head of Finance, Two representatives of the Health Workers Union.**

1.2.2.3 Is the committee functioning?   Yes……No…………

> **Guide: verify functionality by examining number of meetings held last year, minutes, issues discussed and actions taken.**

1.2.2.4 Has the committee had any Management training / orientation as a team? Yes…   No…

1.2.2.5 What are the major problems confronting the committee?

………………………………………………………………………………………..

…………………………………………………………………………………………

1.2.2.6 If No why not?..

1.2.2.7 What is the role of the National Health Insurance Coordinator in hospital management?

....

....

1.2.2.8 What is the role of the head of Biomedical Unit in hospital management?

....

1.2.3 Facility Advisory Committee

1.2.3.1. Is there a facility Advisory Committee?   Yes…….No……… (If no, go to Q 1.2.3.4)

1.2.3.2 Is there a community representative on the committee?   Yes…….No………….

1.2.3.3 What are the major problems confronting the Committee?

…………………………………………………………………………………………………

…………………………………………………………………………………………………

1.2.3.4 Why is there no facility advisory committee?

…………………………………………………………………………………………………

…………………………………………………………………………………………………

1.2.4 Operational Committees

List the operational committee in place.

No.	Committee	Available		Functional?	
		Yes	No	Yes	No
1.2.4.1	Procurement				
1.2.4.2	Disciplinary				
1.2.4.3	Quality Assurance				
1.2.4.4	Infection Prevention and Control				
1.2.4.5	Medicines and Therapeutic				
1.2.4.6	Others (specify)				

*(Functionality – regular meetings, minutes, implementation of decisions, evidence of teamwork)

1.2.5 Institutional Mission And Plans

Assess the following:

No.	Item / Statement	Yes	No
1.2.5.1	Do you have a vision or mission statement for the institution?		
1.2.5.2	If yes, is it displayed (wards, offices, public places)?		
1.2.5.3	Is there any action plan for the institution for the current year? If no, go to **Q 1.2.5.13**. If yes, does the plan include:		
1.2.5.4	• Clear goals and objectives		
1.2.5.5	• Implementation plan		
1.2.5.6	• Time schedule		
1.2.5.7	• Assigned responsibilities		
1.2.5.8	• A budget		
1.2.5.9	Are there clear systems for coordination between management and other staff? (verify from staff meetings, minutes, bulletins, boards for announcements, etc.)		
1.2.5.10	Are medical staff involved in setting the priorities for the plan?		

(Take a copy of the action plan if available).

1.2.5.11 What proportion of your planned activities were you able to carry out last year?……………

1.2.5.12 What were the reasons for not completing all your activities? ……………………………..

1.2.5.13 Why is there no action plan?…………………………………………………………………

1.3 FUNCTIONS AND SERVICES

1.3.1 Do you perform/ provide the following functions and services in the facility?

No.	Item / Statement	Yes	No
1.3.1.1	24 hour services		
1.3.1.2	Obstetric and Gynaecology		
1.3.1.3	Child health		
1.3.1.4	Medicine		
1.3.1.5	Surgery – including anaesthesia		
1.3.1.6	Accident and emergency		
1.3.1.7	Laboratory		
1.3.1.8	Blood transfusion		
1.3.1.9	Radiology / Diagnostic imagining		
1.3.1.10	Outpatient		
1.3.1.11	Inpatient		
1.3.1.12	Pharmacy		
1.3.1.13	Eye care		
1.3.1.14	Dental care		
1.3.1.15	Ear Nose and Throat		
1.3.1.16	Mental		
1.3.1.17	Nutrition		
1.3.1.18	Catering		
1.3.1.19	Laundry		
1.3.1.20	Physiotherapy		
1.3.1.21	Library		
1.3.1.22	Sterilisation		
1.3.1.23	Public health		
1.3.1.24	Adolescent heath		
1.3.1.25	Health Information Management		
1.3.1.26	Hostel services for parents /relatives		
1.3.1.27	Mortuary		
1.3.1.28	Training and technical supervision of health centres		
1.3.1.29	Outreach services (both static and mobile)		
1.3.1.30	Participate in the district wide information gathering, planning, implementation and evaluation of health services		
1.3.1.31	Others (specify)		

