



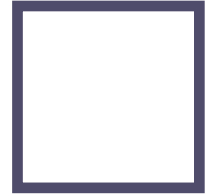
# A Stepwise Quality Improvement Checklist for Federal Tertiary Hospitals

## **PSYCHIATRIC HOSPITAL SERVICES**

*An Assessment Tool to Strengthen the Operations,  
Service Delivery, Safety, Quality and Management of  
the Psychiatric Hospital*



# INTRODUCTION



## Context

### *Continuous Quality and Safety Improvement in Federal Tertiary Hospitals*

#### **Psychiatric Specialist Hospitals General Service Delivery**

Quality is important for all mental health systems, from a variety of perspectives;

- From the perspective of a person with a mental disorder, quality ensures that they receive the care they require and their symptoms and quality of life improve.
- From the perspective of a service provider or psychiatric hospital, quality ensures effectiveness and efficiency.
- From the perspective of a policy maker, quality is the key to improving the mental health of the population, ensuring value for monies expended and accountability.

Quality therefore, is an essential requirements of any mental health service, It is important, not only to reform past neglect, as seen in historical abuses of human rights in psychiatric institutions, but to ensure the development of effective and efficient care in the future.

This checklist is designed to identify potential hazards in the mental health environment, improve the quality of service delivery that will help the patient heal and recover.

## Objectives of this Checklist

This quality assessment checklist is to appraise, support, and motivate the quality committee in Federal tertiary psychiatric hospitals in relation to establishing comprehensive quality plans for the laboratory department. The feedback results of the assessment will advise the quality groups on the appropriate focus for developing their action plans and strengthen the implementation of these action plans for improved quality service delivery in the hospital. It will also provide strategic opportunities to diagnose and repair broken processes

Frequent and accurate assessment and timely feedback will support action plans to implement systems that are lacking and revive those that are not functioning effectively.

This checklist therefore represents a clinical governance assessment tool to determine:

- *The level and quality of the services and resources*
- *The capacity of the hospital to provide safe and quality services*
- *The level of process capabilities*
- *Key drivers of quality and patients' satisfaction in a strategic plan.*
- *The competency level of clinical and non –clinical support staff in the laboratory department.*
- *Areas for improvement.*



## Assessment Scoring

The contents of this checklist have been awarded point values based on their relative importance. Responses to all questions must be either **“Yes” or “No” or “Not Applicable” (NA)**.

The checklist has considerable overlap and expanded to include important continuous quality tools.

### **NOTE:**

- *Only responses marked yes should be given the allotted points. All the required answers to a particular question must be present before you can indicate a “yes” for any given checklist question and then award the corresponding allotted points.*
- *It is often not necessary to ask all the checklist questions verbatim. An experienced auditor can often learn to answer multiple checklist questions through open-ended questions with the key or designated staff contact.*

This checklist is divided into different aspects of Quality Management System that the department is required to develop and implement regularly as listed in the next page:



<b>Assessment Score Sheet</b>			
<b>Sections</b>		<b>Total Allotted Scores</b>	<b>Assessed Scores</b>
11.0	Staff Summary	54	
11.1	Facility and Safety	75	
11.2	Organisation and Management	55	
11.3	Patients/clients' Management and Communication	71	
11.4	Mental Health Medications and Medicines Management	8	
11.5	Nursing Documentation/Processes	8	
11.6	Continuous Quality Improvement	41	
11.7	Infection Control	94	
11.8	Waste Management	15	
11.9	Research-Based Hospital	37	
<b>Total Scores</b>		<b>458</b>	

**Service Delivery Statistics:**

Please provide up to date record in your health information database for the following service statistics:

Annual number of inpatient admissions \_\_\_\_\_

Annual number of outpatient clients \_\_\_\_\_

Annual deaths recorded in wards \_\_\_\_\_

Annual number ward unpermitted leave/escapee \_\_\_\_\_

<b>Assessment Score Sheet</b>					
<b>Sections</b>		<b>Total Allotted Scores</b>	<b>Assessed Scores</b>	<b>Assessed Scores</b>	<b>Assessed Scores</b>
11.0	Staff Summary	54			
11.1	Facility and Safety	75			
11.2	Organisation and Management	55			
11.3	Patients/clients' Management and Communication	71			
11.4	Mental Health Medications and Medicines Management	8			
11.5	Nursing Documentation/Processes	8			
11.6	Continuous Quality Improvement	41			
11.7	Infection Control	94			
11.8	Waste Management	15			
11.9	Research-Based Hospital	37			
<b>Total Scores</b>		<b>458</b>			

