



Ministry of Health

CORE STANDARDS FOR QUALITY HEALTHCARE

Kenya Quality Model for Health

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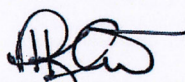
FOREWORD

The Government of Kenya is committed to ensuring that all citizens achieve the highest quality of healthcare possible. The Bill of Rights in the Constitution of Kenya is clear that every citizen has a right to the highest attainable standard of health, including reproductive health and emergency treatment. Under the Social Pillar, Vision 2030, our country's long-term development blueprint, recognises the need to improve the overall livelihoods of Kenyans, by providing efficient and high quality health care systems with the best standards. The implementation of Kenya Quality Model for Health (KQMH) standards will help to address this and to secure quality excellence in the health sector as a long term target. The quality model is designed to guide and facilitate movement towards better quality of services through regular assessment of quality of service delivery (availability, functionality and use of inputs), process optimization and maintaining focus on results.

In 2008, the Ministry of Health (MOH) revised the Kenya Quality Model to KQMH to customize the standards for the various levels of the healthcare system. However, the 2008 review did not consider the clinical content of the model. Further, since 2008, there have been several changes in the health sector that include the enactment of a new constitution in 2010; the development of a new health policy (Kenya Health Policy 2014-2030); adaption of the World Health Organisation Health Systems Building blocks in the Kenya Health Sector Strategic and Investment Plan (KHSSP) 2014-2018; and the development of various clinical standards and guidelines, among others. Therefore, the MOH has revised the standards to reflect these changes and to ensure that it is comprehensive and that it reflects current national policies and strategies as well as international developments and best practices in the delivery of health services.

It is expected that all stakeholders will play an active role in the implementation of these standards in all health facilities and that the health workers will make it an integral part of their performance assessment in order to continuously improve the quality of health care provided to the highest attainable level. The standards described in this document apply to all health facilities of public, private and faith-based organization ownership.

This document has been prepared under the direction of the KQMH Review Committee and published by the Ministry of Health.



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March 2018

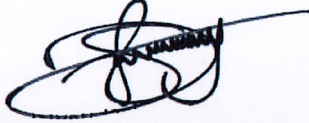
ACKNOWLEDGEMENT

This standard has been prepared under the direction of the KQMH Review Subcommittee and published by the Ministry of Health. Its development marks an important milestone in the efforts of the health sector to ensure that quality health services are provided to all Kenyans. Its use is expected to contribute to the attainment of the highest standards of health services delivery as envisaged in the Constitution of Kenya.

This standard was designed and developed through a long process of consultation, teamwork and information gathering guided by Dr. Charles Kandie, Head, Division of Health Standards and Quality Assurance.

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ABBREVIATIONS

DHIS	District Health Information Software
HMIS	Health Management Information System
HRH	Human Resources for Health
KHSSP	Kenya Health Sector Strategic Plan
KQMH	Kenya Quality Model for Health
KPI	Key Performance Indicator
IQC	Internal Quality Control
MCH	Maternal and Child Health
MOH	Ministry of Health
QMS	Quality Management System
SOP	Standard Operating Procedure

INTRODUCTION

Background

Improving the quality of healthcare is a key priority in Kenya as reflected in a number of policy and strategy documents. According to Vision 2030, Kenya's economic blueprint, the country aims to have an equitable and affordable healthcare system of the highest possible quality by the year 2030. The overarching goal of the Kenya Health Policy (Ministry of Health, 2014) is 'attaining the highest possible health standards in a manner responsive to the population needs'. The policy aims to achieve this goal through supporting the provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans.

The Bill of Rights

Article 43: Economic and social rights

(1) Every person has the right--

(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; ...

(2) A person shall not be denied emergency medical treatment.

Rationale for the Review of KQMH

The KQMH is a conceptual framework for an integrated approach to improved quality of healthcare in Kenya. In 2001, the Kenya Quality Model (KQM) was developed and introduced by the Ministry of Health (MOH), to guide the organisation of health services to deliver positive health impacts by addressing quality issues. The KQM consisted of standards and a master checklist. In 2008, the KQM was revised to customise it for the various levels of the healthcare system as described in the Kenya Essential Package of Health (KEPH). However, the 2008 review did not consider the clinical content of the quality model. Further, since 2008, there have been changes in the health sector, which needed to be reflected in a revised standards. These changes include the enactment of a new constitution in 2010; the development of the Kenya Health Policy 2014-2030; the adaption of the World Health Organisation Health Systems Building in the Kenya Health Sector Strategic and Investment Plan (KHSSP) 2014-2018; and the development of various clinical standards and guidelines among others.

The first National Quality Policy Seminar held in Nairobi in 2013 recommended a review of the KQMH, to make it a national quality improvement tool and one that could be legitimized through regulation requiring all providers to use it. The seminar recognized that even though multiple approaches allow health care providers to innovate, to be creative and to experiment, there is need to have a common national framework to guide all quality improvement initiatives. In addition, the MOH has identified the KQMH as the vehicle for improving quality of care in the health sector, therefore there is need to review and update it as a prelude for the development of national standards to be used in the national accreditation framework.

The goal of KQMH is to improve adherence to standards and guidelines based on evidence-based medicine, as well as applying quality principles and tools and satisfying patient / client's needs in a culturally appropriate way. KQMH uses standards and guidelines that are evidence-based and proven to be effective, efficient, affordable and acceptable. It also integrates patient partnership in the healthcare process.

Review Objective

To ensure that the KQMH is comprehensive and reflects current national policies and strategies, as well as international developments and best practices in the delivery of health services.

Principles of the KQMH and Dimensions of Quality

The KQMH integrates evidence-based medicine through wide dissemination of public health and clinical standards and guidelines embedded with total quality management and patient partnership. The seven principles underlying KQMH are:

- Leadership
- Customer orientation (external and internal)
- Involvement of people and stakeholders
- Systems approach to management
- Process orientation
- Continuous quality improvement
- Evidence-based decision making

The 12 dimensions of quality of the KQMH implemented through the standards described in this document are organised around structure, processes and results, as follows:

I. Structure:

- 1) Leadership
- 2) Human Resources
- 3) Policies, Standards and Guidelines
- 4) Facility and Infrastructure
- 5) Supplies Management
- 6) Equipment
- 7) Transport
- 8) Referral Systems
- 9) Health Records and Health Management Information Systems
- 10) Financial Management

II. Processes:

- a) Outpatient services
- b) Patient-centred care
- c) Infection prevention and control
- d) Outpatient services
- e) Accidents and emergencies
- f) Surgical emergencies
- g) Anaesthesia

- h) Safe delivery
- i) Neonatal care
- j) Dialysis services
- k) Laboratory services
- l) Pharmacy services
- m) Radiology services
- n) Mortuary services

III. Results, measured against set of key performance indicators.

Requirement

These standards are intended for use in all levels of health facilities, in line with the services provided. They should be used for facility self-assessment, peer assessment of network of facilities and by external assessors such as health insurance institutions, county departments of health, Ministry of Health, regulators and certification bodies. All facilities are expected to carry out self-assessment using these standards in conjunction with the checklist.