1.3.1.32 Did you carry out outreach services to the District Hospitals and Health Centres in the last 12 months?

Yes [ ]   No [ ]

1.3.1.33 Indicate name of hospital and number of visits and specialty area of service in the table below

Name of hospital	Number of visit	Specialty area of services

1.3.1.34 Comments

………………………………………………………………………………………………

………………………………………………………………………………………………

1.4. POLICIES, STANDARDS, GUIDELINES AND PROTOCOLS

Check the availability and familiarity of the HMT with the content of the following policies, standards, guidelines and protocols in the facility (interview five health professionals)

No.	Item	Availability		Familiarity	
		A	NA	F	NF
1.4.1.a	**Policies**				
1.4.1.a.1	Rules and Regulations (ATF & FAR)				
1.4.1.a.2	Postings				
1.4.1.a.3	Recruitment				
1.4.1.a .4	Patients' Charter				
1.4.1.a .5	Code of ethics				
1.4.1.a .6	Code of conduct and disciplinary procedures				
1.4.1.a .7	Referral				
1.4.1.a. 8	GHS Act 525				
1.4.1.a .9	Ghana Health Service Strategic plan 08-13				
1.4.1.a 10	GHS condition and scheme of service				
1.4.1.a. 11	Patient safety				
1.4.1.a. 12	Infection prevention and control				
1.4.1.a .13	Quality assurance				
1.4.1.a .14	Catering services				
1.4.1.a. 15	Gatekeeper system and free maternal care				
1.4.1.a. 16	Others (Specify)				
1.4.1.b	**Protocol/Guidelines**				
1.4.1.b. 1	Admission				
1.4.1.b. 2	Standard Treatment Guidelines				
1.4.1.b. 3	List of procedures for which consent form is required				
1.4.1.b. 4	Guidelines for providing services for patients who do not have money to pay for services				
1.4.1.b. 5	Handing over of organisational units and departments				

1.4.1.b. 6	Discharge				
1.4.1.b. 7	Others (specify)				

*A – Available,   NA – Not Available,   F – familiar   NF- not familiar

1.5. QUALITY ASSURANCE SYSTEMS

Assess the following

No.	Item / Statement	Yes	No
1.5.1	Do you have a quality assurance (QA) team in the institution?		
1.5.2	If yes, is the team functional?		
1.5.3	Has the team received any training in QA?		
1.5.4	Are there QA focal persons in the units?		
1.5.5	Does the team carry out or promote the following activities? Tick as many as applicable.		
1.5.5.1	• Clinical conferences		
1.5.5.2	• Mortality Conferences		
1.5.5.3	• Continuous professional educational programmes		
1.5.5.4	• Peer reviews		
1.5.5.5	• Clinical audits		
1.5.5.6	• Monitoring of key indicators in the facility		
1.5.6	Is there a place in the facility where complaints could be sent?		
1.5.7	Is there a person /committee responsible for reviewing and acting on complaints?		
1.5.8	Assess 2 written complaints in the past 6 months for the process of reviewing and acting. Was the process adequate?		
1.5.9	Is there a suggestion box in the hospital?		
1.5.10	Is there a person /committee responsible for collating and acting on suggestions? (Verify using report)		

 1.5.11 Comments on QA systems in the facility.

………………………………………………………………………………………………

………………………………………………………………………………………………

1.6. HUMAN RESOURCE MANAGEMENT

1.6.a Staffing levels

1.6.a.1 What is the total number of staff in the institution?..

1.6.a.2 Do you have a designated officer in-charge of human resource management?   Yes….. No……

(Collect a copy of nominal roll)

1.6.a.3 Are there written job descriptions for all categories of staff?Yes………No…………..