## 11.0 STAFFING SUMMARY

Profession	Number of Full Time Equivalentents (FTEs)	Adequate for Facility Operations			Allotted Scores	Assessed Scores
		Yes	No	Insufficient Data		
Psychiatric Consultants <i>(list their specialization)</i>					3	
Honorary Consultants					3	
Medical Officers:					3	
<i>Junior Resident Doctors</i>						
<i>Senior Resident Doctors</i>						
<i>House Officers</i>						
Psychiatric Nurses:					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
General Staff Nurse					3	
Social Workers/Counsellors					3	
Pharmacy Personnel					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Medical Laboratory Scientists:					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Physiotherapists:					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Radiographers:					3	
<i>Non-Directorate cadre</i>					3	
<i>Directorate Cadre</i>						
Health Records & Information Officers					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Nutritionist/Dietician:					3	
<i>Non-Directorate cadre</i>						
<i>Directorate Cadre</i>						
Administrative Personnel:					3	
<i>Junior</i>						
<i>Senior</i>						
<i>Directorate</i>						
Medical Records Officers					3	
Maintenance/technical work staff:					3	
Store Keepers					2	
Security Officers					2	
<i>Junior</i>						
<i>Senior</i>						
Cleaners					2	
<b>Subtotal</b>					54	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.1 FACILITY &amp; SAFETY</b>						
Is the general outlook of the hospital building in a good state?	YES	NO	N/A		3	
Is there adequate lighting across the hospital areas, wards and consultation rooms?	YES	NO	N/A		3	
Are the waiting areas adequately covered to prevent rain and excessive sun?	YES	NO	N/A		2	
Are there alternative accessible pathways for disabled patients e.g ramps or liftelevators?	YES	NO	N/A		2	
Is the hospital infrastructure compliant with safety laws?	YES	NO	N/A		2	
Are fire extinguishers installed in strategic areas around the entire hospital premises?	YES	NO	N/A		2	
<i>Standard: It is regulatory safety standard that hospitals must install fire extinguishers in strategic areas across the premises.</i>						
Are there adequate number of counselling rooms at the outpatient and in -patient areas to allow for privacy when patients needs counselling and or pastoral care attention??	YES	NO	N/A		2	
<i>Standard: There should be counseling rooms available both at the outpatients and in patient areas for use when patients needs counseling with or without their family members..</i>						
Is there adequate security at the entrance and exits of the patient wards? ?	YES	NO	N/A		2	
Are the windows secured enough to prevent easy breakout?	YES	NO	N/A		2	
<i>Standard: There should be adequate security at the door entrance , window areas and exit of each of the in-patient wards and emergency observation areas to minimize the risk of escape and harm to staff and others.</i>						
Are all mounted fixtures designed to prevent attachment of devices that could be used to inflict self-harm?	YES	NO	N/A		3	
<i>Standard: No attachment points on furniture parts or doors (i.e., no hooks) or anything fixed to the walls or ceilings. Tamper-resistant screws should be used on all devices. No rods of any kind should be allowed.</i>						
Are patient room mirrors shatter-resistant and not able to be used as an anchor point?	YES	NO	N/A		2	
<i>Standard: Mirrors should be stainless steel, not glass and have no anchor points for hanging.</i>						
Are all beds free of anchor points for hanging?	YES	NO	N/A		2	
<i>Standard: Platform beds are the safest for an acute psychiatric environment. With some beds it is necessary to bolt them to the floor to avoid them being used as an anchor point. Securing platform beds to the floor also eliminates the beds being moved and used to barricade the door or stacked one on top of another to reach the ceiling.</i>						
Have electric and manually adjustable beds been eliminated unless indicated by clinical need?	YES	NO	N/A		3	
<i>Standard: If electric beds are necessary, power cords should be shortened and securely fastened. If hospital beds (electrical or mechanical) are used in locked units, they should be in a sleeping room that is close to the nursing station, patients should be watched when the beds are occupied (often there is other medical equipment in the room, since the medical condition is driving the need for the hospital bed) and the room should be locked when not occupied.</i>						



Are pillows and mattresses free of plastic, vinyl, or other materials that could be?	YES	NO	N/A		2	
<b>Standard:</b> Pillows and mattresses should not have covers that can be easily removed by the patient and used for suffocation. This requirement is consistent with eliminating plastic trash can liners and vinyl or plastic shower curtains						
Are mattress covers with elastic hems at the corners removed from the unit?	YES	NO	N/A		2	
<b>Standard:</b> Mattress covers that completely encase the mattress and are impervious to bed bugs and fluids are preferred. It is also very important that all mattress covers cannot be removed by the patient and used for suffocation.						
Have all privacy curtains and tracks for hanging the privacy curtains been removed?	YES	NO	N/A		2	
<b>Standard:</b> Privacy Curtains should be removed in high risk in patient wards as they have been used to commit suicide by hanging.						
Are light fixtures securely mounted to the ceiling by inaccessible fasteners or tamper resistant fasteners (or equivalent) with non-breakable lenses?	YES	NO	N/A		2	
<b>Standard:</b> The Flush mounted fixtures are recommended, however surface mounted lights are acceptable provided they do not provide an anchor point for hanging. All energized parts must be secured with tamper resistant fasteners.						
Are all grab rails eliminated where they are not needed?	YES	NO	N/A		2	
Are interior bathroom doors (door from the Psychiatric Intervention Room into the bathroom) designed without anchor points and designed such that it is not possible to barricade the door?	YES	NO	N/A		2	
Are walls solid (gypsum, plaster/lath, concrete block, etc.) and free of Ceramic Tile? Note: Only new units need to be free of ceramic tile with the exception of 2 inch by 2 inch tile on the floor.	YES	NO	N/A		2	
<b>Standard:</b> The ceramic tile may be broken and the shards used for self-injury or as a weapon.						
Are seclusion rooms close to the nursing stations?	YES	NO	N/A		2	
<b>Standard:</b> Ideally the seclusion room should be close to the nurses' station and should be separated from other patients by a vestibule or area that will allow separation of these patients from other patient activities. It is recommended that the vestibule contain only portable furniture that can be brought into the room once the patient is placed in seclusion.						
Are entrances and exits to the unit in line of sight of the nursing station?	YES	NO	N/A		2	
<b>Standard:</b> Staff need to be able to see who is standing around the exit doors.						
Are the long stay in patient wards and units painted with friendly colours that shows openness?	YES	NO	N/A		1	
<b>Standard:</b> Utilize colors and murals to create a more appealing environment. Use pictures with healing messages, posters and bill board bulletins.						
Is there adequate water supply in the hospital?	YES	NO	N/A		3	

Is there adequate alternative source of electricity?	YES	NO	N/A		3	
<b>Standard:</b> The hospital management must ensure that there is adequate alternative source of electric power that will service all areas of the hospital per time when required.						
Are there adequate and functional toilets and hand wash stations for patients and staff??	YES	NO	N/A		2	
<b>Standard:</b> The management must provide adequate and ensure functional toilets and hand wash stations in different areas of the hospital and separate for staff and patients.						
Does the hospital have an updated safety and security policy in place?	YES	NO	N/A		2	
<b>Standard:</b> The hospital management should have an updated safety and security policy in place that clearly states how to identify and respond to safety and security threats e.g fire, code blue fall etc.						
Are all staff regularly trained on safety procedures, e.g fire drills, telephone drills etc?	YES	NO	N/A		2	
Does the hospital have adequate and competent security officers?	YES	NO	N/A		2	
Does the hospital have a policy plan document on hazardous materials ?	YES	NO	N/A		2	
Are members of staff aware and trained on this policy document ?					2	
<b>Standard:</b> The hospital management must have a policy document on handling hazardous materials and waste and ensure that all staff including new in-take are aware and trained on this policy plan..						
Does the hospital management have a policy on managing emergency?	YES	NO	N/A		2	
<b>Standard:</b> The hospital management must develop a policy plan to manage emergencies and ensure adequate resources are made available. to effectively respond to the emergencies per time.						

