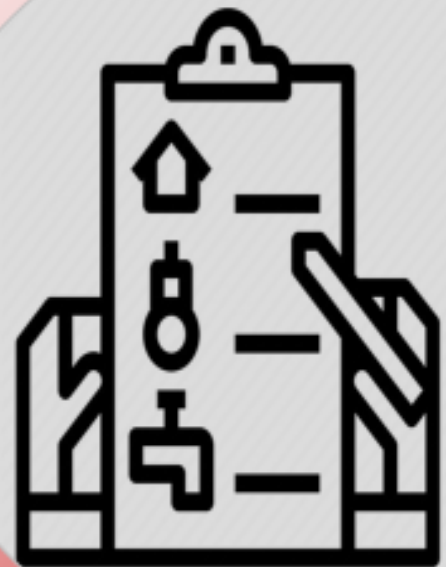




Office of Health Standards Compliance
Ensuring quality and safety in health care

Regulatory District Hospital Inspection Tool v1.3



Maternity Ward



Facility:
Date:

- **Tool Name:** Regulatory District Hospital Inspection tool v1.3 - Final
- **HEs Type:** Hospitals
- **Sector:** Public
- **Specialization:** District
- **Created By:** Health Standards Development and Training

13 Maternity Ward

Domain 13.1 USER RIGHTS

Sub Domain 13.1.1 4 User information

Standard 13.1.1.1 4(1) The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.

Criterion 13.1.1.1.1 4(2)(a)(iii) The health establishment must provide users with information relating to visiting hours where relevant.

13.1.1.1.1.1 Visiting hours are indicated at the entrance to the unit.

Assessment type: Observation - **Risk rating:** Vital measure

Visiting hours must be displayed at the entrance to the unit. Not applicable: Where the visiting hours in the unit are the same as the general visiting hours displayed at the entrance to the health establishment.

Score	Comment

Criterion 13.1.1.1.2 4(2)(a)(iv) The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

13.1.1.1.2.1 A complaints toolkit is available.

Assessment type: Observation - **Risk rating:** Essential measure

Verify whether the complaint forms, box and poster are available in the maternity unit. Score 1 if compliant and 0 if not compliant

Score	Comment	
Aspects	Score	Comment
1. Lockable complaints box is visibly placed in the unit.		
2. Complaints box is fixed to wall or a flat surface.		
3. Official complaint forms in at least two commonly spoken official languages are available next to box or there is an indication on the poster where to obtain the forms.		

4. Standardised poster describing process to follow to lodge a complaint is visibly displayed.		
5. Poster on complaints is available in at least two of the official languages commonly spoken in the area.		

Domain 13.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 13.2.1 6 User health records and management

Standard 13.2.1.1 6(1) The health establishment must ensure that health records of health care users are protected, managed and kept confidential in line with section 14, 15 and 17 of the Act.

Criterion 13.2.1.1.1 6(2)(b) The health establishment must ensure confidentiality of health records.

13.2.1.1.1.1 Confidentiality of health records is maintained.

Assessment type: Observation - **Risk rating:** Essential measure

Observe how user health records are managed in the unit and determine whether unauthorised individuals would be able to access the information in the health records. This includes but not limited to the health records of users admitted to the unit, health records being used for clinical audits or other administrative purposes or health records outside the records storage area or room of the unit for any other reason. Such records should be kept in a manner that safeguards against unauthorised access to the content of the health record. User records may be placed at the foot end of the bed but must not be left open for people to be able to read them when a health care provider is not present.

Not applicable: Never

Score	Comment

Standard 13.2.1.2 6(3) The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.

Criterion 13.2.1.2.1 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.

13.2.1.2.1.1 Standardised record keeping is practised when admitting women in labour, in accordance with national guidelines

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the maternal case records of three users who have delivered at the time of inspection and verify whether each of the aspects listed below have been recorded on the Partogram and labour records. Score 1 if the aspect is recorded and 0 if not recorded. Score NA for aspects not applicable to users whose records are being audited. Please note: Partograms will be not applicable for elective caesarean sections

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Labour: initial assessment completed		
2. Maternal and foetal risks listed.		
3. Decision: assessment, diagnosis and management		

<p>4. Admission findings recorded by medical students or interns to be accompanied by the details of the responsible HPCSA registered doctor. Explanatory note: Where clinical notes are made by students they must be countersigned by an HPCSA-registered doctor; where notes are made by an intern they must either be countersigned by an HPCSA registered doctor, or the name of the HPCSA-registered doctor responsible for that intern's supervision at that time must be written in the notes (Guideline for Maternity Care 2015, p 21).</p>		
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Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Labour: initial assessment completed		
2. Maternal and foetal risks listed.		
3. Decision: assessment, diagnosis and management		
<p>4. Admission findings recorded by medical students or interns to be accompanied by the details of the responsible HPCSA registered doctor. Explanatory note: Where clinical notes are made by students they must be countersigned by an HPCSA-registered doctor; where notes are made by an intern they must either be countersigned by an HPCSA registered doctor, or the name of the HPCSA-registered doctor responsible for that intern's supervision at that time must be written in the notes (Guideline for Maternity Care 2015, p 21).</p>		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Labour: initial assessment completed		
2. Maternal and foetal risks listed.		
3. Decision: assessment, diagnosis and management		
<p>4. Admission findings recorded by medical students or interns to be accompanied by the details of the responsible HPCSA registered doctor. Explanatory note: Where clinical notes are made by students they must be countersigned by an HPCSA-registered doctor; where notes are made by an intern they must either be countersigned by an HPCSA registered doctor, or the name of the HPCSA-registered doctor responsible for that intern's supervision at that time must be written in the notes (Guideline for Maternity Care 2015, p 21).</p>		

13.2.1.2.1.2 Monitoring of women in labour is standardised in accordance with national guidelines.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the completed partograms and labour records of three users who have delivered at the time of inspection and verify whether each of the aspects listed below has been recorded. Score 1 if the aspect is recorded and 0 if not recorded. Score NA for

aspects not applicable to users whose records are being audited. Please note: Partograms will be not applicable for elective caesarean sections

