

NHIF ACCREDITATION MANUAL-2005 (1st EDITION)

FORWARD

This is a first edition of the NHIF accreditation manual for Kenyan Hospitals. The development of this manual was a collaborative effort of representatives from all health sectors, including the Ministry of Health, University of Nairobi Medical School, the Kenya Medical Association, and the private Hospitals. The manual is specific to Kenya, but the contents therein have been compared to international standards and found to meet basic intent of most international standards that apply to Kenyan laws, Public Health Act, and the National Hospital Insurance Fund (NHIF) regulations, vision and mission. It is expected that this manual will be a catalyst for change and improvement in both the culture and practice of health care in all NHIF accredited hospitals.

NHIF was established in 1965 by an act of Parliament as a department in the Ministry of Health. The main objective was to help in financing health care for those in formal employment. In 1998, by another act of the parliament, it became a parastatal in the Ministry of Health. Today, NHIF is the biggest and the oldest social health insurance institution in Africa, offering services to those in formal and informal employment.

Until June 30th 2005, health facility's accreditation to NHIF has been based on its infrastructural capacity. This approach, however, did not highlight processes and quality improvement in health care delivery. This necessitated revision of the previous accreditation manual, in line with current international practices in accreditation processes.

This manual, therefore, aims at enhancing NHIF's ability to define objectively the system and scope of awarding rebates, and encouraging quality improvement of health care services in hospitals.

It is designed to help health providers be aware of standards expected of them by NHIF as an accrediting institution. This shall help in assuring that the quality of health services accessed by contributors is acceptable. The manual also addresses the issues of confidentiality and patients' rights by health providers.

Through this manual, NHIF now has an objective quantitative tool for accurately awarding rebates and assuring her members of quality health care provision.

As an accreditation tool, this manual shall be used to accredit health facilities every two (2) years.

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13. Mr. Hassan A. Eymoy, Standards and Quality Assurance Officer, NHIF Headquarters.
14. Mrs. Florence Zedekiah, secretary Standards and Quality Assurance Office, NHIF Headquarters

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USER'S GUIDE

1. The Area Manager is the overall in-charge of this exercise and should notify the health facility in-charge on the intent of NHIF staff to visit the facility for assessment, through the NHIF accreditation notification.
2. The Quality Assurance Officer is the technical in-charge and the team leader to the exercise.
3. On the day of the assessment, present yourself to the facility's in-charge. Introduce yourself and explain to him/her the objectives of your visit. Request for a hospital staff to be assigned to you during the accreditation exercise.
4. You must at all times wear your lab coat and a well displayed NHIF identification badge. Observe professionalism throughout the assessment exercise.
5. Avail a clean accreditation manual to the health facility alongside the accreditation notification notice.
6. The assessment scores will be based on none or all principle. For example, for "secure fence with a gate" the score can only be "3" for yes or "0" for no fence, broken fence, fence with a missing gate, e.t.c; no intermediate scores.
7. Scores awarded to the facility are confidential and must not be disclosed to the health facility by you. Results of the assessment shall be conveyed to the facility by the NHIF board of management.
8. Ensure you put your remarks about your observations in the "remarks" column and share these with the hospital representative/management. These remarks are also useful for our reference.
9. Ensure you use a separate assessment manual for each health facility.
10. The hospital representative accompanying you MUST sign the accreditation manual alongside you, upon completion of the exercise.
11. Upon completion, the accreditation manual must be signed, stamped, sealed in envelop marked "confidential" and forwarded to the Chief Manager, Standards and Quality Assurance Department through the Area Manager.
12. The accreditation assessment MUST be carried out by at least three NHIF staff.
13. The NHIF management board reserves the right to order for a reassessment of the facility, and the right to accredit or deny accreditation to a health facility.

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NATIONAL HOSPITAL INSURANCE FUND (NHIF)

ACCREDITATION ASSESSMENT MANUAL

(Criteria for Assessing and Grading of Health or Hospital Care Providers for the Approval of Benefits Package Standards)

NAME OF INSTITUTION:.....

PROVINCE:.....

DISTRICT:.....

LICENSED BY REGISTRAR M.P & D.B. /DMS TO OPERATE AS:.....

TYPE/CATEGORY:.....(I.E. MISSION, GOK, PRIVATE, COMMUNITY)

WHEN THE HOSPITAL STARTED:.....

BED CAPACITY:.....

NUMBER OF FULL-TIME STAFF:.....