### 11.1.1 Preventing Patient Falls

Is there a built-in system or infrastructure to prevent patients from falls or reduce injury from falls?	YES	NO	N/A		2	
<b>Standard:</b> There must be a minimum of a built-in ramp for disable patients and wheel-chaired patients..						
Are hand rails on stair cases intact?	YES	NO	N/A		2	
Are brakes on bed wheels and bed rails intact?	YES	NO	N/A		2	
<b>Standard:</b> Broken bed brakes and bed rails are to be repaired as soon as possible or removed from the wards to avoid patient falls.						
<b>Facility and Safety (Subtotal)</b>					<b>75</b>	



	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.2 ORGANISATION AND MANAGEMENT</b>						
Is there an organogram or chart that describes the governance structure of the hospital?	YES	NO	N/A		2	
Is the management team of the hospital knowledgeable about the local and national laws that guides the facility?	YES	NO	N/A		2	
<i>Standard: The hospital management team should be familiar with local and national laws that guides the various aspects of the tertiary hospital facilities.</i>						
Is there a documented policy plan in place for the development and maintenance of the hospital infrastructures that will ensure the best possible quality and safety outcomes?	YES	NO	N/A		2	
Does the management have in place a policy plan that clearly shows the road map to deliver the organisation's objectives for quality and safety?	YES	NO	N/A		2	
<i>Standard: The hospital management is expected to have a detailed policy plan that clearly shows the organisation's pathways to deliver objectives for quality healthcare service delivery and safety within the hospital.</i>						
Is there an adhoc committee that sees to regular maintenance activities in the hospital?	YES	NO	N/A		2	
<i>Standard: The hospital should carry out scheduled maintenance work across the premises regularly and these activities should preferably be under the oversight of an adhoc-committee..</i>						
Are all maintenance work carried out recorded accordingly?	YES	NO	N/A		2	
<i>Standard: Management should keep a maintenance lag record book which can be used to assess trends and inform future planning for quality improvement.</i>						
Do all managers have their job descriptions clearly stated and given to each of them ?	YES	NO	N/A		2	
<i>Standard: The top management should give each manager a copy of his/her job description and ensure that they understand the content. These managers are then saddled with the responsibility to ensure the same for the staff members in each of their departments.</i>						
Is there an established process for annual review of staff performance against the hospital criteria for performance?	YES	NO	N/A		1	
Are the services provided in each of the major departments consistent with the mission statement of the hospital?	YES	NO	N/A		1	
<i>Standard: Major services provided must be consistent with the specific mission statement of the hospital e.g the stands particularly for specialist hospitals. The services provided must be in accordance with National policy.</i>						
Are policies, procedures and protocols developed by the management team to set the standard of best practice for major clinical and non clinical services?	YES	NO	N/A		1	
<i>Standard: The management team must ensure that appropriate and relevant policies, procedures, and protocols are developed and made accessible to staff to ensure best practice are maintained for clinical and non-clinical work processes at all time. These policy documents should be reviewed at least once in 2 years.</i>						

11.2.1 Personnel						
Does the hospital management have an established plan for the recruitment, evaluation and continuous professional development for the clinical staff and non-clinical staff members?	YES	NO	N/A		2	
Is the plan in accordance with the labour laws?	YES	NO	N/A		2	
<b>Standard:</b> Organisation's recruitment plan must be in accordance with the Nigerian government labour laws.						
Does every hospital staff have a clearly stated and documented job description?	YES	NO	N/A		2	
Are copies of this job description handed over to each staff so they can read and understand the content?	YES	NO	N/A		2	
Are copies of job description filed in the personnel files for each staff member?	YES	NO	N/A		2	
<b>Standard:</b> Each staff member is to have a personnel file which house all relevant information details about the staff, the job description, evaluation procedures, remuneration etc. The personnel files must be updated regularly when necessary to be sure they are up to date and current.						
Does the hospital have a personal policy that address benefits, disciplines and dress code?	YES	NO	N/A		2	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Score	Scores Assessed
<b>11.2.2 Public - Private Partnership</b>						
Is the hospital/Institution currently running any public private partnership (PPP) or joint venture (JV) of any sort?	YES	NO	N/A		3	
If YES, is this PPP or JV on clinical services delivery?	YES	NO	N/A		5	
Or non-clinical support services?	YES	NO	N/A		2	
<b>NOTE:</b> Contact person should list the specific PPP services in the hospital in the comment column						
How will you rate the impact of these PPP services on the hospital overall performance?	Very effective high positive impact? <input type="checkbox"/>		medium Impact? <input type="checkbox"/>		5	
	Satisfactory (improvement required) <input type="checkbox"/>		Not satisfactory - low impact <input type="checkbox"/>			
<b>Standard:</b> Any PPP services engagement by the hospital management is expected to enhance and improve patient service delivery						
Does the management carry out periodic in-house performance and impact assessment on running PPP or JV services in the hospital?	YES	NO	N/A		3	
<b>Standard:</b> it is pertinent that performance assessment should be done on PPP services periodically to measure the required effectiveness and impact.						
Does the management seek detailed legal advice and involvement in its PPP and JV engagement?	YES	NO	N/A		3	
<b>Standard:</b> Management is to seek relevant legal advice and involvement from experts knowledgeable and experienced in healthcare related services and preferably allow the legal experts to take the lead in the PPP/JV contractual service agreement and terms of reference.						
Is/are there clearly written and easily understood memorandum of understanding(MOU) or contract service agreement for each PPP engagement?	YES	NO	N/A		3	
Are all PPP or joint ventures MOUs filed within the hospital premises and easily accessible to relevant key officers?	YES	NO	N/A		2	
<b>Standard:</b> The management must ensure that MOU document is in place clearly written and easily understood by particularly parties and signed accordingly for every PPP or JV.						
<b>Organisation and Management (Subtotal)</b>					<b>55</b>	