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Risk factors recorded.		
2. Foetal heart recorded half-hourly.		
3. State of liquor recorded every time a pelvic examination is done.		
4. Moulding recorded		
5. Caput recorded.		
6. Contractions recorded four-hourly in latent phase.		
7. Contractions recorded half-hourly in active phase.		
8. Cervical dilatation recorded four-hourly in latent phase.		
9. Cervical dilatation recorded two-hourly in active phase.		
10. Cervical dilatation plotted on alert and action line		
11. Level of head recorded two hourly.		
12. Maternal blood pressure and pulse recorded hourly.		
13. Temperature and urinary output recorded four-hourly.		
14. Record of drugs and intravenous fluids administered.		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Risk factors recorded.		
2. Foetal heart recorded half-hourly.		
3. State of liquor recorded every time a pelvic examination is done.		
4. Moulding recorded		

5. Caput recorded.		
6. Contractions recorded four-hourly in latent phase.		
7. Contractions recorded half-hourly in active phase.		
8. Cervical dilatation recorded four-hourly in latent phase.		
9. Cervical dilatation recorded two-hourly in active phase.		
10. Cervical dilatation plotted on alert and action line		
11. Level of head recorded two hourly.		
12. Maternal blood pressure and pulse recorded hourly.		
13. Temperature and urinary output recorded four-hourly.		
14. Record of drugs and intravenous fluids administered.		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Risk factors recorded.		
2. Foetal heart recorded half-hourly.		
3. State of liquor recorded every time a pelvic examination is done.		
4. Moulding recorded		
5. Caput recorded.		
6. Contractions recorded four-hourly in latent phase.		
7. Contractions recorded half-hourly in active phase.		
8. Cervical dilatation recorded four-hourly in latent phase.		
9. Cervical dilatation recorded two-hourly in active phase.		

10. Cervical dilatation plotted on alert and action line		
11. Level of head recorded two hourly.		
12. Maternal blood pressure and pulse recorded hourly.		
13. Temperature and urinary output recorded four-hourly.		
14. Record of drugs and intravenous fluids administered.		

13.2.1.2.1.3 The management of labour is comprehensively completed on the Partogram, in accordance with national guidelines

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the completed partograms and labour records of three users who have given birth and verify whether each of the aspects listed below have been recorded. Score 1 if the aspect is present in the record and 0 if not present. Score NA for aspects not applicable to users whose records are being audited. Please note: Partograms will be not applicable for elective caesarean sections.

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Cervical dilatation recorded after each pelvic examination.		
2. Summary of foetal condition		
3. Summary of labour progress		
4. Summary of maternal condition		
5. Decision on action recorded.		
6. Time of next review stated.		
7. Next review undertaken as planned.		
8. Indication of whether four-hourly assessments were conducted by an advanced midwife (or doctor or senior midwife)		
9. Final summary of labour		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Cervical dilatation recorded after each pelvic examination.		

2. Summary of foetal condition		
3. Summary of labour progress		
4. Summary of maternal condition		
5. Decision on action recorded.		
6. Time of next review stated.		
7. Next review undertaken as planned.		
8. Indication of whether four-hourly assessments were conducted by an advanced midwife (or doctor or senior midwife)		
9. Final summary of labour		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Cervical dilatation recorded after each pelvic examination.		
2. Summary of foetal condition		
3. Summary of labour progress		
4. Summary of maternal condition		
5. Decision on action recorded.		
6. Time of next review stated.		
7. Next review undertaken as planned.		
8. Indication of whether four-hourly assessments were conducted by an advanced midwife (or doctor or senior midwife)		
9. Final summary of labour		

13.2.1.2.1.4 Management of the third stage of labour is recorded comprehensively

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the health records of three users who have delivered at the time of inspection. Verify whether all aspects listed below have been recorded. Score 1 if the aspect is recorded and 0 if not recorded

Score	Comment

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Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Method of placenta delivery		
2. Findings on placenta examination		
3. Findings on membranes examination		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Method of placenta delivery		
2. Findings on placenta examination		
3. Findings on membranes examination		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Method of placenta delivery		
2. Findings on placenta examination		
3. Findings on membranes examination		

13.2.1.2.1.5 Accurate and comprehensive surgical records are documented for women requiring caesarean section

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the records of three users who required a caesarean section. Verify whether all aspects listed below have been recorded. Score 1 if the aspect is recorded and 0 if not recorded. NB: Score Not applicable if there are no users who delivered through caesarean section at the time of inspection.

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Date and time of surgery		
2. Name of surgeon(s), including assistant.		
3. Site and side of any operative procedure (no abbreviations)		

4. Description of findings		
5. Details of tissue removed, added or altered.		
6. Sutures used.		
7. Accurate description of any difficulties or complications encountered and their management.		
8. Immediate post-operative instructions, including site of post-operative care.		
9. Surgeon's full signature, date and time		
10. Management of third stage		
11. Method of placenta delivery		
12. Placenta checked for completeness.		
13. Membranes checked for completeness.		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Date and time of surgery		
2. Name of surgeon(s), including assistant.		
3. Site and side of any operative procedure (no abbreviations)		
4. Description of findings		
5. Details of tissue removed, added or altered.		
6. Sutures used.		
7. Accurate description of any difficulties or complications encountered and their management.		

8. Immediate post-operative instructions, including site of post-operative care.		
9. Surgeon's full signature, date and time		
10. Management of third stage		
11. Method of placenta delivery		
12. Placenta checked for completeness.		
13. Membranes checked for completeness.		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Date and time of surgery		
2. Name of surgeon(s), including assistant.		
3. Site and side of any operative procedure (no abbreviations)		
4. Description of findings		
5. Details of tissue removed, added or altered.		
6. Sutures used.		
7. Accurate description of any difficulties or complications encountered and their management.		
8. Immediate post-operative instructions, including site of post-operative care.		
9. Surgeon's full signature, date and time		
10. Management of third stage		
11. Method of placenta delivery		
12. Placenta checked for completeness.		

13. Membranes checked for completeness.		
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13.2.1.2.1.6 The fourth stage of labour is comprehensively documented.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the completed partograms and labour records for three users who have delivered at the time of inspection and verify whether each of the aspects listed below has been recorded. Score 1 if the aspect is recorded and 0 if not recorded. Score NA for aspects not applicable to the user whose records are being audited. Please note: Partograms will be not applicable for elective caesarean sections.