Scoring system

Dimension 1-11	
Score	Notes
0	No documented/observable effort of compliance
1	Partial (standard is not fully met, there is need for improvement). (State areas for improvement under remarks)
3	Fully compliant

Dimension 12		
0	-	More than 75% off target
1	-	75 to 50% off target
2	-	49 to 25% off target
3	-	25 to 1% off target
4	-	Met Target

About this document

This document outlines the standards for each of the 12 KQMH dimension of quality. Health facility managers and their teams should use these standards to measure and evaluate their improvement. The standards should be used with the accompanying checklists.

STRUCTURE

Dimension 1: Leadership

Leadership has been identified as one of the most important principles in quality management and improvement. In general, leadership can be defined as a process of providing guidance and motivation. Leadership includes all senior managers at various levels of an organization such as the Principal Secretary, the Director of Medical Services, Departmental Heads, County Medical Officers, County and sub-county Health Management Team members, FBOs leaders, CEOs, those in-charge of departments, wards, laboratory, pharmacy, etc.

In the context of healthcare in Kenya, good leadership promotes the vision, mission and values of the health organization; visibly demonstrates commitment to improve safety of healthcare services, and to decrease the risks of adverse effects of health services. Good leadership is committed to continuous quality improvement. The implementation of the KQMH standard should therefore steer health facility managers to implement governance systems, monitor and improve the performance of the facility and communicate the importance of quality management to all staff working in the facility. This will be achieved by implementing the following standards:

1.1 Leadership and Management Responsibilities

- 1.1.1: The health facility management shall ensure compliance with regulatory requirements.
- 1.1.2: The facility shall have in place governance structures in line with relevant legislation
- 1.1.3: The health facility leadership shall identify and plan for the services it offers
- 1.1.4: The health facility management shall commit to the implementation of the Kenya Quality Model for Health (KQMH)
- 1.1.5: The health facility management shall formally create a designated quality improvement team.
- 1.1.6: The health facility shall have mechanisms for compliance with ethical principles.

1.2 Management Review and Continual Improvement

- 1.2.1: Management shall continually review the facility operations
- 1.2.2: Management shall support staff to engage in continuous quality improvement process.
- 1.2.3: The facility shall carry out regular quality review and assessment of effectiveness of its quality improvement initiatives
- 1.2.4: The facility shall evaluate benefits of improvement interventions at least once annually and success stories and lessons learnt communicated

1.3 The facility has put in place measures to reduce or eliminate clinical risks

Dimension 2: Human Resources

Human resources for health can be defined as “all people engaged in actions whose primary intent is to enhance health. These include clinical staff such as physicians, nurses, pharmacists and dentists, as well as management and support staff – those who do not deliver services directly but are essential to the performance of health systems, such as managers, ambulance drivers and accountants” (WHO, 2009¹)

Human Resource Management entails how an organization manages, develops and realizes the full potential of its employees at an individual, team-based and organization-wide level. The employees of an organization play an essential role in quality improvement. In addition to traditional ways of managing staff, many successful organizations have identified the involvement of staff in quality improvement and building of interdisciplinary teams as major principles in quality improvement. Staff involvement in planning at all levels is essential if change is to be managed well. Participatory approaches lead to a sense of common responsibility among staff for both problems and solutions.



Partnerships with staff entail staff development, cross-training or new work organizations, such as high performance work teams. Internal partnerships might also involve creating network relationships among work units to improve flexibility, responsiveness, and knowledge sharing. Integration of these principles in the Kenya healthcare context is that human resources are planned, managed and improved in line with the policy and strategy of the respective ministry, health sector, or health facility. For functional human resource management, the facility needs to implement the following standards:

- 2.1 The health facility is adequately staffed as per the established human resources for health norms and standards.
- 2.2 The health facility maintains an updated record of all staff.
- 2.3 The health facility implements staff performance appraisal.
- 2.4 Facility staff engage in continuous professional development.
- 2.5 Facility has a staff motivation programme.
- 2.6 There shall be an induction into service programme for all new staff.
- 2.7 The health facility shall allocate funds for training, informed by capacity needs.
- 2.8 The health facility has in place a mechanism for knowledge management.
- 2.9 The facility provides internship programmes, in accordance to MOH and other relevant guidelines.
- 2.10 Staff attitude, motivation, job satisfaction, professional improvement shall be assessed and monitored

¹ World Health Organization. 2009. Human Resources for Health: Toolkit on monitoring health systems strengthening.

Dimension 3: Policies, Standards and Guidelines

Policies, strategies, standards and guidelines provide the necessary framework for health workers and support staff to carry out their work. In order to have effective health services and primary health care programmes that produce a positive impact on health outcomes, these documents should be aligned to stakeholders' needs and expectations, based on what is safe and effective. These documents should also be known by leaders and staff and implemented in a timely manner. The facility needs to implement the following standards:

- 3.1 Healthcare facility shall align its operations with the current Kenya Health Policy and the Kenya Health Sector Strategic Plan.
- 3.2 Health facilities shall, at the minimum, have the relevant policy and strategic documents available on site.
- 3.3 A management system shall be in place for the implementation and regular review of standard operating procedures and/or protocols.
- 3.4 Staff members are regularly updated on the current policies, standards and guidelines.
- 3.5 Facility shall ensure the availability of standard clinical treatment guidelines.



Dimension 4: Facility and Infrastructure

The physical work environment often influences (positively or negatively) the service providers' motivation, their efficiency and ability to innovate in delivering services. A good work environment can facilitate better health services and reduce workload but a poor work environment deters efficiency. It is imperative that challenges pertaining to achieving effectiveness and efficiency in health facilities are addressed in addition to creating a safe work environment. The standards in this section address the infrastructural requirements of a facility with a focus on space, design, power, water, hygiene and sanitation. These standards seek to support the delivery of optimal patient care through provision of an appropriate physical environment.