	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.3 PATIENT/CLIENTS' ENGAGEMENT AND COMMUNICATION</b>						
Are patients informed and educated on their treatment, procedures, medicines, nutrition and use of medical equipment?	YES	NO	N/A		3	
Is there a process in place to educate patients on how to continue their care at home after discharge?	YES	NO	N/A		3	
Is Clear information made available, on paper and/or electronic format, to patients, relatives and healthcare practitioners on:	YES	NO	N/A		2	
• Admission Criteria						
• A simple description of the ward/unit and its purpose						
• Clinical pathways describing visiting access and discharge;						
• Main interventions and treatments available;						
• Contact details for the ward/unit and hospital?						
<b>Standard:</b> The hospital should have a written policy and a standard procedure for admitting a mental health patient. This procedure should be followed at all times with a copy of the admission criteria and treatment given to the patient and /or their carers..						
When a referral is received by the ward, is the patient admitted within an agreed time frame?	YES	NO	N/A		2	
<b>Standard:</b> When the stated admission time frame is breached, this should be escalated to the senior management team. Senior clinical staff members (ward/unit manager/nurse in charge) should make decisions with managers about patient admission or transfer, taking into account safety and/or therapeutic activity on the ward.						
Does the hospital have a clear policy on the admission of patients under the age of 18?	YES	NO	N/A		2	
Do Staff members follow the clear policy (if available) when admitting young people under the age of 18?	YES	NO	N/A		2	
<b>Standard:</b> The hospital management should have a developed policy on admission of mentally ill persons under the age of 18 years. The policy should clearly include: when it is appropriate, and not appropriate, to admit patients under the age of 18; Arrangements to ensure that young people receive age-appropriate care; Arrangements to ensure the safety and safeguarding of young people on the ward.						
Do Patients have a comprehensive initial assessment carried out on them which is started within 4 hours and completed within 1 week of their admission?	YES	NO	N/A		2	
<b>Standard:</b> The care team must carry out a comprehensive initial assessment on the admitted patients as soon as they are admitted. This involves the multi-disciplinary team and should include patients' Mental health and past and current medication; Psychosocial and psychological needs; Strengths and areas for development; Consideration of whether the patient is at risk of withdrawal from drugs/alcohol.						
Do patients have a documented risk assessment and management plan which is co-produced by the multi-disciplinary care team?	YES	NO	N/A		2	
<b>Standard:</b> The care team should carry out risk assessments on the mental health patients and document their findings alongside a management plan. This document can be shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers: Risk to self; Risk to others; Risk from others.						

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Upon admission, are new patients given appropriate introductory information about the ward and their stay in the ward?	YES	NO	N/A		2	
<b>Standard:</b> The ward nurse should give the new patient a 'welcome pack' or verbal introductory information that contains the following: A clear description of the aims of the ward/unit; The current programme and modes of treatment; The ward/unit team membership; Personal safety on the ward/unit; The code of conduct on the ward/unit; Ward/unit facilities and the layout of the ward/unit; What practical items can and cannot be brought in; Clear guidance on the smoking policy; Resources to meet spiritual, cultural and gender needs; A description of how the ward team will communicate with the patient and their carers and what opportunities they will have to meet with the team.						
Are patients risk assessments and risk management plans updated according to clinical need or at a minimum frequency that complies with national standards?	YES	NO	N/A		2	
<b>Standard:</b> The care team are to ensure that patients' risk assessment and management plans are updated regularly according to their clinical needs and in line with the national standards.						
Does the hospital management provide safe and effective evidence based occupational and/or psychological interventions by professional occupational therapists and/or psychologists adapted to patients' needs through a defined care pathway?	YES	NO	N/A		2	
<b>Standard:</b> The hospital management should have a comprehensive care policy in place that support a whole team approach to the provision of a stepped care model that provides patients with the appropriate level of evidence-based occupational and /or psychological interventions as and when appropriate for their needs.						
Do Patients have access to art/creative therapies?	YES	NO	N/A		2	
Is there a hospital policy and procedure in place to respond to patients who are absent from the ward without official leave?	YES	NO	N/A		2	
<b>Standard:</b> A local hospital policy must be developed to handle absence without official leave from the hospital. Such policy document should include such procedures on actions as; Activate a risk management plan; Make efforts to locate the patient; Alert carers, people at risk and the relevant authorities; Complete an incident form.						
Are patients who are given compulsory rapid tranquilisation due to forceful restraint have their vitals monitored at close regular intervals?	YES	NO	N/A		2	
<b>Standard:</b> Patients who are involved in episodes of control and restraint, or compulsory treatment including rapid tranquilisation, should have their vital signs monitored by staff members and any deterioration is responded to.						

### 11.3.1 Communication Of Care

Is there an established process and documented guideline that ensures the transfer of correct and accurate patient information between care givers e.g during nursing, clinical, medical and non-clinical handovers?	YES	NO	N/A		2	
<b>Standard:</b> There must be established written and accurate policy guidelines to guard the correct and accurate hand over of patient's care plan and update between care givers.						