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Vital signs		
2. State of perineum		
3. State of uterus		
4. Estimated blood loss.		
5. Feeding initiated		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Vital signs		
2. State of perineum		
3. State of uterus		
4. Estimated blood loss.		
5. Feeding initiated		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Vital signs		
2. State of perineum		
3. State of uterus		
4. Estimated blood loss.		
5. Feeding initiated		

13.2.1.2.1.7 The assessment of newborns is comprehensively documented.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the completed partograms and labour records for three users who have delivered at the time of inspection and verify whether each of the aspects listed below has been recorded. Score 1 if the aspect is recorded and 0 if not recorded. Score NA for aspects not applicable to the user whose records are being audited. Please note: Partograms will be not applicable for elective caesarean sections.

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Assessment of new-born form completed.		
2. Birth time		
3. Birth date		
4. Risk factors to baby		
5. Konakion administered.		
6. Eye prophylaxis administered.		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Assessment of new-born form completed.		
2. Birth time		
3. Birth date		
4. Risk factors to baby		
5. Konakion administered.		
6. Eye prophylaxis administered.		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Assessment of new-born form completed.		
2. Birth time		
3. Birth date		
4. Risk factors to baby		
5. Konakion administered.		

6. Eye prophylaxis administered.		
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Standard 13.2.1.3 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 13.2.1.3.1 6 A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented, in accordance with Chapter 2 of the National Health Act (Section 7).

13.2.1.3.1.1 Health care providers correctly complete forms used for informed consent

Assessment type: Patient record audit - **Risk rating:** Non-negotiable measure

Request three health records of users admitted in the unit at the time of inspection who gave consent to operation or procedure or medical treatment. Examine the consent forms to verify whether they comply with the aspects listed below. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g. a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if "the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health" HPCSA, Booklet 9. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children's Act, No 38 of 2005.		
2. Exact nature of operation, procedure or treatment, including site and side, where relevant (no abbreviations)		
3. User's full names		
4. Age of user Explanatory note: This includes the user's date of birth.		
5. Consent form is signed by user, or his/her legal guardian (for minors) or person legally responsible for user (adults with diminished mental capacity)		
6. Consent form is signed by health care provider who will perform procedure or delegated person.		
7. Consent form is dated.		
8. All entries on form are legible. Reference: • https://www.hpcs.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf		

Unit 2 Healthcare record 2

Aspects	Score	Comment
<p>1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g. a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if "the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health" HPCSA, Booklet 9. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children's Act, No 38 of 2005.</p>		
<p>2. Exact nature of operation, procedure or treatment, including site and side, where relevant (no abbreviations)</p>		
<p>3. User's full names</p>		
<p>4. Age of user Explanatory note: This includes the user's date of birth.</p>		
<p>5. Consent form is signed by user, or his/her legal guardian (for minors) or person legally responsible for user (adults with diminished mental capacity)</p>		
<p>6. Consent form is signed by health care provider who will perform procedure or delegated person.</p>		
<p>7. Consent form is dated.</p>		
<p>8. All entries on form are legible.</p> <p>Reference: • https://www.hpcs.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf</p>		

Unit 3 Healthcare record 3

Aspects	Score	Comment
<p>1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g. a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if "the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health" HPCSA, Booklet 9. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children's Act, No 38 of 2005.</p>		
<p>2. Exact nature of operation, procedure or treatment, including site and side, where relevant (no abbreviations)</p>		
<p>3. User's full names</p>		
<p>4. Age of user Explanatory note: This includes the user's date of birth.</p>		

5. Consent form is signed by user, or his/her legal guardian (for minors) or person legally responsible for user (adults with diminished mental capacity)		
6. Consent form is signed by health care provider who will perform procedure or delegated person.		
7. Consent form is dated.		
8. All entries on form are legible. Reference: • https://www.hpcs.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf		

Standard 13.2.1.4 6(6) The health establishment must issue a discharge report to users in accordance with section 10 of the Act.

Criterion 13.2.1.4.1 6 Comprehensive discharge reports must be provided to users to ensure continuity of care.

13.2.1.4.1.1 The health records of users discharged from the maternity unit include a discharge summary.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the health records of three users who have been discharged from the maternity unit in the previous month and verify whether the discharge summary includes the aspects listed below. Score 1 if the aspect is included and 0 if not included

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Date of delivery		
2. Date of discharge		
3. Type of delivery		
4. Name of unit to which user was admitted (this may be a name or alphanumeric details)		
5. Examination findings on discharge		
6. Family planning discussed.		
7. Feeding options discussed		
8. Medicine and treatment issued.		
9. Postnatal advice given.		
Information regarding the baby:		
10. Gender		
11. Weight		

12. Head circumference in centimetres		
13. Length in centimetres		
14. BCG vaccination status		
15. Polio vaccination status		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Date of delivery		
2. Date of discharge		
3. Type of delivery		
4. Name of unit to which user was admitted (this may be a name or alphanumeric details)		
5. Examination findings on discharge		
6. Family planning discussed.		
7. Feeding options discussed		
8. Medicine and treatment issued.		
9. Postnatal advice given.		
Information regarding the baby:		
10. Gender		
11. Weight		
12. Head circumference in centimetres		
13. Length in centimetres		
14. BCG vaccination status		
15. Polio vaccination status		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Date of delivery		
2. Date of discharge		
3. Type of delivery		
4. Name of unit to which user was admitted (this may be a name or alphanumeric details)		
5. Examination findings on discharge		
6. Family planning discussed.		
7. Feeding options discussed		
8. Medicine and treatment issued.		
9. Postnatal advice given.		
Information regarding the baby:		
10. Gender		
11. Weight		
12. Head circumference in centimetres		
13. Length in centimetres		
14. BCG vaccination status		
15. Polio vaccination status		

Sub Domain 13.2.2 7 Clinical management

Standard 13.2.2.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 13.2.2.1.1 7(2)(a) The health establishment must ensure that clinical policies and guidelines for priority health conditions issued by the national department are available and communicated to health care personnel.