Photo credit: www.mygov.go.ke

- 4.1 The health facility shall be planned, managed, and comply** with applicable guidelines, policies, gazette notices and regulations.
- 4.2 Physical facilities and Environmental conditions**
 - 4.2.1 The health facility layout shall provide adequate space allocation for quality health service delivery, while ensuring, safety of personnel, patients and visitors.
 - 4.2.2 Environment monitoring shall be done in all relevant areas.
- 4.3 Sanitation and Hygiene**
 - 4.3.1 The health facility infrastructure shall be designed, constructed and maintained to facilitate proper cleaning and drainage, infection prevention and control and pest, rodents and scavenger control
 - 4.3.2 Facility shall ensure there is adequate safe running water at all times
- 4.4 Management of waste and hazardous materials**
 - 4.4.1 The health facility shall implement measures on use, handling, storage and disposal of hazardous materials and waste
- 4.5 Lighting and security**
 - 4.5.1 The health facility shall have a reliable and stable power supply.
 - 4.5.2 The health facility shall have adequate precautions to ensure the security of its premises, staff, patients and visitors.

4.6 Disaster Management, Emergency preparedness, and risk reduction

4.6.1 The health facility shall have in place measures to facilitate emergency preparedness, disaster management and risk reduction.

4.7 The health facility shall provide for adequate storage space and conditions that maintain the quality of material stored therein.

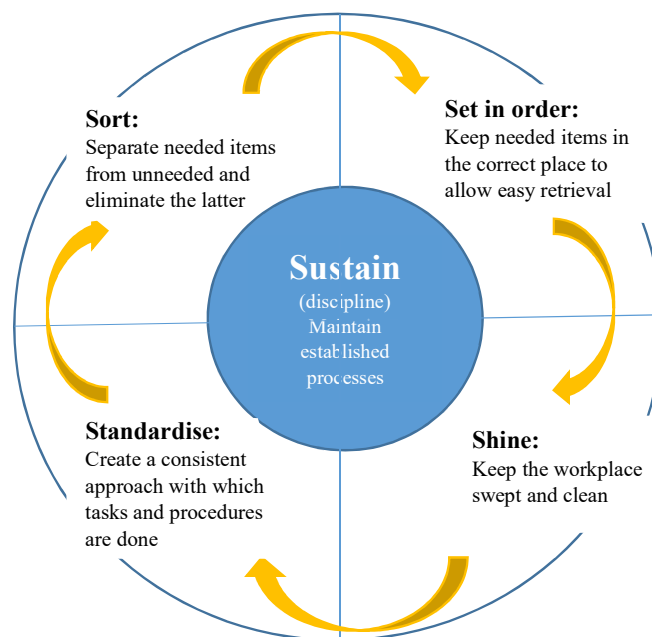
4.8 The health facility has amenities for staff and clients.

4.9 The facility linen and laundry services are operated according to documented procedure.

4.10 The healthcare facility infrastructure shall be maintained in a functional condition.

4.11 The facility shall implement 5S in all its departments (see illustration below).

Summary of the Kaizen 5S Framework



Dimension 5: Supplies Management

The basic function of supply chain management is managing and coordinating all of the supply chain activities necessary to support an organization's strategy, getting the right product to the right place at the right time. In the case of the healthcare sector, this includes sourcing, procurement, transport, warehousing and use of supplies in treatment of patients.

The standards outlined in this section address effective supply chain management as a means to improving access of clients to essential medical supplies, which is a core component of the right to health and a requisite to the attainment of national health goals. Health facilities are required to plan and manage supplies in support of the MOH/facility's policy and strategy to deliver safe and effective health services.



- 5.1 Approved plans for procurement of goods and services are available and incorporated in the facility budget.
- 5.2 Prequalification of suppliers shall be done in line with guidelines and regulations.
- 5.3 There shall be a documented procedure for ordering, receiving and storing goods and services.

Dimension 6: Equipment

Medical devices play a key role in healthcare. They are vital for diagnosis, therapy, monitoring, rehabilitation and care. Effective management of this important resource is required to satisfy requirements for high quality patient care, clinical and financial governance, including minimizing risks of adverse events. Unless medical devices are managed judiciously, the same types of adverse incidents could happen repeatedly. Good medical device management will greatly assist in reducing their potential for harm.



*Diagnosis and treatment equipment
(source: @TibaMashinani, MOH/MES)*

The purpose of these standards is to streamline measures on acquisition, deployment, maintenance (preventive maintenance and performance assurance), repair and disposal of medical devices. This will contribute towards minimizing related hazards, ensuring that employees are properly trained and competent in the use of medical devices/equipment, and that the devices are maintained in a safe and reliable condition, are quality assured and subjected to asset management that is inclusive of device history and tracking. Therefore the health facility is required to plan and maintain machines and diagnostic equipment in line with MOH/facility's policy and strategy to deliver safe and effective health services.

- 6.1 The health facility shall have adequate equipment as per scope of service.
- 6.2 There shall be an updated inventory for all equipment in the facility.
- 6.3 Donated equipment received by the facility shall meet the national policy, standards and facility specifications.
- 6.4 All equipment shall be operated by trained and authorized personnel.
- 6.5 Operation manuals on the use, safety and maintenance of equipment are available.
- 6.6 All equipment shall be maintained in a functional condition.
- 6.7 There shall be a procedure for disposal of obsolete equipment in line with regulation

Dimension 7: Transport and fleet management

Transport is a crucial component in the origination of health services. An efficient transport system ensures that treatment services can be provided where needed, and products and other materials delivered on time. A health facility is required to plan and manage transport to support the MoH/facility's policy and strategy to deliver safe and effective health services. The following standards outline how this should be done:

- 7.1 The health facility shall have access to adequate and reliable transport facilities to support safe and effective service provision.
- 7.2 The facility shall maintain all means of transport in a serviceable condition
- 7.3 There is a documented handover process for all vehicles.



Photo credit: Nakuru County government website

Dimension 8: Referral System

The health service delivery system in Kenya is organized across six levels of care, from the community level and continuing through primary care services to county referral health services to the national referral health services. Strengthening of referral linkages across service delivery units is one of the elements outlined in the Kenya Health Policy to achieve an efficient health service delivery system that maximizes health outcomes.