1.6.a.4 Comment:…………..,……………………………………………………………………

1.6.a.5 How many of your staff are:

        1.6.a.5.1 Permanent ……………………………

        1.6.a.5.2 Casual:……………………………..

1.6.a.5.3 On contract:……………………

1.6.b Categories of health personnel, norms and number at post.

No.	Category	Number at post
1.6.b.1	Medical Officers / Specialists	
1.6.b.2	Professional Nurses	
1.6.b.3	Auxiliary Nurses	
1.6.b.4	Dental	
1.6.b.5	Laboratory personnel	
1.6.b.6	Pharmacist	
1.6.b.7	Health Service Administrators	
1.6.b.8	Radiology	
1.6.b.9	Physiotherapy	
1.6.b.10	Medical records	
1.6.b.11	Catering	
1.6.b.12	Dietherapy	
1.6.b.13	Stores	
1.6.b.14	Laundry	
1.6.b.15	Transport	
1.6.b.16	Revenue collector	
1.6.b.17	Orderlies /labourers	
1.6.b.18	Ward Assistants/Clinic Assistants	
1.6.b.19	Maintenance	
1.6.b.20	Anaesthetist	
1.6.b.21	Mortuary	
1.6.b.22	Seamstress	
1.6.b.23	Security	
1.6.b.24	Others (specify)	

1.6.c Appraisal System

1.6.c.1 How often are staff appraised?

    a   Quarterly   ☐

    b   Biannually   ☐

    c   Yearly   ☐

    d.   Never   ☐

    e   Others (Specify)………………………………………………………

1.6.c.2 What percentage of your personnel was appraised at least once last year?................................

1.6.c.3 Do you discuss the performance of individual staff with them?   Yes………..No………….

1.6.4 Promotion

1.6.4.1 How many staff were due for promotion last year?..

1.6.4.2 What percentage of staff was promoted last year?..

1.6.4.3 What in your view are the reasons for delays in promotions?………………………………

…….

1.6.5 Discipline

1.6.5.1 What are the common disciplinary problems in the institution?...

……..

1.6.5.2 How are issues on staff discipline resolved?…………………………………………………..

……..

1.6.6 Staff Development

1.6.6.1 Do you have an In-Service Training Co-ordinator?   Yes…………..No………………

1.6.6.2 Do you assess the training need of your staff?   Yes……….No……….(Verify)

1.6.6.3 Do you have an In-Service Training plan for the year?   Yes…. .No………(Inspect the Plan)

1.6.6.4 Do you have a structured in-service training programme for your staff? Yes…… No………

1.6.6.5 Are these training programmes related to the training needs?   Yes…… No……..

1.6.6.6 How many of your staff did you train last year?……………………………………………

1.6.6.7 What are the most common personnel problems?

……………………………………………………………………………………………………….

………………………………………………………………………………………………………

1.7. FINANCIAL MANAGEMENT

1.7.a Finances and audits

1.7.a.1 Were you able to meet your target for IGF last year?Yes……………No………

1.7.a.2 Is information on income returns shared with all unit heads?   Yes …………..No………

1.7.a.3 Is information on expenditure returns shared with all unit heads?   Yes……No……

1.7.a.4 Are findings and recommendations on audits shared with units heads?   Yes ……No……

1.7.a.5 Are actions taken on audit queries?   Yes…………No………..(seek evidence)

1.7.a.6 What control systems do you have in place to ensure efficient financial management?

(E.g. expenditure returns, revenue returns)

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

1.7.b Exemptions

1.7.b.1 What was the total expenditure on exemptions last year? …………………………

1.7.b.2 How much refund did you receive last year? ……………………………………

1.7.c Payment Systems

1.7.c.1 What payment system do you have in the facility? (Tick as many as apply)

   a. Deposit ☐

   b. Upfront payment (cash and carry) ☐

   c. Payment after discharge ☐

   d. Companies on retention ☐

   e. Health insurance schemes ☐

   f. Others (specify)……………………………………………………

1.7.c.2 In your view how do these payment systems enhance or inhibit access to services?