NEAREST NHIF OFFICE:.....

| N.H.I.F ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAXIMUM OR ZERO) | REMARKS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------|---------|
| 1. PHYSICAL INFRASTRUCTURE A.ENVIRONMENT | | | |
| I. Secure perimeter fence with a secure gate | 3 | | |
| ii. Well kept and clean compound | 3 | | |
| iii. a). Treated sewage is discharged into an approved public sewerage system, where a system is available, or b). Sewage is collected, treated, and disposed off in an independent system that complies with appropriate laws and rules | 4 | | |
| iv. Placenta pit is available where applicable | 2 | | |
| v. The health facility has a functional incinerator | 2 | | |
| vi. Waste is segregated into non-clinical and clinical refuse | 1 | | |
| vii. Clinical waste is labeled and can be traced back to its point of origin | 1 | | |
| viii. Clinical waste is kept in designated areas in lockable containers awaiting disposal | 1 | | |
| ix. Availability of sharps disposal facilities/ safety boxes | 1 | | |
| x. Presence of flushable toilets/pit latrines | 2 | | |
| B. BUILDING | | | |
| i. Design approved to be a health facility by public works | 5 | | |
| ii. Facility approved to operate by public health authority or another body like the National Environment Management Board | 2 | | |
| iii. Clean and well painted walls, with washable paint on the inside | 3 | | |
| iii. Floors are even and easy to clean with antiseptics | 2 | | |
| iv. Rooms are well ventilated allowing adequate natural light | 3 | | |
| v. Corridors are wide enough and well lit, allowing free movement | 2 | | |
| vi. Serviced fire fighting equipment are in place in every unit | 3 | | |