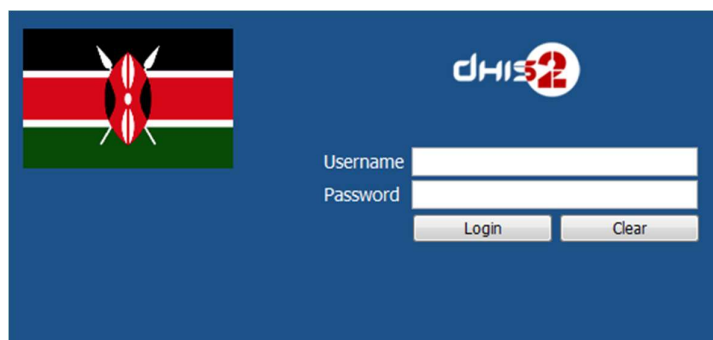
A well-functioning referral system with effective linkages ensures continuity of care across all levels and ensures the appropriate use of health services to provide care at the lowest possible cost. It also strengthens lower-level facilities and improves capacity for decision-making by health workers. Further, it creates opportunities for balanced distribution of funds, services, and human resources and promotes linkages across the different levels of care and between public and private entities.

The purpose of this dimension is to guide the health facility in collaboration and cooperation with stakeholders in a referral network. The facility is therefore required to plan and manage a referral system to support the MOH/facility's policy and strategy to deliver safe and effective health services through implementation of the following standards:

- 8.1 The health facility shall ensure that referral guidelines and SOPs are available and communicated to all relevant staff.
- 8.2. The health facility shall ensure that patients are referred in a timely manner to the appropriate health facility/specialist while ensuring continuity of care and patient safety.
- 8.3 The referring facility effectively communicates with the receiving facility.
- 8.4 The health facility shall follow a documented procedure for handover of referred patients
- 8.5 Data on referrals/transfers is collected and used to continuously improve patient care and strengthen the referral system.

Dimension 9: Health Records and Health Management Information Systems

A health management information system (HMIS) is an essential tool for assisting health managers and staff to monitor healthcare activities and reach logical decisions for improving healthcare delivery. Strong HMIS produce reliable, timely, and good-quality data to help health service managers to monitor, evaluate, and improve the system's performance and make evidence-informed decisions that enhance patient care.



Kenya online DHIS Launchpad. Accurate data is necessary for planning

A health facility is required to plan and manage a record and information management system in compliance with the health facility/ sector policy to support the delivery of safe and effective services through the implementation of the following standards:

- 9.1 The health facility shall have a system for data management.
- 9.2 The health facility shall upload data on the DHIS as per legal requirements.
- 9.3 Patient management and interventions shall be documented and signed by the relevant personnel.
- 9.4 Patients records shall contain, at minimum, enough data to clearly identify the patient.
- 9.5 Medical records shall contain complete, legible and easily traceable information.
- 9.6 Records and information shall be protected from loss, destruction, tampering and unauthorized access or use.
- 9.7 All births and deaths occurring in health facility are recorded and notified to relevant authorities

Dimension 10: Financial Management

Strategic financial management involves precisely defining a facility's objectives, identifying and quantifying its resources, and devising a plan for utilizing finances and other resources to achieve its goals. It also involves establishing procedures for collecting and analyzing financial data, making financial decisions, and tracking and analyzing variance between budgeted and actual results with the aim of identifying problems and taking appropriate corrective actions. Effective financial management leads to accountability and transparency of the institution.



A health facility is required to have a finance management system that is in compliance with the health facility/ sector's policy to support the delivery of safe and effective health services through implementation of the following standards:

- 10.1 The facility shall manage its finances based on policies and/or standard operating procedures.
- 10.2 The facility shall budget for finances in line with the strategic and annual work plans.
- 10.3 The facility shall maintain financial records to allow for continuous monitoring of income and expenditure in relation to performance data
- 10.4 The health facility shall have exemption mechanism for patients who are not able to pay for services

PROCESSES: DIMENSION 11

Each facility implementing the KQMH standards will endeavour to improve all processes within its operations in the spirit of continuous quality improvement. This shall involve systematic identification of processes or areas for improvement; planning and setting target for improvement; implementation of improvement initiative; monitoring of improvement; and evaluation of initiatives. This section identifies the core areas required to address current pressing challenges in quality of care within Kenyan health facilities.



Key Steps in CQI

11.1 Outpatient Services

11.1.1 The facility shall plan and implement outpatient services in line with MOH policies and strategies

11.1.1.1 All patients cared for by the hospital have their health care needs identified through an assessment process that has been defined by the hospital

11.1.1.2 The facility provides health education that supports patient and family participation in their care decisions and care processes.

11.1.1.3 The facility shall define and establish a nutrition plan and procedures to ensure the provision of high quality and comprehensive nutrition services.

11.1.1.4 The facility shall define and establish procedures to ensure the provision of high quality and comprehensive immunization services.

11.1.1.5 The facility shall define and establish procedures to ensure the provision of high quality and comprehensive emergency preparedness services.

11.1.1.6 The facility shall define and establish procedures to ensure comprehensive management of locally endemic conditions

11.1.1.7 The facility shall define and establish procedures to ensure the provision of high quality and comprehensive maternal health and family planning services.

11.1.2 The facility has a mechanism in place to involve the community in service provision

11.1.3 The facility has a system for prevention, control and surveillance of locally endemic conditions

11.2 Patient-Centred Care

- 11.2.1 The facility shall have a mechanism to protect the patient's rights
- 11.2.2 Healthcare providers in the facility shall empower and enable patients/clients to actively participate in their own care processes.
- 11.2.3 The facility shall assess patients'/clients' views and level of satisfaction
- 11.2.4 The facility shall provide a mechanism for client/patient feedback.
- 11.2.5 The facility shall provide amenities for patients and visitors with disabilities
- 11.2.6 The facility shall implement a mechanism to improve accuracy of patient identification
- 11.2.7 There shall be a pain management protocol as per the level of patient care
- 11.2.8 The facility shall have a procedure for the care of terminally ill patients
- 11.2.9 The facility shall provide for respectful care of the deceased

11.3 Infection Prevention and Control

- 11.3.1 The health facility shall have in place an infection prevention and control (IPC) governance structure as per the national policy and guidelines
- 11.3.2 The health facility shall ensure that the IPC practice is in accordance with the approved guidelines and policies.
- 11.3.3 The health facility shall periodically conduct healthcare associated infections surveillance in accordance with the National IPC guidelines.
- 11.3.3 The health facility shall have a plan for the management of hazardous occupational exposure of health staff
- 11.3.4 The health facility shall ensure that adequate IPC supplies are available at all times