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Is there a written policy guideline for receiving verbal and telephone orders?	YES	NO	N/A		2	
<i>Standard: Policy must include writing down the orders and reading it back to confirm the correct information given.</i>						
Does the policy document clearly identifies and states the conditions and situations when verbal and telephone orders would be accepted?	YES	NO	N/A		2	
<i>Standard: The policy document must also clearly state conditions and situations when verbal and telephone orders would be accepted.</i>						
Is there a copy of the patient's bill of rights in the hospital?	YES	NO	N/A		1	
Is the bill easily accessible to all clinical and non-clinical staff?	YES	NO	N/A		1	
Are staff trained and educated on the patient's bill of right and their expected responsibilities?	YES	NO	N/A		2	

### 11.3.2 Staff Attitude To Patients

Is there a policy instituting respect for patient's dignity and privacy at all time?	YES	NO	N/A		2	
<i>Standard: Patients' right, beliefs and values must be respected as far as its reasonably practicable when receiving care. This must be backed up with a policy mission statement of the hospital and code of conduct staff.</i>						
Is there a policy document and accessible guidelines for receiving informed consent from patients before invasive procedures in accordance with the laws of the federal government of nigeria ?	YES	NO	N/A		2	
<i>Standard: The management must ensure that patient receives education and give informed consent before procedures.</i>						
Are patients educated on their careplan and care so they can make informed decisions?	YES	NO	N/A		2	
Are patient informed of their rights to accept or refuse treatment?	YES	NO	N/A		2	
Are these informed decisions clearly documented in patient's case notes and reported to senior management as appropriate?	YES	NO	N/A		2	
Does the hospital have a policy on staff attitude to patients?	YES	NO	N/A		2	
Are there patients' satisfaction survey carried out periodically?	YES	NO	N/A		2	
Does the survey include staff attitude and communication skill to patients?	YES	NO	N/A		1	
Are the patient satisfaction survey collated and analysed?	YES	NO	N/A		2	



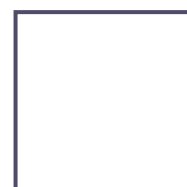
	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Are the analyzed data feedback to the staff during staff meetings?	YES	NO	N/A		1	
Is the average waiting time in each of the hospital various care unit less than 1hour?	YES	NO	N/A		1	
Are Staff members usually sensitive to the mental health needs of patients and show more compassion rather than stigmatizing them?	YES	NO	N/A		1	
Are patients educated on their careplan and care so they can make informed decisions?	YES	NO	N/A		1	
<i>Standard: Staff members should be knowledgeable about, and sensitive to the mental health needs of their patients and avoid stigmatism and sectionalism within amongst the patients.</i>						
Do staff members take time to listen to and understand their patients when they want to talk about their treatment and any concerns?	YES	NO	N/A		2	
<i>Standard: Patient receives a pre-arranged session at least once a week with their key worker (or equivalent) to discuss progress, care plans and concerns.</i>						

### 11.3.3 Patient Identification

Is there a written and accessible protocol for identifying patients and matching correct patient with correct care?	YES	NO	N/A		2	
<i>Standard: There must be a written and adopted protocol for identifying patients before care.</i>						
Does the hospital adopt at least 2 patients identifiers system in which the patients also participate in the identification process?	YES	NO	N/A		2	
<i>Standard: The hospital is expected to adopt at least 2 patients identifiers system to ensure matching correct patient with correct care and reduce the risk of error.</i>						
Does the hospital adopt at least 2 patients identifiers system in which the patients also participate in the identification process?	YES	NO	N/A		2	
<i>Standard: The hospital is expected to adopt at least 2 patients identifiers system to ensure matching correct patient with correct care and reduce the risk of error.</i>						
Are containers used in collecting patient's specimens labeled with the patients detail in his/her presence after taking the samples?	YES	NO	N/A		2	
<i>Standard: Specimens must be labeled with patient's name immediately after taking specimen and confirmed correct with the patient for sedated/ unconscious patients, sample bottles are labeled and cross checked by two health professionals..</i>						
<b>Clients/Patients Management and Communication (Subtotal)</b>					71	



	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.4 MENTAL HEALTH MEDICATION AND MEDICINES MANAGEMENT</b>						
Are all staff members who administer medications been assessed as competent to do so?	YES	NO	N/A		2	
<i>Standard: All staff members who administer mental health medications must have been assessed as competent to do so. Assessment should be repeated on a yearly basis using a competency-based tool.</i>						
Are Patients, carers and prescribers able to easily contact a specialized pharmacist and/or pharmacy technician to discuss the safe use of their medications?	YES	NO	N/A		2	
<i>Standard: Standard - The pharmacists should ensure that patients are properly counselled on the safe use of their medication at each visit to the pharmacy.</i>						
Does the hospital management collects data on the safe prescription of high risk medications such as; lithium, high dose antipsychotic drugs, combinations with benzodiazepines?	YES	NO	N/A		2	
<i>Standard: The hospital management through the pharmacy department should collect data on the prescription of these high risk drugs and use this data to make improvements and continues to monitor the safe prescription of these medications on an ongoing basis.</i>						
Are patients' medications reviewed regularly by the clinical team?	YES	NO	N/A		2	
<i>Standard: Due to the high risk and side effects of mental health medications, Patients on acute wards should have their medications reviewed at least weekly. Patients on non-acute/long stay wards should have their medications reviewed as necessary and as a minimum at each ward round. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime.</i>						
<b>Subtotal</b>					<b>8</b>	



	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.5 NURSING DOCUMENTATION/NURSING PROCESS</b>						
Does each nurse documentation include the patient's biodata, hospital number, vital sign chart and drug chart?	YES	NO	N/A		3	
<i>Standard: Nurses documentation must contain full description of all patient's assessment and care that is being given and planned.</i>						
Are vital sign charts and medication chart clearly filled with time and signed always?	YES	NO	N/A		1	
Does the nursing documentation include record of arrangement of continuation care?	YES	NO	N/A		1	
Does the nursing documentation contain all relevant information about the patient at any given time?	YES	NO	N/A		1	
Are the nursing documentation written very clearly and easily readable by their colleagues and other clinical staff at all time?	YES	NO	N/A		2	
<b>Subtotal</b>					<b>8</b>	