………………………………………………………………………………………

………………………………………………………………………………………

1.8. STORES AND SUPPLIES MANAGEMENT

1.8.1 What is the rank of the person in charge of the stores?……………………………

1.8.2 Has he/she been trained on stores management?   Yes………No………

1.8.3 Do you have a procurement plan?   Yes……No…………

1.8.4 Do you have a procurement register? (seek evidence) Yes…No……

1.8.5 How often are stocks taken?

   a. Quarterly ☐

   b. Twice yearly ☐

   c. Annually ☐

   d. Others (specify)……………………………………

1.8.6 Assess or visit stores to ascertain the following:

No.	Item	Good	Satisfactory	Poor	Comments/Remarks
1.8.6.1	Appropriateness of storage				
1.8.6.2	Cleanliness				
1.8.6.	Arrangement				
1.8.6.4	Fire readiness				
1.8.6.5	Recording of Ledger book				
1.8.6.6	Recording of tally cards				
1.8.6.7	Others (specify)				

1.8.7 Have you established re-order stock levels for the following?

No.	Item	Re-order stock level		Comments
		Yes	No	
1.8.7. 1	Gloves (surgical and examination)			
1.8.7. 2	Utility gloves			
1.8.7. 3	Gauze			
1.8.7. 4	POP			
1.8.7. 5	Cotton wool			
1.8.7. 6	Bandages			
1.8.7. 7	Plaster			
1.8.7. 8	Syringes and needles			
1.8.7. 9	Disinfectants/antiseptics			
1.8.7. 10	Face masks			
1.8.7. 11	Catheters			
1.8.7. 12	X –ray films			
1.8.7. 13	Surgical blades			
1.8.7. 14	Blood giving set			
1.8.7. 5	Infusion giving set			
1.8.7. 16	Butterfly needles			
1.8.7. 17	Temperature sheets			
1.8.7. 18	Mops			
1.8.7. 19	Brooms			
1.8.7. 20	Laboratory reagents			
1.8.7. 21	Others (specify)			

1.9. TRANSPORT MANAGEMENT

1.9. 1 Do you have an officer responsible for managing transport? Yes………….No…………

1.9. 2 Have the transport officer(s) been trained in transport management?Yes……No……

1.9. 3 How many vehicles do you have?   Yes…………No…………

1.9. 4 How many of your vehicles are running?   Yes ……No………

1.9. 5 Did your driver(s) have in-service training last year? Yes……No………

1.9. 6 Do you have a logbook for your vehicles?   Yes….No………

1.9. 7 How many accidents were recorded last year? ………………………………

1.9. 8. Records on vehicles

No.	Vehicle number	Vehicles		Average running cost
		Type	Age	
1.9. 8.1				
1.9. 8.2				
1.9. 8.3				
1.9. 8.4				
1.9. 8.5				

1.9.9. Availability and condition of transport records

No.	Item/statement	Good	Satis.	Poor	Not available
1.9.9. 1	Vehicle movement schedule kept and up to date				
1.9.9. 2	File/book on documentation on individual vehicles				
1.9.9. 3	Log books well kept				
1.9.9. 4	Vehicles maintenance schedule				
1.9.9. 5	Accident register books				

(Inspect file/books on documentation on individual vehicles)

1.10. EQUIPMENT MANAGEMENT

1.10. 1 Do you have a trained Equipment Maintenance Technician or Manager?   Yes…No…

1.10. 2 Do you have a Planned Preventive Maintenance schedule for your equipment?   Yes…No……

1.10. 4 Are maintenance schedules attached to all equipment?   Yes………No………..(Verify)

1.10. 5 Is there a list of the staff that have been trained on the use of medical equipment? Yes …No…