13.2.2.1.1.1 Clinical guidelines and policies are communicated to health care providers

Assessment type: Document - **Risk rating:** Essential measure

Documented evidence that personnel have been informed about the clinical policies and guidelines must be available. This may include, but need not be limited to, distribution lists that include personnel signatures to indicate they have read and understood the document (which must be dated and signed), proof of attendance at a meeting where policies and guidelines are discussed, or similar evidence for electronic distribution. Score 1 if such evidence is available and 0 if not available.

Score	Comment	
Aspects	Score	Comment

1. Guidelines for Maternity Care in SA 2016 or latest		
2. New-born Care Charts: Management of Sick and Small Newborns in Hospital		
3. National Consolidated Guidelines for the Management of HIV in Adults, Adolescents, Children and Infants and prevention of Mother to child transmission 2020		
4. National clinical guidelines of PEP in occupational and nonoccupational exposures 2020 or latest		

Criterion 13.2.2.1.2 7 Healthcare providers are informed on the health establishment and their specific responsibilities.

13.2.2.1.2.1 Health care personnel have been informed about the Standard Operating Procedures of the unit and health establishment.

Assessment type: Document - **Risk rating:** Essential measure

Documented evidence that personnel have been informed about the Standard Operating Procedures of the unit and health establishment must be available. This could include but is not limited to distribution lists which include personnel signatures to indicate they have read and understood the document (which must be dated and signed), proof of attendance at meetings where policies, guidelines, standard operating procedures are discussed, or similar evidence for electronic distribution. Score 1 if such evidence is available and score 0 if it is not available.

Score	Comment	
Aspects	Score	Comment
1. Referrals		
2. Obtaining informed consent		
3. Identification of users		
4. Handover of users from emergency medical services to health establishment personnel		
5. Management of emergency resuscitations		
6. Standard precautions		
7. Management of adverse events		
8. Safe administration of medicines		

9. Safe administration of blood		
10. Management of needlestick and sharps		

Standard 13.2.2.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 13.2.2.2.1 7 The health establishment implements process to ensure environmental cleanliness.

13.2.2.2.1.1 All work completed is verified by the supervisor or delegated personnel.

Assessment type: Document - **Risk rating:** Essential measure

Daily inspections will ensure the cleanliness of the building. The person responsible for overseeing the cleaning service must inspect the building daily to confirm that cleaning has been carried out according to the schedule and that all areas attended to have been effectively cleaned. Monitoring tools (e.g. checklists/tick sheets) listing all cleaning tasks must be completed for each room or area.

Not applicable: Never

Score	Comment

13.2.2.2.1.2 The unit is observed to be clean.

Assessment type: Observation - **Risk rating:** Vital measure

Inspector to observe general cleanliness of the unit including but not limited to whether the unit is free of dirt, dust and stains.

Not applicable: Never

Score	Comment

Criterion 13.2.2.2.2 7 Implementation of standard operating procedures must be monitored.

13.2.2.2.2.1 The storage of sterile packs ensures the integrity of materials.

Assessment type: Observation - **Risk rating:** Essential measure

The manner in which sterile packs are stored must prevent physical damage to packages, avoid exposure of packages to moisture. Packages should not be stored in a manner that will crush, bend, puncture, or compress them. Therefore, packs should not be wet or have water damage, they should be intact (not opened or torn). Not applicable: Never

Score	Comment

Criterion 13.2.2.2.3 7 The management of used and soiled linen must meet infection prevention and control requirements.

13.2.2.2.3.1 The maternity unit has a designated, access-controlled area for the storage of dirty linen.

Assessment type: Observation - **Risk rating:** Essential measure

The area used to store dirty linen must have a door, which is kept shut. Not applicable: Never

Score	Comment

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13.2.2.2.3.2 Dirty linen trolleys are not overflowing.

Assessment type: Observation - **Risk rating:** Essential measure

Linen must be collected frequently enough to avoid excessive accumulation of dirty linen. Not applicable: Never

Score	Comment

Criterion 13.2.2.2.4 7 The health establishment must have a functional quality management system

13.2.2.2.4.1 Quality improvement plans are developed by health care personnel.

Assessment type: Document - **Risk rating:** Vital measure

Request the quality improvement plan of the unit from the previous six months. Verify whether the aspects listed below are documented. Score if aspect is documented and 0 if not. NB: Score not applicable where no gaps have been identified.

Score	Comment	
Aspects	Score	Comment
1. Gaps identified		
2. Activities required or implemented to address gaps		
3. Healthcare personnel responsible		
4. Time frames		

13.2.2.2.4.2 Corrective action has been taken to improve the quality of service provided where gaps are identified.

Assessment type: Document - **Risk rating:** Vital measure

Evidence must be available that the action specified in the quality improvement plan was implemented. Not applicable: Where there were no gaps identified

Score	Comment

Criterion 13.2.2.2.5 7 Communication systems must be available and functional to facilitate adequate user care, and safety of user and health care personnel.

13.2.2.2.5.1 Functional, accessible telephones are available at the nurse's station.

Assessment type: Observation - **Risk rating:** Essential measure

Maintaining and sustaining communication is essential for user safety. Telephones must be functional and available in the unit. Not applicable: Never

Score	Comment

Criterion 13.2.2.2.6 7 The health establishment must implement systems to ensure that blood and blood products are available and administered safely.

13.2.2.2.6.1 Emergency blood is available in a designated area on site

Assessment type: Observation - **Risk rating:** Vital measure

To meet this requirement, O-negative blood must be available on site. This blood may be found in the South African National Blood Service (SANBS) refrigerator. The health establishment may choose an area such as the emergency unit, theatre or ICU in which to store the blood Not applicable: Where emergency blood is not kept in the unit

Score	Comment

13.2.2.2.6.2 Administration of blood is recorded.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the health records of three users admitted in the unit who had blood administered and verify whether the aspects listed below are documented. Score 1 if the aspect is documented and 0 if not documented. NB: Score Not applicable if there were no users who had blood administered.

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required.		
3. Informed consent completed and signed.		
4. Confirmation and checking of type of blood product prior to administration.		
5. User's documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor, and expiry date. These details must be cross-checked with the user information prior to administration.		