| N.H.I.F ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX. OR ZERO) | REMARKS |
|--------------------------------------------------------------------------------------------------|-----------|-------------------------------|---------|
| C. WATER SUPPLY | | | |
| i. Reliable source of water | 3 | | |
| ii. Water treatment system in place for alternative sources | 3 | | |
| iii. Facility has water storage facilities in place | 2 | | |
| iv. Running water at point of use | 2 | | |
| | | | |
| D. POWER SOURCE | | | |
| i. Electricity (connection to National Grid) | 2 | | |
| ii. Generator or solar | 3 | | |
| | | | |
| E. Reliable emergency communication channels (Landline; Mobile; Radio call; pager e.t.c.) | 5 | | |
| SUBTOTAL | 60 | | |
| | | | |
| 2. EXAMINATION/CONSULTATION ROOMS | | | |
| | | | |
| A. QUALITY ASSURANCE IN EXAMINATION/CONSULTATION | | | |
| a. The facility has clear guidelines for admitting patients. | 3 | | |
| b. The health facility has clear guidelines regarding patients they cannot admit. | 2 | | |
| | | | |
| B. EQUIPMENT IN CONSULTATION ROOM | | | |
| i. Examination coach/bed with a screen | 1 | | |
| ii. Thermometer | 1 | | |
| iii. BP machine with a stethoscope | 1 | | |
| iv. Gloves | 1 | | |
| v. Diagnostic set | 1 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|------------------------------------------------------------------------------------------------------|-----------|------------------------------|---------|
| vi. Sink with running water and soap/antiseptic | 1 | | |
| vii. Clean and sterile swabs with antiseptic | 1 | | |
| viii. Examination light | 1 | | |
| ix. Drip stand | 1 | | |
| x. Relevant furniture | 1 | | |
| SUB TOTAL | 15 | | |
| 3. EMERGENCY ROOM | | | |
| A. QUALITY ASSURANCE IN EMERGENCY ROOM | | | |
| 1. There are clear guidelines to identify patients with emergency or immediate needs. | 5 | | |
| 2. There is evidence of staff trained in emergency care | 4 | | |
| B. RESCUSITATION ROOM | | | |
| i. Suction machine | 1 | | |
| ii. Stretcher/wheelchair | 1 | | |
| iii. Adjustable bed | 1 | | |
| iv. Ambu bags/masks | 1 | | |
| v. Oxygen cylinder with oxygen or link to main oxygen line | 1 | | |
| vi. Automatic oxygen extraction (from air) machine | 1 | | |
| vii. Daily updated emergency tray | 1 | | |
| viii. Defibrillator | 1 | | |
| ix. Emergency theatre annex or quick access to main facility theatre | 1 | | |
| x. Well illustrated guidelines on how to handle various medical/surgical emergencies | 1 | | |
| xi. Stocks consumables and protective gear (Gloves, sutures, sterile kits, dust coats, safety boots) | 1 | | |
| C)EMERGENCY STAFF (as per the triage in emergency situation) | | | |
| i. Trained Emergency Nurses (minimum three) | 5 | | |
| ii. Anesthetist | 3 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------|---------|
| iii. Surgeon | 3 | | |
| iv. A general medical officer | 2 | | |
| v. Trained Emergency Clinical Officer | 2 | | |
| C. OBSERVATION/RECOVERY ROOM | | | |
| i. minimum of 3 beds | 5 | | |
| SUB TOTAL | 40 | | |
| | | | |
| 4. LABORATORY | | | |
| A. QUALITY ASSURANCE IN LABORATORY SERVICES | | | |
| a. There is written safety program in place. | 3 | | |
| b. Appropriate safety devices are in place and the laboratory staff is well oriented to safety procedures and practices. | 3 | | |
| c. Evidence of continuous training on new procedures and newly acquired or recognized hazardous materials. | 3 | | |
| d. Evidence of qualified and experienced laboratory staff | 3 | | |
| e. The facility has in place the expected report time for test results and that these results are reported within a time frame to meet patients' needs. | 4 | | |
| f. The laboratory has established reference ranges for each test performed, and the range is included in the clinical records at the time test results are reported. | 4 | | |
| B. EQUIPMENT AND TOOLS | | | |
| i. Fluorescent microscopes | 1 | | |
| ii. Binocular microscope | 1 | | |
| iii. Chemistry analyzer | 1 | | |
| iv. Coagulometer | 1 | | |
| v. Immuno assay analyzer | 1 | | |
| vi. Calorimeter | 1 | | |
| vii. Water bath | 1 | | |
| viii. Haematology counter | 1 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|---------|
| ix. Tissue processor | 1 | | |
| x. Incubator | 1 | | |
| xi. QBC cell counter | 1 | | |
| xii. Autoclave | 1 | | |
| xiii. Hot air oven | 1 | | |
| xiv. Centrifuge machine | 1 | | |
| xv. Spectrophotometer | 1 | | |
| xvi. Weighing balances | 1 | | |
| xvii. Blood bank | 1 | | |
| xviii. Refrigerator and freezer | 1 | | |
| ix. Distillation machine | 1 | | |
| xx. Others e.g. test tubes, slides, flasks, stands, pipettes, burettes, thermometers, racks e.t.c. | 1 | | |
| SUBTOTAL | 40 | | |
| 5. RADIOLOGY SERVICES | | | |
| A. QUALITY ASSURANCE IN RADIOLOGY DEPARTMENT | | | |
| a. Certification by the radiation protection board. | 3 | | |
| b. Documented evidence of continuous (24 hrs) medical imaging services. | 3 | | |
| c. A radiology safety program, which is coordinated with facility's safety management program is in place and appropriate to the risks and hazards encountered in a radiology department. | 3 | | |
| d. Evidence of continuous training on new imaging procedures and hazardous materials | 3 | | |
| e. The staff who perform and/or interprets testing or direct or supervise testing are identified, are appropriately trained and experienced. | 3 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------|---------|
| f. The health facility has established the expected report time for radiological results, and that the results are reported within the time frame to meet patients' needs. | 3 | | |