<b>11.6 CONTINUOUS QUALITY IMPROVEMENT</b>						
Do the top management play oversight function of leading quality improvement activities in the hospital??	YES	NO	N/A		2	
Is there a quality improvement team/committe in the hospital?	YES	NO	N/A		2	
<i>Standard: There should be a quality improvement team in the hospital who are selected from the various clinical and non-clinical departments and units of the hospital. This team will work together with the top management team to determine and prioritise measure and implement areas for improvement per time.</i>						
Are new or modified processes within the hospital monitored by data collection to determine if there are areas for improvement ?	YES	NO	N/A		2	
<i>Standard: Monitoring and evaluating new or modified process produces evidence based and acceptable best pratices.</i>						
Does the hospital develop and ensure the usage of clinical guidelines, protocols or pathways for clinical processes?	YES	NO	N/A		3	
<i>Standard: Clinical governance standards mandates hospitals to have developed SOPs, guidelines and protocol for clinical and non-clinical processes along patient care pathways to ensure uniformity of standard and adherence to best practices at all times for the expected care outcomes .</i>						

11.6.1 Occurrence/Incidence Management						
Are patient safety incidents identified, managed and responded to on time?	YES	NO	N/A		3	
Is there an incident management policy in place?	YES	NO	N/A		3	
Are there incidence reporting book in every key clinical and non-clinical areas?	YES	NO	N/A		2	
<b>Standard:</b> There should be a standard patient safety incident reporting and management policy in place backed up by incident reporting books in key areas of patient care pathways in the hospital.						
Are staff made aware and encouraged to fill in patient safety incidence in the incidence reporting book and in a timely manner?	YES	NO	N/A		2	
<b>Standard:</b> The management through the departmental heads should make staff at all levels aware of incidence reporting and should encourage reporting practicing a non-punitive and no-blame culture in response to any reported incidence except when it becomes very obviously necessary to do so.						
Are reported patient safety adverse events collated periodically and analyzed to identify trends?	YES	NO	N/A		2	
<b>Standard:</b> Management are expected to use analyzed results to inform strategic actions to improve patient and staff safety and minimize reoccurrence.						
Does the hospital conduct induction and on-going training for healthcare providers on how to identify, manage, response to and effectively report patient and staff safety incidents?	YES	NO	N/A		2	
Is there any policy that prevents patients and healthcare providers from abuse?	YES	NO	N/A		2	
<b>Standard:</b> The hospital must ensure that both patient and staff are protected from abuse through laid down policy statements and rule of law.						

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.6.2 Data Collection And Information Management</b>						
Are key operations of patient care documented on a database e.g bed occupancy patient waiting time, death rates, birth rates, average length of stay, hand hygiene, patient satisfaction?	YES	NO	N/A		2	
Are these data collected monitored for improvement of patient care service delivery?	YES	NO	N/A		2	
Are data collected regularly in this hospital e.g monthly or quarterly?	YES	NO	N/A		2	
Are data results communicated to top management and key department officers?	YES	NO	N/A		2	
Are data collected in some key clinical areas monitored and supervised e.g immunization, HIV clinics, laboratory?	YES	NO	N/A		2	
Does the top management use analyzed data to make informed decisions about the hospital quality improvement plans and activities?	YES	NO	N/A		2	
<i>Standard: Hospital management should ensure that key data are collected daily and collated and analyzed at regular periodic intervals and used to make quality improvement decisions for the hospital .</i>						
Are the healthcare workers trained on the importance of data collection and how to collect data?	YES	NO	N/A		2	
Is there any incentive for data collection by top management and departmental heads to motivate consistent data collection?	YES	NO	N/A		2	
<b>Continuous Quality Improvement (Subtotal)</b>					<b>41</b>	



	YES	NO	N/A	Comments	Allotted Score	Scores Assessed
<b>11.7 INFECTION CONTROL</b>						
Is there an infection control policy in the hospital with guidelines for each clinical and non-clinical area?	YES	NO	N/A		2	
<i>Standard: The hospital must have an infection control policy with written guidelines for every care area.</i>						
Are these infection control guidelines easily accessible and understood by all the relevant staff?	YES	NO	N/A		2	
Do the hospital carry out regular infection control up date training for all staff at least once a year?	YES	NO	N/A		3	
<i>Standard: All hospitals are expected to carry out infection control training for all staff both clinical and non-clinical at least once a year. This training must also be on a mandatory part of orientation programme for new staff.</i>						
Is there a documented cleaning procedure for the clinical areas e.g delivery rooms, operating theatre, in between delivery procedure?	YES	NO	N/A		3	
<i>Standard: There must be a written standard procedure for cleaning all clinical areas in the hospital which must include the appropriate disinfectant to be used and the mixing ratio.</i>						
Is the standard procedure easily accessible and understood by all relevant staff e.g cleaners, porters auxiliary nurses, theatre nurses etc?	YES	NO	N/A		2	
Are relevant staff trained on the correct way of cleaning these clinical areas and on the appropriate use and dilution of disinfectants?	YES	NO	N/A		2	
Are there refresher in-house training done for these cadres of staff regularly?	YES	NO	N/A		2	
<i>Standard: Refresher training must be done at least twice a year for all relevant staff.</i>						
When a new disinfectant is procured and introduced in the hospital are these staff trained in-house on the correct way to use this new disinfectant products?	YES	NO	N/A		2	
Are the disinfectants stored correctly and according to the manufacturers instructions?	YES	NO	N/A		2	
<i>Standard: All disinfectants are to be stored correctly and safely to avoid contamination and compromising their potency. Follow manufacturer's guide.</i>						