11.4 Inpatient Care

- 11.4.1 The management shall ensure that the facility has adequate resources and skills to provide quality inpatient care
- 11.4.2 The facility shall ensure that triaging of patients is conducted based on the patient's/clients condition
- 11.4.3 The health facility shall ensure that a comprehensive patient assessment is conducted
- 11.4.4 The health facility shall categorize patients into the prescribed levels of care
- 11.4.5 The health facility shall continuously carry out episodic patient assessments
- 11.4.6 The facility shall have in place standardized diagnostics and treatment processes

The 5R Principle:

"Right patient, Right drug, Right dosage, Right route, Right time"

-
- 11.4.7 The health facility shall administer and document prescribed medication using the 5R Principle
 - 11.4.8 The health facility shall ensure that full documentation of all procedures is done correctly.
 - 11.4.9 The facility shall have a documented standardized process for conducting ward rounds.
 - 11.4.10 The facility shall categorize nutrition status of all patients and provide culturally sensitive food and drinks for inpatient care.
 - 11.4.11 The facility shall put in place measures for preventing falls and for patient mobilization to prevent bed sores, stress ulcers, and thrombosis
 - 11.4.12 The facility shall have a documented patient discharge mechanism.

11.5 Accidents and Emergency

- 11.5.1 The health facility shall ensure that the Accident and Emergency department has adequate resources and skills to provide quality emergency care.
- 11.5.2 The facility shall ensure that triaging is conducted according to current guidelines
- 11.5.3 The health facility shall ensure that evidence-based emergency care guidelines are available and effectively applied within the Emergency Department.
- 11.5.4 The facility shall ensure that the turn-around time for emergencies is regularly monitored and reviewed.
- 11.5.5 The facility shall evaluate morbidity and mortality data within the Accident and Emergency department.
- 11.5.6 The facility shall provide emergency care, regardless of the patient's ability to pay.
- 11.5.7 The facility shall be prepared to handle mass casualties at all times

11.6 Surgical Emergencies

- 11.6.1 The surgical departments shall have adequate resources to provide quality emergency surgical care.
- 11.6.2 The facility shall make provision for priority care for critically ill surgical patients
- 11.6.3 The health facility shall assure the safety of surgical patients.
- 11.6.4 Non-operative patients shall be reviewed within a maximum of 24 hours of admission.
- 11.6.5 There shall be a structured delegation and handing-over process of all surgical care patients.
- 11.6.6 The facility shall give each patient clear information on discharge and how to make contact with a healthcare professional if the need arises.

11.7 Anaesthesia

- 11.7.1 The management shall ensure that the facility has adequate resources and skills to provide quality anaesthesia
- 11.7.2 The facility management shall ensure that there is adequate space and recording material for peri-operative care.
- 11.7.3 The facility shall ensure that there is a mechanism in place to ensure that pre-anaesthesia assessment is carried out for all patients scheduled to undergo surgery.
- 11.7.4 The facility shall ensure that each patient's anaesthesia care is planned and documented.
- 11.7.5 The facility shall have procedures to ensure each patient is monitored during anaesthesia.
- 11.7.6 The facility shall have adequate post-anaesthesia care unit facilities.
- 11.7.7 Each patient's post- anaesthesia status shall be monitored and documented

11.8 Safe delivery

- 11.8.1 The management of the health facility shall avail skilled personnel, infrastructure and equipment to offer life-saving emergency and quality maternal care.
- 11.8.2 The health facility shall ensure that all delivery unit staff provide respectful maternity care.
- 11.8.3 The health facility shall ensure that risk assessment is conducted and that intrapartum care is provided appropriately.
- 11.8.4 The health facility shall ensure that emergency maternity care is supported by timely diagnostics and laboratory services.
- 11.8.5 The health facility shall ensure that there is immediate post-delivery reassessment of the mother and the neonate within 15 minutes of delivery
- 11.8.6 The health facility shall ensure that emergency vaginal delivery is expedited.
- 11.8.7 The health facility shall ensure that emergency caesarean section is performed within 30 minutes of decision-making.
- 11.8.8 The health service provider shall continually monitor the vital signs of a patient who has post-partum haemorrhage
- 11.8.9 The health facility shall ensure that the staff offer baby-friendly practices
- 11.8.10 The health facility shall ensure that the staff conduct ward hand-over rounds.

11.9 Neonatal Care

- 11.9.1 The management of the health facility shall ensure that skilled personnel, infrastructure and equipment are available to offer life-saving emergency and quality new-born care.
- 11.9.2 The health facility shall manage all new-borns as prescribed in the Essential New-born Care guidelines.
- 11.9.3 The facility shall be adequately prepared for resuscitation of new-born babies within one minute of birth.
- 11.9.4 The facility shall have a mechanism for detection and referral of babies with danger signs or those critically ill.
- 11.9.5 The facility shall manage neonatal sepsis according to the national guidelines.
- 11.9.6 The facility shall use the current treatment guidelines for care of HIV-exposed infants.
- 11.9.7 The health facility shall ensure that infection prevention measures are put in place in the neonatal unit.
- 11.9.8 The facility shall discharge the new-born appropriately in not less than 24 hours after birth.
- 11.9.9 The facility shall provide comprehensive health education and service information to the clients.

11. 10 Dialysis services

- 11.10.1 All haemodialysis centres shall ensure availability of qualified staff to provide dialysis services to patient.
- 11.10.2 Haemodialysis
 - 11. 10.2.1 The dialysis centres shall have mechanisms to ensure stringent monitoring of dialysis patient.
 - 11. 10.2.2 All haemodialysis centres shall ensure implementation of, and adherence to strict infection control procedures designed to prevent cross-infection.
 - 11. 10.2.3 There shall be adequate space and facilities for all haemodialysis activities to be performed in the haemodialysis centres and for the required volume of work.
 - 11. 10.2.4 The facility shall ensure that there are adequate and functional haemodialysis machines.
 - 11. 10.2.5 The facility shall have in place a water treatment system that provides safe water for use in haemodialysis.
 - 11. 10.2.6 The facility shall have in place measures to ensure that water quality used for haemodialysis is of the right quality.

11. 10.2.7 The facility shall have a mechanism for efficient reprocessing of dialyser.