| g. There is a radiology equipment management program that includes the selection and acquisition; inventorying, inspecting and testing; calibrating and maintenance; monitoring and follow-up; and documentation of all processes. | 3 | | |
| h. Essential radiological reagents and supplies are identified, available, are appropriately stored and dispensed according to guidelines; are periodically evaluated for accuracy and results; and are completely and accurately labeled. | 3 | | |
| i. Quality control procedures are in place for validating test methods; daily surveillance of test results; ensuring quick response to a deficiency; testing reagents and solutions; and documenting results and corrective actions. | 3 | | |
| | | | |
| B. Radiological examination | | | |
| I. X-rays | | | |
| 1. Chest | 3 | | |
| 2. Extremities | 3 | | |
| 3. Spine | 3 | | |
| 4. Abdominal | 3 | | |
| 5. Skull | 3 | | |
| 6. Dental | 3 | | |
| 7. Pelvic | 2 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|---------|
| II. Specialized examinations | | | |
| 1. Doppler | 1 | | |
| 2. Ultra sounds | 3 | | |
| 3. CT- Scans | 3 | | |
| 4. M.R.I (Magnetic Resonance imaging) | 1 | | |
| 5. Barium tests | 3 | | |
| 7. Scopes (e.g. colonoscopy, tracheoscopy, oesophagoscopy, e.t.c) | 2 | | |
| 8. IVU (intra venous urograms) | 1 | | |
| 9. Mammogram | 2 | | |
| 10. Angiograms | 1 | | |
| 11. Fluoroscopy | 1 | | |
| 13. Guided biopsies | 1 | | |
| 14. Myelograms | 1 | | |
| SUB TOTAL | 67 | | |
| | | | |
| 6. PHARMACY SERVICES | | | |
| I. QUALITY ASSURANCE IN PHARMACY DEPARTMENT | | | |
| a. The facility operates its own duly licensed pharmacy, which complies with requirements of the Pharmacy and Poisons Board. | 3 | | |
| b. There is a written medicines policy and procedure, accessible to staff, covering all aspects of medicines systems in the facility including ordering, procurement, receipt, storage, prescription, administration and disposal of medicines and other pharmaceutical products. | 3 | | |
| c. Records of ordering, receipt, supply, administration and disposal of all medicines and medical supplies in order to maintain an audit trail are kept. | 3 | | |
| d. Lockable cupboard is provided for all controlled drugs (Dangerous Drug Act) and properly kept register. | 3 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------|---------|
| e. There are policies and procedures in place to govern the documentation and management of any medication brought into the facility for or by the patient. | 3 | | |
| f. Pharmacist /technologist licensed by pharmacy and poison board supervises the storage, preparation, and dispensing of medications. | 3 | | |
| g. Medications prescribed and administered to the patient are written in the patient's records. | 3 | | |
| II. DRUGS/PREPARATIONS ACTING ON: | | | |
| A. Gastro Intestinal Tract | | | |
| i. Antacids | 2 | | |
| ii. Laxatives/purgatives | 2 | | |
| lii Antihelmintics | 3 | | |
| iv. Anti diarrhoeals | 3 | | |
| v. Hepatic preparations | 2 | | |
| vi. Lubricants | 1 | | |
| vii. Suppositories | 1 | | |
| B. Central Nervous System | | | |
| i. Analgesics and antipyretics | 3 | | |
| ii. Anti- inflammatory agents | 3 | | |
| iii. Anti-convulsants | 3 | | |
| iv. Sedatives and tranquilizers | 2 | | |
| v. Hypnotics | 1 | | |
| vi. Anti-histamines | 3 | | |
| vii. Anti-depressants | 2 | | |
| viii. Stimulants | 1 | | |
| ix. Antiemetics, anti-nauseants | 3 | | |
| x. Muscle relaxatants | 2 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|---------------------------------------|--------|------------------------------|---------|
| C. Ear, Nose And Throat | 2 | | |
| i. Nasal preparations | 2 | | |
| ii. Oro-pharyngeal preparations | 2 | | |
| iii. Nasopharyngeal preparations | 2 | | |
| | | | |
| D. Cardio-Vascular System | | | |
| i. Anticoagulants | 3 | | |
| ii. antihypertensives | 3 | | |
| iii. Clotting agents | 2 | | |
| | | | |
| E. Genito-Urinary | | | |
| i. Urinary antiseptics | 2 | | |
| ii. Diuretics and anti-diuretics | 3 | | |
| iii. Anti-spasmodics | 3 | | |
| iv. Preparations acting on the uterus | 3 | | |
| v. Pessaries | 2 | | |
| | | | |
| F. Endocrines | | | |
| i. Steroids hormones | 2 | | |
| ii. Corticosteroids | 2 | | |
| iii. Trophic hormones | 2 | | |
| | | | |
| G. Respiratory System | | | |
| i. Cough expectorants | 3 | | |
| ii. Cough suppressants | 3 | | |
| iii. Inhalations | 3 | | |
| iv. Bronchial spasms relaxants | 2 | | |
| v. Respiratory stimulants | 2 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|------------------------------------------------|--------|---------------------------------|---------|
| H. Infections | | | |
| i. Antibiotics | 3 | | |
| ii. Sulphonamides | 3 | | |
| iii. Sulphonamides and Trimethoprim | 3 | | |
| iv. Anti-TB preparations | 3 | | |
| v. Anti amoebics | 2 | | |
| vi. Anti leprotics | 1 | | |
| vii. Anti malarials | 3 | | |
| viii. Anti virals including ARVS | 3 | | |
| ix. Anti schistosomiasis and Filiariacides | 2 | | |
| x. Anti trichomonal agents | 2 | | |
| xi. Anti-fungals | 3 | | |
| xii. Vaccines, serums and immunoglobulins | 3 | | |
| | | | |
| I. Ophthalmic Preparations | | | |
| i. Antibacterial preparations | 2 | | |
| ii. Steroid preparations | 2 | | |
| iii. Anti allergic preparations | 2 | | |
| iv. Anti viral preparations | 2 | | |
| v. Local anesthetics | 2 | | |
| vi. Mydriatics, myotics drugs used in glaucoma | 2 | | |
| vii. Miscellaneous ophthalmic preparations | 2 | | |
| | | | |
| J. Dermatological Preparations | | | |
| i. Anti pruritics | 3 | | |
| ii. Locally acting sedatives | 1 | | |
| iii. Dermatological stimulants | 1 | | |
| iv. Dermatological antiseptics | 3 | | |
| v. Topical preparations for muscular disorder | 2 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|------------------------------------------------------|------------|------------------------------|---------|
| vi. Topical corticosteroids with/without antibiotics | 2 | | |
| vii. Anti parasitics | 3 | | |
| viii. Keratolitics | 1 | | |
| ix. Fungicides | 2 | | |
| x. Cleansing agents | 2 | | |
| | | | |
| K. Nutritive Preparations | | | |
| i. Insulin | 3 | | |
| ii. Oral hypoglycaemics | 3 | | |
| iii. Vitamins | 3 | | |
| iv. Food products e.g. lipovenous, AKE. | 2 | | |
| v. Iron and erythropoietics | 3 | | |
| vi. Minerals | 2 | | |
| vii. Anabolic agents | 2 | | |
| viii. Thyroid and antithyroid preparations | 2 | | |
| ix. Carcino chemotherapeutic agents | 2 | | |
| x. Drugs for metabolic disorders | 1 | | |
| | | | |
| L. Anaesthetics, Surgical Antiseptics | | | |
| i. Anaesthetics (local and general) | 3 | | |
| ii. Surgical antiseptics and applications | 3 | | |
| | | | |
| M. Contraceptives Agents | | | |
| i. Oral | 3 | | |
| ii. Spermicidal | 3 | | |
| iii. Injectables | 3 | | |
| iv. Contraceptive devices | 3 | | |
| SUB TOTAL | 213 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------|---------|
| 7. FOOD AND NUTRITION | | | |
| I. QUALITY ASSURANCE ON FOOD AND NUTRITION | | | |
| a. Guidelines on food appropriate for the patient and consistent with his/her clinical care is available, including orders for nil by mouth, a regular diet, a special diet, and parenteral or nasogastric tube nutrition. | 3 | | |
| b. Food preparation, handling, storage, and distribution are safe and comply with laws, regulations, and current acceptable practices. | 3 | | |
| c. The facility identifies patients at nutrition risk and commences them on nutrition therapy. | 3 | | |
| e. Nursing staff assist patients unable to feed themselves to feed. | 3 | | |
| f. Facility disposes off kitchen garbage and refuse properly | 3 | | |
| g. There is a qualified nutritionist/dietician involved in preparing patients menu. | 2 | | |
| h. Persons handling patients' food have appropriate uniforms and are medically examined every six months. | 3 | | |
| SUBTOTAL | 20 | | |
| | | | |
| 8. THEATRE | | | |
| A. QUALITY ASSURANCE STANDARDS FOR THEATRE | | | |
| i. Written policies and procedures address compliance with applicable standards, laws and regulations, including maintenance of sterility and safety | 3 | | |
| ii. There is a theatre equipment management program that includes the selection and acquisition; inventorying, inspecting and testing; calibrating and maintenance; monitoring and follow-up; and documentation of all processes. | 3 | | |
| iv. Evidence of continuous training on new theatre procedures for theatre staff | 3 | | |
| v. The theatre services are available for emergencies after normal working hours. | 3 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-------------------------------------------------------------------------------|--------|------------------------------|---------|
| vi. Daily record of all surgeries performed in theatre, and by whom, is kept. | 3 | | |
| B. EQUIPMENTS | | | |
| i. Standard operating tables | 3 | | |
| ii. Operating lamps/lights | 3 | | |
| iii. Anesthetic machine | 3 | | |
| iv. Suction machine | 3 | | |
| v. Oxygen supply | 3 | | |
| vi. Sterilizers/ autoclave | 3 | | |
| vii. Diathermy machine | 3 | | |
| viii. Cardio-pulmonary monitor | 3 | | |
| ix. Endoscopes | 3 | | |
| x. Extra anesthetic machine | 3 | | |
| xi. Drip stands | 2 | | |
| xii. Varied operating sets | 3 | | |
| xiii. Defibrillator | 3 | | |
| C. THEATRE OPERATIONS | | | |
| i. General surgery | 10 | | |
| ii. Obstetric/gynecological surgeries | 10 | | |
| iii. Orthopedics operations | 10 | | |
| iv. Ear, Nose and Throat operations | 10 | | |
| v. Neuro-surgery | 10 | | |
| vi. Reconstructive surgery | 10 | | |
| vii. Urological surgeries | 10 | | |
| viii. Maxillo-facial surgeries | 10 | | |
| ix. Pediatric surgeries | 10 | | |
| x. Cardio-thoracic surgeries | 10 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|------------------------------------------|------------|------------------------------|---------|
| xi. Endoscopic surgeries | 10 | | |
| xii. Endocrinological surgeries. | 10 | | |
| | | | |
| D. THEATRE LAYOUT | | | |
| i. Receiving area/reception | 3 | | |
| ii. Changing room | 3 | | |
| iii. Scrubbing room/area | 3 | | |
| iv. Operating room | 3 | | |
| v. Recovery room | 3 | | |
| vi. Sluice room | 3 | | |
| vii. Doctors' room | 3 | | |
| viii Store | 3 | | |
| ix. Theatre sterile supply unit (TSSU) | 3 | | |
| SUB TOTAL | 200 | | |
| | | | |
| 9. PHYSIOTHERAPY SERVICES | | | |
| A. Special Examination Assessment | | | |
| 1. Electro diagnosis | 2 | | |
| 2. Manual muscle training (MMT) | 2 | | |
| 3. Electromyography (EMG) | 2 | | |
| B. Heat Therapy | | | |
| 1. Laser jet | 1 | | |
| 2. UVR(ultra violet radiation) | 1 | | |
| 3. IRR (infra red radiation) | 1 | | |
| 4. SWD (short wave diathermy) | 1 | | |
| 5. MWD (micro wave diathermy) | 1 | | |
| 6. Hot packs | 1 | | |
| 7. Hydrotherapy | 1 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-------------------------------------|--------|------------------------------|---------|
| c. Exercise Therapy | | | |
| 1. Pre and post natal exercises | 2 | | |
| 2. General exercises | 2 | | |
| 3. Pre and post operative exercises | 2 | | |
| 4. Specialized exercises training | 2 | | |
| 5. Keep fit/group exercises | 2 | | |