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.7.1 Care Giver Safety</b>						
Has the hospital adopted the WHO or CDC hand hygiene programme?	YES	NO	N/A		2	
<i>Standard: The hospitals is required to adopt either a WHO or CDC hand hygiene program.</i>						
Are there any guidelines for post exposure prophylaxis after needle stick injury? caregiver	YES	NO	N/A		1	
<i>Standard: There must be written and accessible guidelines for post exposure prophylaxis action.</i>						
Are personal protective equipment readily available for use whenever required either by staff or patient?	YES	NO	N/A		2	
<i>Standard: The hospital must make PPEs available at all times and must be always worn by healthcare workers and support staff who provide direct care and may have contact with blood, body fluids, excretions or secretions e.g doctors, nurses, laundry, health records staff, laboratory handling blood stained files, porters, ambulance drivers etc.</i>						
Are used PPEs discarded in appropriate disposal bags, and disposed off as per the hospital policy?	YES	NO	N/A		2	
Are clinical and non-clinical staff trained regularly on the appropriate use of PPEs?	YES	NO	N/A		2	
<i>Standard: All relevant staff must be regularly trained on the appropriate use of PPEs at least once a year.</i>						
Are staff trained on how to prevent and respond to coercion, intimidation and abuse from patients on the ward?						
<i>Standard: The hospital should have a policy in place to ensure the safety of the staff from abuse while giving care. Staff should be trained regularly on this policy especially how to effectively respond to unprecedented intimidation or abuse from patients at any time. Note: Staff members should not restrain patients in a way that affects their airway, breathing or circulation.</i>						

<b>11.8.2 Infection Control In The Wards</b>						
Are there a written guidelines/procedures for cleaning the ward rooms and areas?	YES	NO	N/A		2	
<i>Standard: There must be a written standard procedure on correct cleaning procedure of the ward areas. This procedure must be known and understood by all relevant clinical and non-clinical ward staff.</i>						
Are ward medicines kept in clean and safe cupboards and clean refrigerators regularly?	YES	NO	N/A		2	
Are there cleaning logs available on the wards?	YES	NO	N/A		2	
<i>Standard: There should be kept cleaning logs up on the wards for cleaning drug storage and sensitive equipment.</i>						
Does the hospital have a hand hygiene policy and guidelines in the hospital?	YES	NO	N/A		2	
<i>Standard: Every hospital must adapt either the CDC or WHO hand hygiene policy and guidelines.</i>						
Are these hand hygiene guidelines easily accessible and very visible for all staff to see, read and understood in all clinical and non-clinical areas of the hospital?	YES	NO	N/A		2	
<i>Standard: The hand wash guidelines must be visibly posted on all patient and staff traffic areas in the hospital.</i>						

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Does the written cleaning procedure include the use of personal protective equipment and the appropriate use of disinfectants for cleaning?	YES	NO	N/A		2	
<i>Standard: Cleaning procedures must include the use of appropriate equipment. The PPEs must be listed out and cross-matched with the appropriate cleaning exercise.</i>						
Does the hospital cleaning procedure include the daily cleaning of sensitive clinical and non-clinical areas even when not in use e.g theatres, delivery rooms, resuscitation equipments etc?	YES	NO	N/A		2	
Are separate cleaning mops used for clinical and non-clinical areas?	YES	NO	N/A		2	
<i>Standard: Separate mops must always be used for clinical and non-clinical areas .</i>						
Are hospital hand hygiene practices followed during nursing care always?	YES	NO	N/A		2	
<i>Standard: Continuous hand hygiene practices must be made mandatory for all ward staff and regular refresher in-house training done .</i>						
Are used and contaminated PPEs discarded in appropriate disposal bags and disposed off as per hospital policy?	YES	NO	N/A		2	
Are sharps used in the wards disposed off in the correct sharp bins?	YES	NO	N/A		2	
Are filled and sealed sharp bins stored away safely from the ward areas and disposed off as per hospital policy in a timely manner?	YES	NO	N/A		2	
<i>Standard: Full sharps bins are to be sealed off immediately and stored away from the ward areas, pending the time they will be disposed by the hospital waste management policy.</i>						
Are nurses care and treatment apron/uniforms washed daily?	YES	NO	N/A		2	
<i>Standard: Nursing treatment aprons must be washed and clean daily to minimise cross-contamination.</i>						
<b>11.8.3 Infection Control in Pharmacy Department</b>						
Are the pharmacy areas and places where medicines are kept clean and safe daily?	YES	NO	N/A		1	
Is there a written procedure for cleaning of drug refrigerators and a cleaning lay is kept?	YES	NO	N/A		2	
<i>Standard: There must be a cleaning lay kept in the pharmacy area for cleaning the fridge, cold rooms etc.</i>						
Is the hospital hand hygiene practices followed when dispensing medications?	YES	NO	N/A		2	
Are spoons, canters and other equipment used in dispensing medications cleaned daily?	YES	NO	N/A		1	



	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.8.4 Infection Control in the Kitchen</b>						
Is there a written SOP for cleaning the hospital kitchen?	YES	NO	N/A		3	
<i>Standard: There must be an easily accessible and understood sop for cleaning the hospital kitchen. The sop must be read by all relevant staff and a signature log kept.</i>						
Are there at least 2 wash hand basin facility in the kitchen?	YES	NO	N/A		2	
Are kitchen floor and food preparation surfaces cleaned and kept dry daily and immediately after use and even when not in use always?	YES	NO	N/A		2	
Are foods stored in appropriate temperature and safe containers?	YES	NO	N/A		1	
Is there a written procedure of maintaining food kept in the refrigerators to ensure first in and first out policy?	YES	NO	N/A		1	
Is a temperature log kept for kitchen refrigerators?	YES	NO	N/A		2	
Is there a designated staff who over sees the quality of food supplies and cooked?	YES	NO	N/A		1	
Is there a process in place for handling and storing perishable food items?	YES	NO	N/A		1	
<i>Standard: There must be a standard process in place for handling perishable food items to ensure their freshness at all time.</i>						