11. 10.2.8 The facility shall ensure consumables used in haemodialysis are of the right standard

11.10.3 Peritoneal Dialysis (PD)

11.10.3.1 All equipment and supplies used in the delivery and monitoring of therapies shall comply with the relevant standards.

11.10.3.2 The facility shall have in place provisions for educating of PD patients.

11.10.3.3 The facility shall put in place measures to ensure each PD patient is monitored for compliance with adequate PD dose.

11.10.3.4 The peritoneal dialysis unit shall have in place standard operating procedures for its services

11.10.4 The facility carries out, documents and disseminates to all relevant staff audits of the dialysis unit annually

11.11 Laboratory

11.11.1 The health facility shall ensure there are adequate resources to provide quality laboratory services.

11.11.2 General laboratory Quality Management System:

11.11.2.1 The health facility shall develop and make available a quality manual that summarizes the laboratory's quality management system.

11.11.2.2 The health facility shall provide specification for supplies and consumables

11.11.2.3 The health facility shall conduct internal audits at intervals as defined in the quality manual and address areas important to patient care.

11.11.3 Pre-examination processes:

11.11.3.1 The health facility shall use a standardized request form

11.11.3.2 The laboratory shall have guidelines on specimen collection and transportation.

11.11.3.3 The laboratory shall document, review and evaluate referrals to laboratories and consultants clinics as defined by the laboratory

11.11.3.4 There shall be a mechanism for referral of samples to appropriate facilities

11.11.4 Examination processes:

11.11.4 .1 The laboratory shall develop Standard Operating Procedures (SOP) for all its Process

11.11.4.2 Only trained, qualified and authorized personnel shall be allowed to collect, analyse and release the results of the patients.

11.11.4.3 All laboratory equipment shall be maintained in a functioning condition.

11.11.4.4 Examination procedures shall be validated for the laboratory before being introduced into routine use.

11.11.4.5 Internal Quality Control (IQC) shall be performed, documented, and verified for all tests/procedures before releasing patient results

11.11.4.6 The Laboratory shall participate in inter-laboratory comparison program or proficiency testing or alternative assessment systems for all tests

11.11.5 Post-examination processes:

11.11.5.1 All test results shall be clearly written, technically verified/validated, and confirmed against patient information.

11.11.5.2 Results shall be interpreted and released by authorized personnel.

11.11.5.3 A reporting mechanism shall be in place for critical and urgent results.

11.11.5.4 The laboratory report shall be comprehensive and clear.

11.11.5.5 All archived results shall be properly labelled and stored in a secure location easily retrievable and accessible only to authorized personnel

11.11.5.6 The laboratory shall define the length of time clinical samples are retained, which shall be aligned to regulation.

11.11.5.7 Sample disposal shall be carried out in accordance with waste management regulations.

11.11.5.8 Where the laboratory uses information management systems, the laboratory shall define levels of access authorities and responsibilities for the management and use of the laboratory information system

11.11.5.9 All results that have been transmitted electronically or reproduced externally to the laboratory shall be verified

11.11.6 Point of Care Testing:

The health facility management shall be responsible for ensuring that appropriate measures are put in place to provide and monitor point of care testing within the institution

11.12 Pharmacy

11.12.1 The health facility shall provide adequate resources to support the provision of quality pharmaceutical services.

11.12.2 The health facility shall ensure that pharmaceutical services are provided based on the best pharmaceutical practices.

11.12.3 The facility shall establish mechanisms for ensuring the safety of medicinal products including vaccines and herbal medications

11.12.4 The facility shall establish a mechanism for medication therapy management

11.12.5 The health facility shall ensure pharmaceutical staff undergo regular training, update their skills and carry out operational research.

11.13 Radiology

11.13.1 The facility shall ensure that the X-Ray infrastructure is developed according to regulation.

11.13.2 The facility management shall ensure radiation safety for staff, patients and the public.

11.13.3 Facility management shall ensure that examination request forms are standardised.

11.13.4 Imaging departments shall ensure that patient dignity and comfort is provided during imaging examinations.

11.13.5 Imaging departments will ensure that a mechanism is in place for immediate reporting of urgent and critical examination results.

11.14 Mortuary

11.14.1 The health facility shall have adequate resources to provide quality mortuary services.

11.14.2 The facility shall have in place documented standard operating procedures for body processing.

11.14.3 The mortuary environment shall have a functional drainage system and be free from smells.

RESULTS: DIMENSION 12

The health facility shall assess its performance on a quarterly basis using the defined key performance indicators (KPIs) outlined in the section below. The facility shall also analyse and document trends for the KPIs.

No.	Indicator	Benchmark	0	1	2	3	4
1	Patient satisfaction index	85%	<21%	21-42%	43-63%	64-84%	≥85%
2	Staff satisfaction index	85%	<21%	21-42%	43-63%	64-84%	≥85%
3	Average length of hospital stay	4	≥8 days	7 days	6 days	5 days	<4 days
4	Episodes of stock out of any of the 22 essential medicines and supplies lasting over 7 days in the last three months	0	≥7 episodes	5-6 episodes	3-4 episodes	1-2 episodes	0
5	Down time rates for vaccines fridge: Number of days the vaccine fridge was not functional in the past 90 days	0	≥7 days	5-6 days	3-4 days	1-2 days	0 days
6	Proportion of emergency patients referred within 30 minutes of decision making: Numerator: Number of emergency patients referred by the facility within 30 minutes of decision making Denominator: Total number of emergency patients referred by the facility	100%	< 25%	25-49%	50-74%	75-99%	100%

No.	Indicator	Benchmark	0	1	2	3	4
7	Proportion of under year one children vaccinated against Measles and Rubella						
	Numerator: No. of children under 1 immunized against measles Denominator: Facility target population under 1 year of age	90%	< 22	22-44%	45-67%	68-89%	≥90%
8	Proportion of patients developing nosocomial infections						
	Numerator: Number of patients with nosocomial infections Denominator: Total number of inpatients	5%	>8.8%	8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%
9	Proportion of patients with bed sores grade 1 & 2						
	Numerator: Number of patients with bed sores grade 1 & 2 Denominator: Total number of inpatients	1%	> 1.75	1.75-1.6%	1.5-1.26%	1.25-1%	<1