| 6. Pediatric physiotherapy | 2 | | |
| d. Electrotherapy | | | |
| 1. Ionization | 2 | | |
| 2. Stimulation | 2 | | |
| e. Manipulative Therapy | | | |
| 1. Therapeutic massage | 2 | | |
| 2. Passive stretching | 2 | | |
| 3. Active movements | 2 | | |
| 4. Firm/ pressure bandaging. | 2 | | |
| | | | |
| CHEST PHYSIOTHERAPY | | | |
| 1. Postural drainage | 2 | | |
| 2. Nebulization | 2 | | |
| 3. Cryo-therapy | 1 | | |
| 4. Hydrotherapy | 1 | | |
| 5. Bedside physiotherapy | 2 | | |
| 6. Physiotherapy medical report | 2 | | |
| 7. Counselling | 3 | | |
| SUB TOTAL | 50 | | |
| | | | |
| 10. OCCUPATIONAL THERAPY SERVICES | | | |
| 1. Physical Disabilities | 5 | | |
| 2. Psychiatry Counselling | 5 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|---------|
| 3. Rehabilitation | 5 | | |
| SUBTOTAL | 15 | | |
| 11. ORTHOPAEDICS | | | |
| 1. TRACTION | | | |
| a. Intermittent | 2 | | |
| b. Continuous | 3 | | |
| 2. Electrotherapy and traction | 2 | | |
| 3. Reduction of joints, fractures and POP immobilization/splinting | 3 | | |
| SUBTOTAL | 10 | | |
| | | | |
| 12. STERILE PREPARARION UNIT (SPU) | | | |
| QUALITY ASSURANCE IN SPU | | | |
| 1. The facility has a sterilization room where sterile instruments are processed | 3 | | |
| 2. The facility has developed and implemented written policies and procedures for the cleaning, antimicrobial processing, and storage of supplies and equipment to prevent the transmission of infection through their use. | 3 | | |
| 3. The unit maintains a separate area for processing, decontamination, and storage of supplies, and is restricted to properly attired authorized personnel | 2 | | |
| 4. Instructions for the operation of autoclaves are posted near the equipment. | 2 | | |
| SUB TOTAL | 10 | | |
| 13. ICU ROOM | | | |
| 1. Cardio pulmonary monitor | 5 | | |
| 2. Respirator | 5 | | |
| 3. Automatic blood pressure monitor | 5 | | |
| 4. Defibrillator | 5 | | |
| 5. Central Venous pressure monitor | 5 | | |
| 6. Blood Gas Analyzer | 5 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|---------|
| 7. Injection Pump | 5 | | |
| 8. At least 2 (two) I.C.U beds | 5 | | |
| SUB TOTAL | 40 | | |
| | | | |
| 14. LABOUR WARD | | | |
| A. QUALITY ASSURANCE IN LABOUR WARD | | | |
| 1. The department has in place policies and procedures for obtaining patient's information and records of the patient's care (including partogramming) and response to care is documented and shared among medical, nursing and other care providers during each staffing shifts. | 5 | | |
| 2. The department has in place guidelines and procedures for dealing with clients with obstetric emergency or immediate needs including APH, PPH, PET, eclampsia, obstructed labor, cardiac disease, fetal distress, e.t.c. | 5 | | |
| 3. The department has in place policies and procedures addressing use of analgesia in prenatal and past natal care of clients. | 5 | | |
| | | | |
| B. EQUIPMENT | | | |
| 1. Standard Delivery Bed(s) | 3 | | |
| 2. Vacuum Extractor | 1 | | |
| 3. Suction machine | 1 | | |
| 4. Resuscitation Kit | 2 | | |
| 5. Cord ligatures | 1 | | |
| 6. Baby labels | 2 | | |
| 7. Sterile delivery packs | 3 | | |
| 8. Ergometrine, syntocinone, i.v. fluids, syringes and needles | 2 | | |
| 9. Maternity pads | 1 | | |
| 10. Baby weighing scale | 2 | | |
| 11. Clean floor and waste bins | 2 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|---------|
| 12. Source of clear overhead light | 1 | | |
| 13. Baby resuscitair | 2 | | |
| 14 Quick access to nursery | 2 | | |
| 15. Labour acute room | 2 | | |
| 16. Sluice room | 2 | | |
| 17. Quick access to theatre or annex maternity theatre | 2 | | |
| 18. Running water | 2 | | |
| SUB TOTAL | 48 | | |
| 15. PERSONNEL | | | |
| A. QUALITY ASSURANCE FOR PERSONNEL | | | |
| 1. There is a written policy on how the facility determines the number, types, and desired qualification of their staff. | 5 | | |
| 2. There are procedures for orientation of all staff members to the facility and to their specific job responsibilities at the appointment of new staff. | 4 | | |
| 3. There is a program to ensure each staff member receives ongoing in-service and continuous education to maintain or advance his/her skills and knowledge. | 3 | | |
| 4. The facility has an effective job description policy. | 3 | | |
| B. CATEGORIES OF PERSONNEL (FULL TIME) IN THE STAFF LIST, PHYSICAL PRESENCE AND EVIDENCE OF QUALIFICATION | | | |
| I. Surgeons | | | |
| 10 and above | 20 | | |
| 5 – 9 | 10 | | |
| 1 – 4 | 5 | | |
| II. Obstetric/ gynecologists | | | |
| 10 and above | 20 | | |
| 5-9 | 10 | | |
| 1-4 | 5 | | |
| III. Physicians | | | |
| 10 and above | 20 | | |
| 5-9 | 10 | | |
| 1-4 | 5 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-----------------------------------------------------------------------------------|--------------------|---------------------------------|---------|
| IV. Pediatricians 10 and above 5-9 1-4 | 20 10 5 | | |
| V. General Medical Officers 10 and above 5 – 9 1 – 4 | 20 10 5 | | |
| VI. Interns qualified as doctors 15 and above 5 – 14 1 – 4 | 10 5 3 | | |
| VII. Pharmacists (degree in pharmacy) 10 and above 5 – 9 1 – 4 | 15 10 5 | | |
| VIII. Clinical Officers 10 and above 5- 9 1 – 4 | 15 5 3 | | |
| IX. BSc. Nurses and Registered Nurses 20 and above 11 – 9 5 – 9 1 – 4 | 20 10 5 3 | | |
| X. EN/ECN/EM (Enrolled Nurses) 20 and above 11 – 9 5 – 10 1 – 4 | 20 10 5 3 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|---------|
| XI. Pharmaceutical Technologist 10 and above 5 – 9 1 – 4 | 10 3 2 | | |
| XII. Laboratory Technologist 10 and above 5 – 9 1 – 4 | 5 3 2 | | |