6. User's vital signs are recorded and documented prior to administration.		
7. Confirmation of user's identity prior to administration.		
8. User's vital signs recorded and documented during administration of blood		
9. User's vital signs recorded and documented for 12 hours after administration		
10. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required.		
3. Informed consent completed and signed.		
4. Confirmation and checking of type of blood product prior to administration.		
5. User's documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor, and expiry date. These details must be cross-checked with the user information prior to administration.		
6. User's vital signs are recorded and documented prior to administration.		
7. Confirmation of user's identity prior to administration.		
8. User's vital signs recorded and documented during administration of blood		
9. User's vital signs recorded and documented for 12 hours after administration		
10. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required.		
3. Informed consent completed and signed.		
4. Confirmation and checking of type of blood product prior to administration.		
5. User's documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor, and expiry date. These details must be cross-checked with the user information prior to administration.		
6. User's vital signs are recorded and documented prior to administration.		
7. Confirmation of user's identity prior to administration.		
8. User's vital signs recorded and documented during administration of blood		
9. User's vital signs recorded and documented for 12 hours after administration		
10. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Criterion 13.2.2.2.7 Systems must be in place to facilitate user identification.

13.2.2.2.7.1 All users admitted to the unit wear identity bands or any other means of identification.

Assessment type: Observation - **Risk rating:** Essential measure

Select three users in the ward and verify whether they are wearing identity bands or have any identification. Score 1 if users are wearing identification and 0 if not.

Score	Comment

Aspects	Score	Comment
1. User 1		
2. User 2		

3. User 3		
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Criterion 13.2.2.2.8 7 Communication during user handover must be standardised to advance user safety.

13.2.2.2.8.1 The correct handover procedure from emergency medical services personnel to health establishment personnel is followed.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select three health records of users transferred to the unit by emergency medical services and verify whether the aspects listed below have been documented. Score 1 if the aspect is documented and 0 if not documented

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Times of arrival and handover		
2. Confirmation of user identity		
3. Clinical status of user		
4. Vital signs during transfer		
5. Known medical history.		
6. Method of transfer of user from ambulance to consultation room or hospital bed, i.e. walking, stretcher or wheelchair.		
7. Name and designation of health care provider to whom user was handed over.		
8. Signatures of transferring and receiving personnel.		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Times of arrival and handover		
2. Confirmation of user identity		
3. Clinical status of user		
4. Vital signs during transfer		
5. Known medical history.		

6. Method of transfer of user from ambulance to consultation room or hospital bed, i.e. walking, stretcher or wheelchair.		
7. Name and designation of health care provider to whom user was handed over.		
8. Signatures of transferring and receiving personnel.		

Unit 3 Healthcare record 3

Aspects	Score	Comment
1. Times of arrival and handover		
2. Confirmation of user identity		
3. Clinical status of user		
4. Vital signs during transfer		
5. Known medical history.		
6. Method of transfer of user from ambulance to consultation room or hospital bed, i.e. walking, stretcher or wheelchair.		
7. Name and designation of health care provider to whom user was handed over.		
8. Signatures of transferring and receiving personnel.		

Criterion 13.2.2.2.9 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.

13.2.2.2.9.1 Emergency trolley is stocked with medicines and equipment.

Assessment type: Observation - **Risk rating:** Non-negotiable measure

Inspect the contents of the emergency trolley against the aspects listed below. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable).

Score	Comment	
Aspects	Score	Comment
Devices to open and protect airway		
1. Laryngoscope handle		
2. Curved blade for laryngoscope size 2 (adult)		

3. Curved blade for laryngoscope size 3 (adult)		
4. Curved blade for laryngoscope size 4 (adult)		
5. Laryngoscope size 0		
6. Laryngoscope size 1		
7. Endotracheal tubes - sizes 3.0mm		
8. Endotracheal tubes - sizes 3.5mm		
9. Endotracheal tubes - cuffed sizes 7.0mm (adult)		
10. Endotracheal tubes - cuffed sizes 7.5mm (adult)		
11. Endotracheal tubes - cuffed sizes 8.0mm (adult)		
12. Endotracheal tubes - cuffed sizes 8.5mm (adult)		
13. Oropharyngeal airway size 00 (neonate)		
14. Oropharyngeal airway size 0 (infant)		
15. Oropharyngeal airway size 3 (small adult)		
16. Oropharyngeal airway size 4 (medium adult)		
17. Oropharyngeal airway size 5 (large adult)		
18. Nasopharyngeal airway size 3		
19. Nasopharyngeal airway size 4		
20. Nasopharyngeal airway size 5		
21. Plaster or ties for endotracheal tubes		
22. Xylocaine spray or Lubricating gel		
Equipment for difficult Intubation		
23. Introducer		
24. Laryngeal mask airway size 1		
25. Laryngeal mask airway size 3		
26. Laryngeal mask airway size 4		
27. Laryngeal mask airway size 5		
28. Magill forceps (adult)		

Devices to deliver oxygen/ventilate users		
29. Manual resuscitator device or bag and valve mask (adult)		
30. Manual resuscitator device or bag and valve mask (neonate)		
31. Oxygen masks		
32. Oxygen supply – ready for use (portable). Explanatory note: An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available. Oxygen levels must not be below the minimum level indicated in the oxygen cylinder gauge		
Equipment to diagnose and treat cardiac dysrhythmias		
33. Automated external defibrillator (AED) or defibrillator with pads, paddles and electrodes		
34. Cardiac arrest board		
Devices to gain intravascular access		
35. Intravenous administration sets		
36. IV Cannulae		
Medicine		
37. Emergency medicines according to local protocol are available and have not expired.		

13.2.2.2.9.2 Medical supplies and equipment for resuscitation are available.

Assessment type: Observation - **Risk rating:** Vital measure

Inspect whether medical supplies and equipment used for resuscitation is available. The items may be available in the trolley or vicinity of the trolley. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable).

Score	Comment	
Aspects	Score	Comment
1. Chlorhexidine solution or Alcohol swabs		
2. Eye protection		
3. Facemask		
4. Gloves		
5. Spare batteries for laryngoscope		

6. Spare bulb (where applicable)		
7. Syringe 2ml		
8. Syringe 5ml		
9. Syringe 20ml		
10. Catheter tip syringe 50ml		
11. Needles size 16 G		
12. Needles pink 18 G		
13. Needles green 21G		
14. Scissors		
15. Tourniquet		
16. Stethoscope		
17. Nasogastric tubes size 12 (adult)		
18. Nasogastric tubes size 14 (adult)		
19. Nasogastric tubes size 16 (adult)		
20. Nasogastric tubes size 18 (adult)		
21. Suction catheter 4F or 6F (neonate)		
22. Suction catheter 10F (adult)		
23. Suction catheter 12F (adult)		
24. Suction catheter 14F (adult)		
25. Suction devices (portable)		
26. Yankhauer suction		
27. Resuscitation algorithm		

13.2.2.2.9.3 The emergency trolley in the unit is checked.

Assessment type: Document - **Risk rating:** Vital measure

This must be done at the change of each shift and after each use. Check records from the previous 30 days. Not applicable: Never

Score	Comment

Criterion 13.2.2.2.10 7 Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment. 13.2.2.2.10.1 Healthcare personnel receive training in the use of medical equipment.

Assessment type: Document - **Risk rating:** Essential measure

This includes, but is not limited to, orientation records demonstrating that such training has been conducted, in-service training or training by a supplier of new equipment. Training must be provided for each health care service provider for each item of equipment he/she will be required to use in the course of performing his/her duties. Not applicable: Where there was no new equipment introduced in the past 12 months.

Score	Comment

Sub Domain 13.2.3 8 Infection prevention and control programmes

Standard 13.2.3.1 8(1) The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.

Criterion 13.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.

13.2.3.1.1.1 Hand washing facilities are available.

Assessment type: Observation - **Risk rating:** Vital measure

Verify whether the hand washing the items listed below are available. Score 1 if the item is available and 0 if not available.

Score	Comment

Unit 1 Antenatal section

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		
3. Poster on correct use of alcohol- based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020		
4. Taps. Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets		
5. Running water		
6. Plain liquid soap		

7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area.		

Unit 2 Labour ward/ delivery suite

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		
3. Poster on correct use of alcohol- based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020		
4. Taps. Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets		
5. Running water		
6. Plain liquid soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area.		

Unit 3 Postnatal section

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		
3. Poster on correct use of alcohol- based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020		
4. Taps. Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets		
5. Running water		
6. Plain liquid soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area.		

Criterion 13.2.3.1.2 8(2)(b) The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.

13.2.3.1.2.1 Isolation rooms are inspected by the infection prevention and control team following terminal cleaning

Assessment type: Document - **Risk rating:** Vital measure

Explanatory note: The infection prevention and control team must confirm that terminal cleaning has been performed satisfactorily prior to admission of another user into a room used for isolation. Evidence of this inspection must be available on the ward. Not applicable: Where no users requiring isolation have been admitted in the previous 12 months.

Score	Comment

Criterion 13.2.3.1.3 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.

13.2.3.1.3.1 The maternity unit manager has determined the linen requirements for the ward

Assessment type: Document - **Risk rating:** Essential measure

It is necessary to determine the linen requirements for the maternity unit, to ensure sufficient linen is available, i.e. the number of linen items required to ensure that all users have clean linen and are warm enough during their admission. It also necessary to determine how many linen items must be available in the linen storage area for routine linen changes, and to respond to episodes of dirtying or soiling of linen. This may change with the type of users admitted to the maternity unit, including, but limited to, users with continence issues or with actively bleeding or suppurating wounds. Not applicable: Never

Score	Comment

13.2.3.1.3.2 Linen rooms or storage cupboards are adequately stocked and well organised **Assessment type:** Observation - **Risk rating:** Essential measure

Inspect the area where linen is stored to determine whether the aspects listed below are compliant. Score 1 if the aspect is compliant and 0 if not compliant. Score 0 if the maternity unit does not have a designated area with a door that can be kept closed

Score	Comment	
Aspects	Score	Comment
1. Designated area for storage of linen		
2. Area is locked.		
3. Linen is stored on shelves.		
4. Area is well organised.		
5. Clean linen is available		

Criterion 13.2.3.1.4 8(2)(d) The health establishment must ensure that health care personnel are protected from acquiring infections through the use of personal protective equipment and prophylactic immunisations.

13.2.3.1.4.1 Personal protective equipment is worn

Assessment type: Observation - **Risk rating:** Vital measure

Using the checklist below, determine whether protective clothing and equipment are worn in the areas listed. Score 1 if the items are worn and 0 if not worn. Score NA where, at the time of the inspection, health care providers are not in a situation in which they are required to wear protective clothing

Score	Comment

Unit 1 Antenatal section/ ward: Worn

Aspects	Score	Comment

1. Latex or nitrile gloves – non-sterile		
2. Gloves – sterile		
3. Disposable gowns or aprons		
4. Protective face shields or goggles		
5. Face masks		
6. N95 or KN95 or FFP2 respirators.		

Unit 2 Labour ward/delivery suite: Worn

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Gloves – sterile		
3. Disposable gowns or aprons		
4. Protective face shields or goggles		
5. Face masks		
6. N95 or KN95 or FFP2 respirators.		

Unit 3 Postnatal ward: Worn

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Gloves – sterile		
3. Domestic gloves		
4. Disposable gowns or aprons		
5. Protective face shields or goggles		
6. Face masks		
7. N95 or KN95 or FFP2 respirators.		

Unit 4 Cleaner: Worn

Aspects	Score	Comment
1. Domestic gloves		
2. Disposable gowns or aprons		
3. Protective face shields or goggles		

4. Face masks		
5. N95 or KN95 or FFP2 respirators		

Sub Domain 13.2.4 9 Waste management

Standard 13.2.4.1 9(1) The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 13.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.

13.2.4.1.1.1 The maternity unit has appropriate containers for disposal of all types of waste

Assessment type: Observation - **Risk rating:** Vital measure

Verify whether the waste containers listed below are available. Health care risk waste containers must have the appropriate international hazard symbol and be marked as prescribed in the SANS 10248-1: Management of Health Care Waste, Part 1: Management of healthcare risk waste from a health facility.