No.	Indicator	Benchmark	0	1	2	3	4
10	Proportion of women with perineal tears Grade 2-4 Numerator: Number of women with perineal tears Denominator: Total number of vaginal deliveries	3	> 5.3	5.3-4.4%	4.5-3.9%	3.8-3%	<3
11	Caesarian section rate Numerator: Number of CS Denominator: Total number of births	15%	< 3.8%	3.8-7.4%	7.5-11.3%	11.4-14.9%	≤15%
12	Facility-based direct obstetric case fatality rate Numerator: Number of maternal deaths at facility Denominator: Number of obstetric complications managed at facility	1%	> 1.75	1.75-1.6%	1.5-1.26%	1.25-1%	<1

No.	Indicator	Benchmark	0	1	2	3	4
13	Proportion of maternal deaths audited Numerator: Number of maternal deaths audited Denominator: Total number of maternal deaths	100%	< 25%	25-49%	50-74%	75-99%	100%
14	Proportions of newborns successfully resuscitated Numerator: Number of newborns successfully resuscitated Denominator: Number of newborns requiring resuscitation	100%	< 25%	25-49%	50-74%	75-99%	100%
15.	Proportion of babies with confirmed or suspected neonatal infection (including readmissions within seven days of discharge) Numerator: Number of babies with confirmed or suspected neonatal infection (including readmissions within seven days of discharge) Denominator: Total number of live births in the health facility	5	>8.8%	8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%

No.	Indicator	Benchmark					0	1	2	3	4
16.	Proportion of babies born with low birth weight										
	Numerator: Number of babies born with weight <2500g	5%	>8.8%					8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%
	Denominator: Total number of live births										
17	Survival rate for babies born premature										
	Numerator: Number of premature babies who are discharged alive	90%	< 22					22-44%	45-67%	68-89%	≥90%
	Denominator: Total number of babies born premature										
18	Facility-based perinatal mortality rate										
	Numerator: Number of perinatal deaths (all stillbirths and early neonatal deaths including readmissions)	1%	> 1.75					1.75-1.6%	1.5-1.26%	1.25-1%	<1
	Denominator: Total number of births										

No.	Indicator	Benchmark	0	1	2	3	4
19	Stillbirth rate Numerator: Number of babies with no signs of life at birth (at or after 28 weeks of gestation and weighting ≥1000 grams) Denominator: Total # of birth in the facility	10	>17.5 still births per 1000 live births	17.5-15.1 still births per 1000 live births	15.0-12.6 still births per 1000 live births	12.5-10.1 still births per 1000 live births	≤10 still births per 1000 live births
20	Facility-based neonatal mortality rate Numerator: Number of neonatal deaths Denominator: Total number of livebirths	12 mortalities per 1000 live births	> 21 mortalities per 1000 live births	21-18.1 mortalities per 1000 live births	18-15.1 mortalities per 1000 live births	15.0-12.1 mortalities per 1000 live births	< 12 mortalities per 1000 live births
21	Facility-based pneumonia case fatality rate for children under 5yrs Numerator: Number of deaths of children under 5yrs from pneumonia Denominator: Total number of pneumonia cases of children under 5yrs	5%	>8.8%	8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%

No.	Indicator	Benchmark	0	1	2	3	4
22	<p>Facility based diarrhea case fatality rate in children under 5 years of age</p> <p>Numerator: Number of deaths of children below 5 years of age from diarrhea</p> <p>Denominator: Total number of inpatient diarrhea cases in children below 5 years of age</p>	1%	> 1.75	1.75-1.6%	1.5-1.26%	1.25-1%	<1
23	<p>Percentage of perinatal deaths audited</p> <p>Numerator: Number of perinatal deaths audited</p> <p>Denominator: Total number of perinatal deaths</p>	100%	< 25%	25-49%	50-74%	75-99%	100%
24	<p>Proportion of repeat surgeries</p> <p>Numerator: Number of repeat surgeries in a year</p> <p>Denominator: Total number of surgeries in a year</p>	2%	>3.5%	3.5-3.1%	3.0-2.6%	2.5-2%	<2%

No.	Indicator	Benchmark	0	1	2	3	4
25	Surgical rate for cold cases Numerator: Number of surgeries conducted for cold cases Denominator: Total number of scheduled surgeries	0.9	<0.2	0.2-0.49	0.5-0.69	0.7-0.9	>0.9
26	Proportion of post-surgery complications Numerator: Number of patients with post-surgery complications Denominator: Total number of surgeries	10%	>17.5 %	17.5-15.1 %	15.0-12.6 %	12.5-10.1%	≤10 %
27	TB cure rate Numerator: Number of TB cases cured Denominator: Total number of TB cases treated	90%	< 22	22-44%	45-67%	68-89%	≥90%
28	HIV viral load suppression Numerator: Number of HIV patients on treatment whose viral loads are suppressed below 1000 copies/μl Denominator: Total number of HIV patients on treatment	90%	< 22	22-44%	45-67%	68-89%	≥90%

No.	Indicator	Benchmark					0	1	2	3	4
29	Malaria inpatient case fatality rate Numerator: Number of deaths due to malaria Denominator: Total number of inpatient malaria cases	5%	>8.8%	8.8-7.6%	7.5-6.4%	6.3-4.9%	≤5%				
30	Percentage of dialysis patients with most recent haemoglobin level above 12g/dl Numerator: Number of dialysis patients whose haemoglobin level is above 12g/dl Denominator: Total number of patients undergoing dialysis in the last one year.	100%	< 25%	25-49%	50-74%	75-99%	100%				
31	Percentage of patients being managed for high blood pressure with most recent blood pressure <140/90 mmHg Numerator: Number of patients with most recent blood pressure <140/90 mmHg who have been managed for hypertension in the last one year Denominator: Total number of patients undergoing treatment for hypertension in the last one year.	100%	< 25%	25-49%	50-74%	75-99%	100%				

No.	Indicator	Benchmark	0	1	2	3	4
	Proportion of women tested positive for cervical cancer who have received treatment at the facility.						
32	Numerator: Number of women testing positive for cervical cancer who have received treatment at the facility Denominator: Number of women testing positive for cervical cancer	75%	<18%	18-37%	37-56%	57-74%	≥75%
	Facility-based inpatient fatality rate (%)						
33	Numerator: Number of deaths Denominator: Total number of admissions	2	>3.5%	3.5-3.1%	3.0-2.6%	2.5-2%	<2%
34	Quarterly data quality audits carried out in the past one year	4	0	1	2	3	4