| XIII. Theatre Technologists 10 and above 5 – 9 1 – 4 | 5 3 2 | | |
| XIV. Administrative Personnel. Administrator Accounts officer Procurement officer Human resource officer Public relation officer Security officers | 10 5 5 5 5 5 | | |
| XV. Other Supportive Staff 20 and above 10 – 19 1 – 9 | 5 3 2 | | |
| SUB TOTAL | 255 | | |
| 16. WARDS | | | |
| 1. ICU | 5 | | |
| 2. High dependency unit | 5 | | |
| 3. Male surgical ward(s) | 2 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|----------------------------------------------|-----------|------------------------------|---------|
| 4. Male medical ward(s) | 2 | | |
| 5. Male isolation wards | 2 | | |
| 6. Female medical ward(s) | 2 | | |
| 7. Female surgical ward(s) | 2 | | |
| 8. Female isolation ward(s) | 2 | | |
| 9. Female obstetric ward(s) | 2 | | |
| 10. Female gynecological ward(s) | 2 | | |
| 11. Pediatrics medical ward(s) | 2 | | |
| 12. Pediatrics surgical ward (s) | 2 | | |
| 13. New born unit | 5 | | |
| 14. Burns unit | 5 | | |
| 15. Renal unit | 1 | | |
| 16. Cardio-thoracic ward | 1 | | |
| 17. Neurosurgical ward | 1 | | |
| 18. E.N.T. unit | 1 | | |
| 19. Eye unit | 2 | | |
| SUB TOTAL | 46 | | |
| | | | |
| 17. GOOD HOUSE KEEPING | | | |
| A. BED QUALITY | | | |
| 1. Metallic | 3 | | |
| 2. Firm | 3 | | |
| 3. Adjustable | 3 | | |
| 4. Has wheels | 3 | | |
| 5. Of good height (30 inches from the floor) | 3 | | |
| 6. At least 3 ft wide and 6ft long | 2 | | |
| 7. Spaces between beds at least 1.5 meters | 3 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|---------|
| B. LINEN | | | |
| QUALITY ASSURANCE IN LINEN PROVISIONS | | | |
| 1. There are written guidelines on the cleaning and disinfection of linen and protection of the laundry staff. | 5 | | |
| 2. There is enough stock of assorted linen (uniform, theatre, sheets, blankets, bed covers, mackintosh, pillow slips, mattresses, e.t.c) | 5 | | |
| 3. The linen is clean and well pressed (ironed) | 3 | | |
| 4. The linen is well labeled with facility's name and department | 3 | | |
| 5. The linen is not torn | 2 | | |
| 6. There is a responsible person who controls the use of linen | 2 | | |
| C. WHEEL CHAIR | | | |
| One wheel chair per ward. | 2 | | |
| Presence of wheel chairs but not in every ward. | 1 | | |
| D. STRETCHER | | | |
| 4 or more | 2 | | |
| 1 – 3 | 1 | | |
| SUB TOTAL | 39 | | |
| | | | |
| 18. MORTUARY | | | |
| A. QUALITY ASSURANCE IN THE MORGUE | | | |
| | | | |
| 1. The facility has training program for the mortuary attendants on admission, identification/documentation, disinfection, preservation and storage of bodies | 3 | | |
| 2. The facility has guidelines on disposal of unclaimed bodies. | 3 | | |
| 3. The facility has enough stock of protective gear for the mortuary attendants. | 3 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|---------|
| 4. There is a mortuary equipment management program that includes the selection and acquisition; inventorying, inspecting and testing; calibrating and maintenance; monitoring and follow-up; and documentation of all processes. | 3 | | |
| B. MORTUARY SERVICES | | | |
| 1. embalming facilities | 2 | | |
| 2. Refrigeration | 2 | | |
| 3. Other forms of preservation (formalin) | 1 | | |
| 4. Prayer room | 1 | | |
| C PROVISIONS FOR POSTMORTEM EXAMINATION | | | |
| 1. Separate post mortem room | 2 | | |
| 2. build-in post mortem table | 2 | | |
| 3. Running water with antiseptic | 2 | | |
| 4. Tissues disposal facilities | 2 | | |
| 5. Clean postmortem set | 2 | | |
| SUB TOTAL | 28 | | |
| | | | |
| 19. OTHER SERVICES | | | |
| 1. Well equipped, working ambulance | 3 | | |
| 2. MCH/FP (Maternal-Child Health/Family Planning) | 3 | | |
| 3. K.E.P.I (Kenya Expanded Program on Immunization) | 3 | | |
| 4. VCT (Voluntary Counseling and Testing) | 3 | | |
| 5. PMTCT(Prevention of Mother –To- Child- Transmission of HIV) | 3 | | |
| 6. Palliative Care | 2 | | |
| 7. Infectious Diseases (TB, Leprosy e.t.c) | 3 | | |
| 8. Anti Retroviral Therapy (ART) | 3 | | |
| SUB TOTAL | 23 | | |
| | | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------|---------|
| 20. RECORDS & INFORMATION SYSTEMS | | | |
| A. QUALITY ASSURANCE IN RECORDS AND INFORMATION SYSTEMS | | | |
| 1. The facility has policy that identifies those authorized to make entries in the patient clinical record and determines the record's content and format. | 5 | | |
| 2. The facility initiates and maintains a clinical record, which contains all information for every patient, assessed and/or treated (files). | 5 | | |
| 3. The facility contributes to external databases in accordance with law or regulation (e.g. notifiable diseases) and produces relevant reports (monthly, quarterly). | 5 | | |
| 4. The facility has systems in place to ensure maintenance of confidentiality of patients' data and information. | 5 | | |
| B. RECORDS | | | |
| 1. Availability, usage and keeping of necessary records | 3 | | |
| 2. Qualified Records Officers | 2 | | |
| 3. Health Management Information systems in place and up-to-date | 3 | | |
| 4. In-patient/out patient registers | 3 | | |
| SUB TOTAL | 31 | | |
| | | | |
| 21. FUNCTIONAL COMMITTEES | | | |
| 1. Infection Control | | | |
| a. The committee is constituted of persons from all departments, with a person qualified in infection control as the leader. | 2 | | |
| b. The program is appropriate to the facility's size and geographical location, services and patients. | 2 | | |
| c. The facility has identified the procedures and processes associated with the risk of infection and the strategies to reduce infection risk | 2 | | |