Score 1 if the waste container is available and 0 if not available. Where a particular type of waste is not generated in the maternity unit, score NA

Score	Comment	
Aspects	Score	Comment
1. Human anatomical waste (red bucket with tight fitting lid)		
2. Infectious non-anatomical waste (red)		
3. Sharps (yellow)		
4. General waste (black, beige, white or transparent packaging may be used)		

Criterion 13.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

13.2.4.1.2.1 Sharps are safely managed and discarded in clinical areas.

Assessment type: Observation - **Risk rating:** Vital measure

Verify whether sharps and needles are correctly managed in accordance with the health establishment's standard operating procedures. Score 1 if the aspect is compliant and 0 if not compliant

Score	Comment

Unit 1 Clinical area 1

Aspects	Score	Comment
1. Sharps containers available at site of use		

2. Sharps containers have correctly fitting lids		
3. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle, are used). Explanatory note: This does not apply where it is not possible to see inside the sharp's container		
4. Syringes with attached needles are discarded in their entirety		

Unit 2 Clinical area 2

Aspects	Score	Comment
1. Sharps containers available at site of use		
2. Sharps containers have correctly fitting lids		
3. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle, are used). Explanatory note: This does not apply where it is not possible to see inside the sharp's container		
4. Syringes with attached needles are discarded in their entirety		

Unit 3 Clinical area 3

Aspects	Score	Comment
1. Sharps containers available at site of use		
2. Sharps containers have correctly fitting lids		
3. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle, are used). Explanatory note: This does not apply where it is not possible to see inside the sharp's container		
4. Syringes with attached needles are discarded in their entirety		

13.2.4.1.2.2 There is a temporary healthcare risk waste storage area.

Assessment type: Observation - **Risk rating:** Essential measure

In all areas where waste is held for collection and removal to the central storage area, a designated area for temporary storage of waste must be available. Some health establishments will have a purpose-built temporary waste storage area, others will utilise a specific area within the available space. Score 1 if the aspect is compliant and 0 if not compliant or where there is no designated area.

Score	Comment

Aspects	Score	Comment
1. Space available to store waste containers		
2. Area is well ventilated		
3. Area is well lit		
4. Area has impervious floor surfaces (waterproof or resistant, not cracked)		
5. Refrigerator maintained at –2 degrees Celsius. Explanatory note: Score NA where the refrigerator for waste is not kept in the unit		
6. All waste in refrigerator is appropriately containerised. Explanatory note: Score NA where the refrigerator for waste is not kept in the unit.		
7. Register available for waste stored in refrigerator. Explanatory note: Score NA where the refrigerator for waste is not kept in the unit		

Sub Domain 13.2.5 21 Adverse events

Standard 13.2.5.1 21(1) The health establishment must have a system to monitor and report all adverse events.

Criterion 13.2.5.1.1 21(2)(b) The health establishment must have systems in place to report adverse incidents to a structure in the health establishment or responsible authority that monitors these events.

13.2.5.1.1.1 Health care personnel are aware of the procedure to report adverse events

Assessment type: Staff interview - **Risk rating:** Essential measure

Interview three health care personnel to establish their awareness on reporting of adverse events

Score 1 if they are able to explain the aspects listed below and 0 if not

Score	Comment

Unit 1 Healthcare personnel 1

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit		

3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans).		
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Unit 2 Healthcare personnel 2

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans).		

Unit 3 Healthcare personnel 3

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans).		

Domain 13.3 CLINICAL SUPPORT SERVICES

Sub Domain 13.3.1 10 Medicines and medical supplies

Standard 13.3.1.1 10(1) The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

Criterion 13.3.1.1.1 10(2)(a) The health establishment must implement and maintain a stock control system for medicine and medical supplies.

13.3.1.1.1.1 The stock control system shows minimum and maximum levels and/or reorder levels for medicine.

Assessment type: Observation - **Risk rating:** Essential measure

Each item held as stock must have documented minimum, maximum and/or reorder levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic. Not applicable: Never

Score	Comment

13.3.1.1.1.2 Stock levels of medicines on the shelves correspond with recorded stock levels in the stock control system.

Assessment type: Observation - **Risk rating:** Essential measure

Select five items held as stock and verify the number of items available against the balance indicated on the bin cards or equivalent. The system may be manual or electronic.

Score	Comment	
Aspects	Score	Comment
1. Item 1		
2. Item 2		
3. Item 3		
4. Item 4		
5. Item 5		

13.3.1.1.1.3 The entries in the schedule 5 and/or 6 drug register are complete and correct.

Assessment type: Document - **Risk rating:** Vital measure

All columns in the provincially provided registers must be completed comprehensively. Any omitted information noted during the review of the register will receive a non-compliant score. The inspector must confirm that all sections of the register have been completed correctly. Not applicable: Where schedule 5 and/or 6 medicines are not held in the unit.

Score	Comment

13.3.1.1.1.4 The schedule 5 and/or 6 medicines held in the maternity unit correspond with the quantities documented in the drug register

Assessment type: Document - **Risk rating:** Vital measure

Select three medicines from the schedule 5 and 6 medicine cupboard and verify whether the quantity available corresponds with the balance recorded in the register. Score 1 if there is correspondence 0 if not. Score not applicable where schedule 5 and 6 medicines are not held in the ward.

Score	Comment	
Aspects	Score	Comment
1. Medicine 1		
2. Medicine 2		
3. Medicine 3		

13.3.1.1.1.5 The stock control system shows minimum and maximum levels and/or reorder levels for medical supplies

Assessment type: Observation - **Risk rating:** Essential measure

Each item held as stock must have documented minimum, maximum and/or reorder levels. These levels must be recorded on bin cards, or equivalent. The system could be manual or electronic. Not applicable: Never

Score	Comment

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13.3.1.1.1.6 Physical stock corresponds with stock control system.

Assessment type: Observation - **Risk rating:** Essential measure

Randomly select five items held as stock and verify whether their items availability corresponds with the balance indicated on the bin cards or equivalent. The system may be manual or electronic. Not applicable: Never

Score	Comment	
Aspects	Score	Comment
1. Item 1		
2. Item 2		
3. Item 3		
4. Item 4		
5. Item 5		

Sub Domain 13.3.3 12 Blood services

Standard 13.3.3.1 12(1) Hospitals and CHCs must ensure that users have access to blood and blood products when required.