1.10. 6 Is there an inventory of all medical equipment?   Yes…No……

1.11. ESTATE MANAGEMENT

1.11.1 Do you have a trained Estate Management officer?   Yes………No…………

1.11.2 Do you have a planned preventive maintenance schedule for your buildings?   Yes…No…

1.11.3. General State of Buildings (observe)

No.	Areas	Good	Satisf.	Poor	Comments
1.11.3.1	Physical Structure				
1.11.3.2	Layout				
1.11.3.3	Grounds				
1.11.3.4	Drains				
1.11.3.5	Fence wall				
1.11.3.6	Waste Management				
1.11.3.7	Toilet and Baths				
1.11.3.8	Others (specify)				

1.11.4 Has provision been made for handicapped persons? (Ramps, elevators, others)   Yes…No…

1.12. SAFETY AND SECURITY

1.12.1 Is there a trained officer responsible for security?   Yes… No…

1.12.2 Have the security officers been trained?   Yes… No………..

1.12.3 How many incidents of thefts and burglaries were experience last year?……….

1.12.4 Are there security lights at vantage points?   Yes……… No…………..

1.12.5 Have the security men got protective clothing? (Verify – boots, rain coats) Yes…No….

1.12.6 Have the security men got security gadgets? (Verify- clubs, torch lights) Yes….No…..

1.12.7. Check the following

No.	Item	Yes	No
1.12.7.1	Are the electric sockets and wires secured?		
1.12.7.2	Are no-smoking signs clearly placed and visible in all public areas, walkways, examination rooms, etc?		
1.12.7.3	Are fire extinguishers properly located in visible and accessible places throughout the facility?		
1.12.7.4	Are fire extinguishers checked regularly?		
1.12.7.5	Are exits clearly marked?		
1.12.7.6	Are alarm systems installed throughout the facility?		
1.12.7.7	Are floors covered with non-slippery materials?		
1.12.7.8	Are there duty roster for security persons?		
1.12.7.9	Are there policies for emergency fire management?		
1.12.7.10	Is there a disaster management plan?		
1.12.7.11	Have the other staff been trained on safety issues?		

1.13. COMMUNICATION

1.13.1 Does the facility have a functioning telephone and/ or a two way radio system? Yes …No..

1.13.2 Are there directional signs to all places in the institutions? Yes……No………..

1.13.3 Comments:………………………………………………………………………

1.14. MONITORING AND SUPERVISION

1.14.1 Do you have a plan for monitoring activities of the various units? Yes…..No………

1.14.2 What tools do you use to monitoring the performance of the facility? (Collect a copy if available)

    1.14.2a   Checklist ☐

    1.14.2b   Interview schedules ☐

    1.14.2c   Observational guide ☐

    1.14.2d   Others (specify)……………………………………….

1.14.3 Do you have written guidelines for supervision? Yes…….No……..

1.14.4 What method of supervision do you use to supervise staff in the facility?

    1.14.4a   One–to–one ☐

    1.14.4b   Group ☐

    1.14.4c   Peer ☐

    1.14.4d   .Others (specify)………………………………………

1.15.1 INFORMATION MANAGEMENT

1.15.2 Is there a system for routinely verifying data? Yes……..No…….

1.15.3 In your view, is the information system (manual or electronic) available in the facility capable of generating useful reports on timely basis? Yes …….No………

1.15.4 Are the design of record forms appropriate for recording patient records on continuing basis? Yes…No…

1.15.5 Is there a system for reviewing medical records in the facility? Yes…..No…….

1.15.6 Is there a system for ensuring the confidentiality of patients records? Yes…No….. (**Verify – availability of written policies and procedures on confidentiality of medical records**)

1.16 RESEARCH

1.16.1 How many scientific papers have the hospital produced in the last 12 months? ....

1.16.2 Indicate the title of the papers.

....13...

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1.17. Comments / suggestions to improve clinical care services.

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