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33. 34.

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37.

Year		i indicator for each assessed month and calcul Unit:	-							
Not applicable (NA):		Does not apply to the unit or individual assessment or not observed.								
	-Compliant (NC):	<50% compliance								
	ially Compliant (PC):	50-79% Compliance								
	pliant (C):	80-100% Compliance								
	P ( - )									
NO.		INDICATOR	June	Sept.	December	March				
Proc	curement									
1.	Bid evaluation committe	ee meets monthly								
2.	Bid adjudication commit	tee meets monthly								
3.	Cash flow committee m	eets monthly								
1.	End user ( OM/ HCU/Clin	nical manager ) approves purchase								
5.	Standardised NSI registe	r in use and up to date								
<b>5</b> .	Unit receives monthly N	SI procurement reports								
7.	NSIs are processed and	delivered within 3mths								
8.		s ordered as proprietary items (sole provider)								
9.		ables available (Consumables checklist)								
Labo	oratory and Blood service		1	1						
10.	Required consumables a									
11.		Full range of paed micro containers								
12.		Urine specimen bottles								
13.		Paediatric Blood culture bottles								
14.		Cross match tubes								
15.		Cord blood tubes	-							
16.		Glucose tubes								
17.	There is a 24hr laborato									
18.	Bilirubin/LP results avail									
19.	FBC results available wit									
20.	HIV, RPR & CRP tests car				_					
21.		ve been audited monthly			-					
22.	Blood gas machine avail									
22	Description of black discussions	In neonatal unit-2º/3º								
23.	Required blood product									
24.		Tetanus toxoid								
25. 26.	Г	Polygam- 2/3 <sup>o</sup> gency Paed packed cells -within 24hrs -District								
20.	Emei	gency Paed packed cells -within 24nrs -District In hospital- 2º/3º								
Phar	rmacy									
27.	There is an emergency p	harmacy service	1							
28.		ceuticals available(Pharmaceuticals checklist)	+							
Line	<u> </u>		1	l						
29.	Adequate amounts of cl	ean linen daily- Towels	1							
	, acquate amounts of th	can men adiry TOWEIS	1	1						

KMC wraps There is a system in place to wash baby clothes and KMC wraps CSSD Required packs and sterile items available-IV pack **Neonatal Procedure** Sinappi Expressing Cups NA Α. NC PC С

Cot/incubator sheets

Baby blankets

Caps

Radiology				June	September	December	March
38. There is a 24hr mobile X-Ray service							
39.	Urgent X-Rays available within 1hr						
40.	Cranial ultrasound with preterm robe can be perfe	ormed (2º/3º)					
41.	Colour dopler can be performed (2/3°)						
42.	CT scans can be performed (3°)						
43.	MRI can be performed (3°)						
Clea	ning				•		
44.	Cleaning staff are non-rotational (6 mths minimur	m)					
45.	Cleaning staff trained and competent in cleaning	equipment					
46.	Cleaning staff terminally clean equipment						
47.	Ablution cleaning checklist current and compliant						
48.	Unit cleaning checklists current and compliant						
Mai	ntenance						
49.	Maintenance register in use						
50.	Maintenance requests followed up monthly						
51.	All maintenance requests completed within 3 mo	nths					
52.	Neonatal unit well maintained (See checklist belo	w)					
53.	KMC unit well maintained (See checklist below)						
54.	Lodger unit well maintained (See checklist below						
		B. N	Α				
		N	С				
		P	C				
			С				
		s:	%	%	%	%	

Maintenance checklist													
No	o Item		Neonatal Unit			KMC unit			Lodger Unit				
	Month	Jun	Sep	Dec	Ma	Jun	Sep	Dec	Ma	Jun	Sep	Dec	Ma
1.	Walls Dry and intact; paint-clean and smooth												
2.	Ceiling Paint in good condition and clean												
3.	Intact –not broken or loose/missing panels												
4.	Not leaking												
5.	Lights All bulbs present and functional												
6.	All lights covered												
7.	Windows Glass not broken												
8.	Handles working												
9.	. Can open and close (if possible)												
10.	10. Floors and skirting's Clean												
11.	.1. Intact-no holes/ridges												
12.	12. Furniture & Carpentry Functional & easily cleanable												
13.	Electrics All plugs functional												
14.	Plumbing No leaks												
15.	.5. No leaking taps												
16.	Ablutions Cistern covered												
17.	. Toilet seat and lid present and functional												
18.	Toilet functional and not leaking												
19.	Air-conditioning-Functional and visibly clean												
20.	20. Pest control checks performed monthly												
	Totals:												
	Divide by 20												
	X100=Final Percentage:												

Month	Assessed By -Sign	Print	Desig.	Date	Feedback received by:
June					
September					
December					
March					

Scoring and feedback-In Discussion with the Unit:								
June Scoring	NA=	NC=	PC=	C=				
	NAx2=			Cx2=				
	A: PC + (Cx2) =		B: 108 - (NAx2)=					
	A / B =		X 100 = %					
Gaps Identified:								
Action Plan:								
September Scoring	NA=	NC=	PC=	C=				
	NAx2=			Cx2=				
	A: PC + (Cx2) =		B: 108 - (NAx2)=					
	A / B =		X 100 = %					
Gaps Identified:								
Action Plan:								
June Scoring	NA=	NC=	PC=	C=				
	NAx2=			Cx2=				
	A: PC + (Cx2) =		B: 108 - (NAx2)=					
	A / B =		X 100 =	%				
Gaps Identified:								
Action Plan:								
September Scoring	NA=	NC=	PC=	C=				
	NAx2=			Cx2=				
	A: PC + (Cx2) =		B: 108 - (NAx2)=					
	A / B =		X 100 = %					
Gaps Identified:								
Action Plan:								