| NHIF ACCREDITATION STANDARDS | POINTS | POINTS AWARDED (MAX OR ZERO) | REMARKS |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------|---------|
| 2. Mortality Review | | | |
| a. The committee is constituted of persons from all concerned department(s) , and a qualified doctor/ clinical officer/nurse is the leader | 2 | | |
| b. Monthly mortality meeting. | 2 | | |
| 3. Quality Improvement Team | | | |
| a. There is a written plan for the facility's quality improvement program. | 5 | | |
| b. The hospital management participates in planning and monitoring a quality improvement and patient safety program | 5 | | |
| c. All departments collaborate in planning and carrying out the quality improvement program. | 5 | | |
| d. Continuing Education (Professional Development) | 5 | | |
| e. Evidence of certification by another quality certification body (e.g. ISO, KBS) | 15 | | |
| 4. OTHER COMMITTEES | | | |
| a. Hospital Management Board | 4 | | |
| b. Hospital Management Team | 4 | | |
| c. Executive Expenditure Committee | 2 | | |
| SUBTOTAL | 45 | | |
| 22.HOSPITALS IN DISADVANTAGED REGIONS | | | |
| (Those in hardship areas, as recommended by the board) | 100 | | |
| 23. MEDICAL TRAINING INSTITUTIONS | | | |
| 1. Diploma Training Institutions | 50 | | |
| 2. Degree Training / Referral Institutions | 100 | | |
| 24. Engraving of all hospital equipment | 20 | | |
| 25.Use of ICT in the facility | 20 | | |
| GRAND TOTAL | 1600 | | |

Quality Assurance Officer's signature.....

ACCREDITATION ASSESSMENT REPORT DONE BY THE FOLLOWING

Assessment Certified by:

- 1. Name.....Signature.....Date:.....
- 2. Name..... Signature.....Date:.....
- 3. Name:..... Signature..... Date:.....

I.....the Area Manager ofArea Office certifies that
 this exercise took place Signature:.....Date:.....

OFFICIAL NHIF STAMP

Hospital represented by:Designation.....
 Signature.....Date.....

OFFICIAL HOSPITAL STAMP.

* A need for re-assessment may arise if the NHIF Management/Board is not satisfied with the initial assessment.

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