<b>11.8.5 Infection Control in Laundry</b>						
Does the hospital have a written procedure for handling dirty, soiled and clean linen?	YES	NO	N/A		2	
<i>Standard: The laundry department should have a procedure policy document in place to control cross-contamination in the laundry when handling linens from the clinical areas and in the laundry rooms.</i>						
Is the laundry clean every day?	YES	NO	N/A		1	
Are detergents labeled appropriately?	YES	NO	N/A		1	
Are soiled linen in blood and body fluids handled with the appropriate personal protective equipment?	YES	NO	N/A		2	
Are soiled linen collected from clinical area in leak-proof container?	YES	NO	N/A		2	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.8.6 Infection Control in Sterilization Unit</b>						
Is there appreciable human traffic control around the sterilization unit?	YES	NO	N/A		2	
<i>Standard: The hospital should identify a low traffic area to locate the sterilization unit to avoid cross-contamination.</i>						
Is the area for wrapping and packaging clean instruments adequate, safe and always clean?	YES	NO	N/A		5	
Is there a written standard process procedure for cleaning and sterilizing equipment?	YES	NO	N/A			
Does the hospital have a process policy on the correct wrapping and packaging of equipment to be sterilized?	YES	NO	N/A			
<i>Standard: The hospital should have a documented work process/policy for the sterilizing unit and must include the correct methods of packaging equipments to be sterilized, different methods of sterilizing the various equipment, operating the autoclave machine, preventive service maintenance of the machine, proper storage of sterilized equipment to avoid contamination and decontamination process.</i>						
Is the autoclave machine serviced regularly?	YES	NO	N/A		2	
Is there an existing maintenance service contract in place for the autoclave?	YES	NO	N/A		1	
<b>Infection Control (Subtotal)</b>					<b>94</b>	



	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.8 WASTE MANAGEMENT</b>						
Does the hospital have a waste management policy in place?	YES	NO	N/A		3	
<i>Standard: The hospital must have a documented management policy in place that is reviewed and updated regularly at least once every 2 years. All clinical and non-clinical staff must be aware of this policy.</i>						
Are relevant clinical and non-clinical staff handling hospital waste at all levels of care trained on waste management as per the hospital written policy?	YES	NO	N/A		2	
<i>Standard: All relevant hospital staff directly handling waste must be trained on proper waste management according to the law and hospital policy. Refresher in-house training must be done at least once a year and also form part of orientation program for new staff.</i>						
Are waste segregation performed as appropriate at the site of generation?	YES	NO	N/A		2	
<i>Standard: Waste segregation done at its generation site reduces the volume of cross-contamination during transportation to the disposal site.</i>						
Are medical wastes collected in covered leak-proof containers from clinical areas away?	YES	NO	N/A		2	
Does the hospital have a designated centralized area for the collection and disposal of medical and non-medical wastes according to the laws?	YES	NO	N/A		3	
<i>Standard: The hospital must identify and establish a centralized area within the hospital caption for collection of both medical and non-medical waste according to the laws.</i>						
Is the centralized waste collection area covered and free from rodents, and flies at all time?	YES	NO	N/A		2	
Is the supply and availability of puncture-proof sharps boxes adequate always?	YES	NO	N/A		1	
<i>Standard: There must always be adequate supply of sharps bins/boxes in all clinical areas of the hospital.</i>						
<b>Subtotal</b>					<b>15</b>	



	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
<b>11.9 RESEARCH-BASED HOSPITAL</b>						
Does the hospital have a designated research unit/office?	YES	NO	N/A		3	
<b>Standard:</b> Tertiary hospitals especially university teaching hospitals are potential sites/locations for medical researches and clinical trials and therefore are expected to have a designated research unit/office						
if yes, does the office have a dedicated governance officer?	YES	NO	N/A		3	
<b>Standard:</b> Every research unit must be headed by a designated research governance officer who oversees the daily operations of the unit and ensure that all administration paper work and appropriate legal process.						
Relating to every research activities to be done or currently running in the hospital are adequately and timely carried out and completed especially before the research activities commence in that hospital	YES	NO	N/A		3	
Does the hospital research unit have a research governance checklist developed guide prospective corporate research and principal investigators applying for research/clinical trials in the hospital?	YES	NO	N/A		3	
<b>Standard:</b> The hospital management is expected to develop a research governance checklist guide prospective researchers/investors to comply with requirement to ensure patient safety and impact research results.						
Does the governance checklist include a mandatory approval letter from a relevant research review ethic committee?	YES	NO	N/A		3	
<b>Standard:</b> The hospital management through the research unit must ensure that an ethical approval is obtained and submitted for every research or clinical trial carried out in the hospital before the investigation activity commence.						
Is the research unit equipped with dedicated ICT equipment/tools to collate and store relevant research information and participants database?	YES	NO	N/A		3	
<b>Standard:</b> Hospital research units should be equipped with adequate ICT equipment and the designated manager relevant research information are collated and stored electronically with backup in place especially the database of all recruited patients for each research /clinical trial being done in the hospital.						
If yes above, is this recruited patients database centrally linked to other key relevant clinical areas e.g ward, A&E?	YES	NO	N/A		3	
If no above, is there any alternative communication method being used by the research unit to share the recruited patients database with these relevant clinical areas?	YES	NO	N/A		3	
<b>Standard:</b> The hospital management should ensure that the database of patient recruited or participating in any given research/clinical trial is centrally and easily accessible to all relevant clinical areas e.g wards, theatres, age e.t.c to ensure patients safety and above to measure the performance of the research.						

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Has the hospital secured any research grant within the last one year?	YES	NO	N/A		3	
If YES, to what total grant sum? (tick as appropriate)	less than 500,000N			<input type="checkbox"/>		
	500,000 - 1000,000			<input type="checkbox"/>		
	1000,000 - 2, 500, 000			<input type="checkbox"/>		
	2, 500, 000.00 - 50,000,00			<input type="checkbox"/>		
Does the hospital management have a constituted establishment reward system in place for the principal investigator who secure the research grant on behalf of the hospital ? i.e cash reward?	YES	NO	N/A		5	
is the institution currently affiliated or in collaboration with any other; Institutions or health organization nationally and internationally either for academic, research or special medical services?	YES	NO	N/A		5	
<b>Subtotal</b>					<b>37</b>	





## SUMMARY

Noted Challenges:

Noted Recommendations: