

To be completed Quarterly in April, July, October and January by the Assistant Nursing manger.
Record NA/NC/PC/C for each indicator for each assessed month and calculate score using tables below.

Year:		Unit:	
Not applicable (NA):	Does not apply to the unit or individual assessment or not observed.		
Non-Compliant (NC):	<50% compliance		
Partially Compliant (PC):	50-79% Compliance		
Compliant (C):	80-100% Compliance		

NO.	INDICATOR	April	July	Oct.	Jan
Integration					
1.	There is a written policy regarding KMC in the hospital				
2.	Management aware of & committed to KMC (Interview manager)				
3.	Within 6 months of deployment to KMC all non-rotating nursing staff have received training in KMC.				
4.	One third of medical staff in hospital (1 ^o) or paed. dept. (2 ^o /3 ^o) have received training in KMC.				
5.	Mothers aware of KMC principles and benefits. (Interview mother)				
6.	All clinical staff responsible for KMC delivery have achieved ≥ 80% on KMC skills audit.				
7.	Quarterly KMC audit results maintained ≥ 80%				
Term babies					
8.	All babies in Labour Ward (LW) are nursed uninterrupted for at least the first hour in skin to skin				
9.	Stable babies born via caesarean section receive skin to skin care and breast feeding in theatre/recovery				
10.	Baby transferred from LW/Theatre to post-natal with mother , skin to skin.				
11.	All babies in post-natal are in skin to skin position				
12.	Babies are discharged in skin to skin position				
Intermittent KMC					
13.	Mothers receive education regarding benefits and practice of KMC				
14.	Comfortable chairs with backs are available in neonatal unit for intermittent KMC				
15.	Intermittent KMC is commenced within 48hrs of birth				
16.	Babies are fed in KMC position				
17.	Intermittent KMC sessions last at least one hour once asleep.				
18.	Provision of KMC is recorded in daily assessment chart				
19.	HC and ICU babies also receive intermittent KMC				
20.	HC/ICU babies are removed from the incubator by the nurse/doctor				
Admission					
21.	Baby admitted to 24hr KMC when gaining weight on full feeds, no significant resp. distress & off continuous IV fluids.(May be earlier if supportive environment available)				
22.	Mother admitted to KMC bed/unit with inpatient file and ID band				
23.	General and obstetric health assessment done before mother admitted to KMC				
24.	Neonatal ADD register in use (Stand-alone Units)				
25.	Each mother has a KMC unit orientation booklet with health assessments				
26.	Each mother has a Life Giving Gift booklet & KMC (sick & small) flyer				
27.	Each mother has a Family Monitoring booklet				
	NA				
	NC				
	PC				
	C				

Facilities (24 hr. KMC Units only) 13 indicators		April	July	Oct.	Jan
28.	There are hand wash facilities at the entrance to the unit				
29.	There are hand wash facilities in the ablutions and dining areas				
30.	There is a home like environment				
31.	There are functional indoor & outdoor social areas				
32.	There is an appropriate dining area				
33.	There are an appropriate number of intact, comfortable chairs				
34.	There are functional TV/radio, microwave, kettle/urn and fridge				
35.	There is adequate unchipped crockery and cutlery				
36.	There is a functional internal telephone				
37.	There is a locker, intact mattress and pillow for each bed				
38.	Functional resuscitaire available				
39.	Neonatal resuscitation trolley available and checked twice daily				
Systems (24 hr. KMC Units only) 9 indicators					
40.	There is evidence that mothers receive orientation to KMC				
41.	Orientation includes unit routine, services provided, responsibilities, movement permitted, visiting policy, personal hygiene, hand hygiene and environmental hygiene				
42.	Each mother has a KMC unit orientation booklet with health assessments				
43.	Each mother has a KMC education booklet				
44.	Each mother has a Family Monitoring booklet				
45.	The unit routine is displayed				
46.	Hand hygiene (moments and method) posters are displayed				
47.	There is a system to appoint a KMC mother champion and orientate her to her role.				
48.	There are ablution and general cleaning lists				
Environmental hygiene (24 hr. KMC Units only) 30 indicators					
Living area					
49.	All hand washing facilities meet norms for clinical hand wash basins				
50.	Clean and tidy- Checked regularly using checklist				
51.	Lockers are neat and clean				
52.	No food kept at the bedside				
53.	Mothers maintain the cleanliness of the dining area and their own bed space between cleaning service times				
54.	Mothers issued daily with cleaning cloths & general purpose cleaner				
55.	All horizontal surfaces/appliances clean-no dust found				
56.	Floors and skirting boards clean with no polish buildup				
57.	Ceilings and walls clean, no peeling paint and cobweb free				
58.	Posters only on pin boards not on walls				
59.	Curtains/blinds clean				
60.	Windows and sills clean				
61.	Mirrors are clean				
62.	All areas are odour-free				
63.	All areas are free of cobwebs				
64.	The unit has adequate natural or mechanical ventilation – windows are kept open				
65.	Clear and red waste containers are available in each area				
66.	Waste containers emptied twice daily				
	NA				
	NC				
	PC				
	C				

Ablutions		April	July	Oct.	Jan
67.	Clean - Checked regularly using checklist				
68.	Toilet paper available				
69.	Toilets are intact (cover, seat, flush, cistern) functional and clean				
70.	Showers/Baths clean and functional				
71.	Sanitary bins clean and not over flowing				
Social/Dining area					
72.	Clean and tidy - Checked regularly using checklist				
73.	Food trolleys are clean and dry				
74.	Fridge is clean and functional				
75.	Microwave is clean and functional				
76.	Cupboards are clean and tidy				
77.	Tea towels/dishcloths are clean				
78.	Kitchen sink is clean and uncluttered				
General (24 hr. KMC Units only) 4 indicators					
79.	There is a KMC mother champion				
80.	Visitors are permitted during visiting hours in social area				
81.	There are structured activities/health education				
82.	Mothers are satisfied with conditions in the KMC unit				
Hygiene, Health and Safety					
83.	Mothers bath/shower at least daily				
84.	Mothers know how to do hand hygiene (randomly select 2 to audit)				
85.	KMC champion/supervisor confirms that hand hygiene is practiced				
86.	Mothers have a general health assessment /screen twice daily				
87.	Mothers have a post-natal health assessment on day 3, day 7, after 1-2 weeks and at 6 weeks				
88.	Mothers have a mental health assessment weekly				
89.	Mothers are provided with appropriate and clean hospital clothing				
90.	Beds are 1.5m apart				
91.	Mothers accompanied when leaving the stand alone KMC facility				
92.	Warning signs available/displayed for wet floors				
Supportive environment					
93.	80% or more of KMC beds are occupied				
94.	KMC beds occupied by KMC not post-natal mothers				
95.	There is appropriate 24hr allocated nursing cover				
96.	There is a registered nurse overseeing 24hr KMC beds				
97.	There is a home like environment				
98.	Daily routine is displayed (Stand- alone units)				
99.	Vision and mission for KMC displayed (Stand- alone Units)				
100.	Educational material regarding KMC is available				
101.	Schedule of daily structured activities/talks displayed & occur				
102.	Mothers are empowered to give oral medications themselves				
103.	Family (including siblings) visiting is encouraged.				
104.	Fathers allowed visiting at all times				
105.	Short line medications are administered in 24hr KMC.				
106.	Resources are available to offer HC KMC. (2 ^o /3 ^o)				
107.	Daily rounds are done by an allocated doctor				
108.	At least weekly rounds done by the Rehab. Team.				
109.	The daily KMC neonatal assessment chart is used				
110.	Babies are observed 12 hrly and PRN by a nurse				
111.	All babies have 2 ID bands with correct information				
112.	Mothers observe their babies using the Family monitoring booklet				
		NA			
		NC			
		PC			
		C			

Position		April	July	Oct.	Jan
113.	Adequate numbers of KMC wraps are available				
114.	All babies in skin to skin				
115.	Babies are tightly tied on. Necks slightly extended				
116.	The wrap is knotted at the front or side				
117.	Mothers mobilize freely with babies in KMC position				
118.	Babies are only removed from skin to skin position if mother is expressing or using the ablutions				
119.	Babies are swaddled, with head covered, if not in KMC position				
120.	Babies are transferred (inter ward and inter facility) & discharged in KMC position				
Nutrition					
121.	Feeds are supervised by a nurse				
122.	Only breast milk given				
123.	Feeds are given in KMC position				
124.	Nasogastric feeds given and then weaned to breast feeding				
125.	Feeding transition checklist used				
126.	At least weekly rounds done by dietician				
127.	Weight - plotted daily				
128.	Growth plotted on percentile chart weekly				
Discharge and follow up					
129.	KMC discharge assessment tool (score sheet) is in use				
130.	Babies discharged when stable, gaining weight on full breast feeds and a supportive home environment is assured. (Score ≥ 19)				
131.	A KMC outpatient clinic is held at least weekly in the unit.				
132.	Babies are followed up on Day 3 and 7 at KMC clinic and then 1-2 weekly at PHC until 40 weeks/2500g.				
133.	Babies are in KMC position when brought for follow up				
134.	Mothers are monitoring babies at home using the Family monitoring booklet				
135.	KMC follow up tool is in use				
	NA				
	NC				
	PC				
	C				
	Final Scores:	%	%	%	%

Hand Hygiene Procedure (See line 84)							
1. Assess at least 2 individual performances of use of hand hygiene (either soap and water or ABHR)							
2. Mark each item- ✓ or ✗ and then total							
	Mother No.	1	2	3	4	5	6
1.	All jewellery /traditional bracelets removed/covered						
2.	Finger nails short and clean						
3.	Cuts, cracks, abrasions covered (water proof dressing)						
4.	Is able to identify moments for boarder hand hygiene						
5.	Opens taps with elbows (NA for ABHR)						
6.	Wets hands (NA for ABHR)						
7.	Closes taps with elbows (NA for ABHR)						
8.	Applies liquid soap using elbow or 5mls (palm full) of ABHR						
9.	Cleans hands-each step to a count of 5 as below:						
10.	Finger tips of right hand in left palm and vice versa						
11.	Right palm over left dorsum fingers interlocked & vice versa						
12.	Palm to palm fingers interlocked						
13.	Back of fingers to opposing palm with fingers gripped						
14.	Right thumb clasped in left palm and vice versa						
15.	Wash lasts at least 30secs						
16.	Opens taps with elbows (NA for ABHR)						
17.	Rinses hands thoroughly (NA for ABHR)						
18.	Turns off tap with elbow / paper towel (NA for ABHR)						
19.	Dries well with paper towels / rubs till dry (ABHR)						
Totals:							
Divide by 19 (Wash) or 13 (ABHR)							
X 100		%	%	%	%	%	%
Add each % and divide by number of people assessed:		Total		%			

Month	Assessed By -Sign	Print	Desig.	Date	Feedback received by:
April					
July					
October					
January					

Scoring and feedback-In Discussion with the Unit:				
April Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 270 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
July Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 270 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
October Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 270 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
January Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 270 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				