ANNEX 1: TERMINOLOGY

Access:	Ability of clients or potential clients to obtain required or available services when needed within appropriate time.
Accreditation:	Third party verification related to a conformity assessment body, conveying formal demonstration of its competence to carry out specific conformity assessment tasks.
Advanced life support:	The preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation using invasive techniques such as defibrillation, advanced airway management, intravenous access and drug therapy.
Adverse drug reaction:	A drug response that is noxious and unintended, and which occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.
Annual plan:	The current action plan for the year for achieving organization goals and objectives, which includes the processes, actions and resources needed for this. Also referred to as an operational plan.
Assessment:	Process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed. In patient care, the assessment forms the basis of a plan of care and treatment for patients or improvement of facilities.
Basic life support:	The preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care, including use of an automated external defibrillator.
Best practice:	Approaches that have been shown to produce superior results, selected through a systematic process, and judged as exemplary.
Calibration:	The comparison of a measurement instrument or system of unverified accuracy with a measurement instrument or system of known accuracy, in order to detect any variation from required measurement performance.
Care plan:	A document that outlines the care and treatment to be provided to a client, a set of actions the healthcare provider will implement to resolve health problems identified by assessment or to achieve the client's goals and needs.
Certification:	Formal process by which a recognized body, either governmental or non-governmental, assesses and recognizes that a healthcare organization meets pre-established performance standards.
Clients:	Individuals being served or provided with care or treatment by a healthcare organization.

Continuous improvement:	A systematic, ongoing effort to raise an organization's performance as measured against a set of standards or indicators.
Criteria:	Specific steps to be taken, or activities to be done, to reach a decision or a standard; measurable elements of a standard.
Cultural appropriateness:	The design and delivery of services that are consistent with the cultural values of clients who use them.
Data:	Facts and statistics collected together for reference or analysis, from which information can be generated.
Effectiveness:	The degree to which services, interventions or actions are provided in accordance with current best practice in order to meet goals and achieve optimal results.
Efficiency:	The degree to which resources are brought together to achieve desired results most cost effectively, with minimal waste, re-work and effort
Environment:	The overall surroundings or setting within which health care is delivered, including the building, fixtures, fittings and services such as air and water supply.
Escalation protocol:	An established set of rules that set out the organizational response required for different levels of abnormal physiological measurements or other observed deterioration. The protocol applies to the care of all patients at all times
Ethics:	Acknowledged set of principles that are deemed morally correct and which guide professional and moral conduct.
Evaluation:	Assessment of the degree of success in meeting the goals and expected results (outcomes) of the organization, services, programs or clients.
Feedback:	Information or comments provided by clients in response to a service received or query.
Governance:	A system of determining policies, and continuous monitoring of their proper implementation, to guide an organisation towards achieving its mission
Guidelines:	Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific circumstances
Hand hygiene:	A general term referring to any action of hand cleansing.
Health outcome:	The health status of an individual, a group of people or a population that is wholly or partially attributable to an action, agent or circumstance.

Healthcare provider:	A person who provides the health care for or on behalf of the organization, group or agency, e.g. a doctor, nurse, allied health professional.
Health record:	Information about a patient held in hard or soft copy. The health service record may comprise of clinical records, administrative records and financial records.
Indicator:	Performance measurement tool that is used as a guide to monitor, evaluate, and improve the quality of services. Indicators relate to structure, process, and outcomes and are rate based, i.e. have a numerator and denominator so that they can be compared and benchmarked.
Infection control or infection control measures:	Actions to prevent the spread of pathogens between people in a healthcare setting.
Informed consent:	A process of communication between a patient and their medical officer that results in the patient's authorization or agreement to undergo a specific medical intervention. This communication should ensure the patient has an understanding of all the available options and the expected outcomes such as the success rates and/or side effects for each option
Intervention:	Action taken to treat or provide care or other service designed to improve health outcomes.
Leadership:	Ability to provide direction and cope with change. It involves establishing a vision, developing strategies for producing the changes needed to implement the vision; aligning people; and motivating and inspiring them to overcome obstacles.
Management:	The organization and coordination of the activities of a facility or organization in order to achieve defined objectives. It involves setting targets or goals for the future through planning and budgeting, establishing processes for achieving those targets and allocating resources to accomplish those plans.
Monitoring plan:	A written plan that documents the type and frequency of observations to be recorded.
Partograph:	Tool that can be used by healthcare providers during the birthing process to assess the progress of labor and identify when intervention is necessary.
Patient:	A person receiving health care. Also referred to as consumer or client.
Patient-centered care:	The delivery of health care that is responsive to the needs and preferences of patients. Patient-centered care is a dimension of safety and quality.

Patient identifiers:	Items of information accepted for use in patient identification, including patient name, date of birth, gender, address, medical record number etc. Health facility and clinicians are responsible for specifying the approved items for patient identification. Identifiers such as room or bed number are not to be used in facilities implementing KQMH.
Patient rights charter:	A clear statement of the rights of all clients of the organization or facility, which all personnel are required to recognize and protect and which is supported by health facility and service policies, procedures and resource levels.
Performance evaluation:	The continuous process by which a manager and a staff member review the staff member's performance, set performance goals, and evaluate progress towards these goals.
Performance targets:	Expected levels of performance, used to assess performance achieved compared to planned or expected performance.
Policy:	A set of principles that reflect an organization's mission and direction. All procedures and protocols are linked to a policy statement.
Procedures:	Written sets of instructions conveying the approved and recommended steps for a particular act or series of acts. Procedures make policies and protocols operational and are specific to an organization.
Protocol:	An established set of rules used for the completion of tasks or a set of tasks.
Quality:	The degree of excellence, or extent to which an organization meets clients' needs and exceeds their expectations.
Quality assessment:	Planned and systematic collection and analysis of data about a service, usually focused on service content and delivery specifications and client outcomes
Referral:	The act of a facility or provider directing a client/patient to the care of another facility, or service provider; or giving direction to or on behalf of the client to obtain additional services from another organization or provider.
Risk management:	The design and implementation of a program to identify and avoid or minimize risks to patients, employees, volunteers, visitors and the institution.
Safety:	The degree to which the potential risk and unintended results are avoided or minimized.
Standard:	A desired and achievable level of performance against which actual performance is measured.

Standard Operating Procedures:	Set of detailed, written instructions, having the force of a directive, to achieve uniformity or standardization of the performance of a specific function.
Strategic plan:	A formalized plan that establishes the organization's overall goals and that seeks to position the organization in terms of its environment.
System:	The organization of resources, policies, processes and procedures that are integrated, regulated and administered to accomplish the objective of the Standard.

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