Criterion 13.3.3.1.1 12(2)(c) The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.

13.3.3.1.1.1 All adverse blood reactions are reported to relevant forum.

Assessment type: Document - **Risk rating:** Vital measure

Explanatory note: Documented evidence of reported adverse blood reactions must be available. Manual or electronic minutes from the previous quarter must reflect that the forum has been informed of all adverse blood reactions, and that the forum has considered and discussed the reported incidents. If no incidents were reported, zero reporting must be done. Not applicable: Where no adverse blood reactions have occurred.

Score	Comment

Sub Domain 13.3.2 13 Medical equipment

Standard 13.3.2.1 13(1) Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 13.3.2.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

13.3.2.1.1.1 Functional essential equipment as listed below is available in the maternity ward

Assessment type: Observation - **Risk rating:** Essential measure

Verify that the equipment listed below is available and functional. Score 1 if the equipment is available and functional and 0 if not available or not functional. If the unit does not have a maternity theatre, score the maternity theatre and recovery area NA

Score	Comment

Aspects	Score	Comment
Section A: Maternity ward		
1. Cardiotocograph with probes, belts and tracing paper		
2. Pinard stethoscopes		
3. Handheld foetal Doppler		
4. Infusion pump		
5. Non-invasive blood pressure (NIBP) machine – electronic or manual (obese and adult cuff)		
6. Glucometer		
7. Haemoglobinometer		
8. Thermometer		
9. Pulse oximeter (separate or attached to blood pressure machine)		
10. Height meter		
11. Diagnostic set, portable or wall mounted		
12. Ultrasound, obstetrics		
13. Delivery packs/instrument set delivery (labour ward/section)		
14. Vacuum or ventouse machine with attachments (labour ward/section)		
15. Bowl on stand or inside delivery pack		
16. Drip stand, mobile		
17. Drip hanger, ceiling mounted, or drip rod attached to bed (must be available for users who need mobilisation)		
18. Examination couch		
19. Lithotomy poles (labour ward/section)		

20. Bed, delivery, complete with mattress (labour ward/section)		
21. Bed, 3-section, high/low adjustable, complete with mattress (ante-natal and post-natal)		
22. User trolley (stretcher)		
23. Suture pack (labour ward/section; may be in the delivery pack)		
24. Portable examination light or flexible light		
25. Oxygen cylinder trolley		
26. Oxygen flow meter		
27. Electrocardiograph (ECG) machine		
28. Resuscitator and appropriate mask (adults)		
29. Resuscitator and appropriate mask (infants)		
30. Resuscitator and appropriate mask (neonates)		
31. Neonatal/infant resuscitation crib equipped with warming apparatus		
32. Infant resuscitation apparatus		
33. Incubator		
34. Neonate/infant set (new-born)		
35. Infant crib or bassinet		
36. Scale (paediatric)		
37. Scale (adult)		
38. Breast pump (post-natal ward/section)		
39. Medicine refrigerator		
40. Wheelchair, porter type with drip rod		
41. Electronic thermometer		
42. Mobile hospital trolley with oxygen and drip rod		
43. Measuring tape		

Domain 13.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 13.4.1 20 Occupational health and safety

Standard 13.4.1.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 13.4.1.1.1 20(2)(b) Awareness of safety and security issues must be promoted

13.4.1.1.1.1 The emergency evacuation plan is prominently displayed.

Assessment type: Observation - **Risk rating:** Essential measure

The evacuation plan must include but is not limited to route/directions to be followed during evacuation, emergency exits and assembly point(s). This must be visibly displayed. Not applicable:

Never

Score	Comment

Criterion 13.4.1.1.2 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

13.4.1.1.2.1 The action to be taken when the disaster management response is activated is visibly displayed

Assessment type: Observation - **Risk rating:** Essential measure

The action to be taken by allocated individuals in the event of a disaster must be clearly visible for easy reference during a disaster. This may be displayed in any manner relevant to the size and complexity of the health establishment, including, but not limited to, a single summary sheet of actions to be taken, action cards to be retrieved by allocated individuals to remind them of the tasks for which they are responsible, or any other method chosen by the health establishment. Not applicable: Never

Score	Comment

Domain 13.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 13.5.2 14 Management of buildings and grounds

Standard 13.5.2.1 14(1) The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 13.5.2.1.1 14(2)(b) The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.

13.5.2.1.1.1 No obvious safety hazards are observed during the visit

Assessment type: Observation - **Risk rating:** Vital measure

Inspect the surroundings for maintenance-related safety hazards in the unit, including but not limited to loose electrical wiring, collapsing ceiling or roof, collapsing doors or any other type of safety hazards that represent a risk to the health and safety of personnel, users and visitors. Not applicable:

Never

Score	Comment

Criterion 13.5.2.1.2 14(2)(d) The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air, temperature, humidity and purity of the air within specified limits set for different service areas such as theatres, kitchen and isolation units.

13.5.2.1.2.1 The unit has natural ventilation or functional mechanical ventilation

Assessment type: Observation - **Risk rating:** Essential measure

The national building regulations stipulate that satisfactory ventilation is only provided by forcing outdoor air into a space, mechanically or passively, through either ducting or apertures open to the outside, including, but not limited to windows or ventilation grilles. Verify whether the areas listed below have passive ventilation (windows and doors that can be opened and ventilation grilles) or functional mechanical ventilation (i.e. a ducting system). Score 1 if the aspect is compliant and 0 if not compliant. Important: Inspect all areas available in the maternity unit.

Score	Comment	
Aspects	Score	Comment
1. Antenatal ward		
2. Labour ward/delivery suite		
3. Postnatal ward		

Sub Domain 13.5.3 15 Engineering services

Standard 13.5.3.1 15(1) The health establishment must ensure that engineering services are in place.

Criterion 13.5.3.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.

13.5.3.1.1.1 The ward has a functional system to supply piped oxygen to clinical areas

Assessment type: Observation - **Risk rating:** Non-negotiable measure

This is to ensure that users have access to piped oxygen when required. Verify whether piped oxygen is available and functional in clinical areas in the unit

Score	Comment

13.5.3.1.1.2 A functional system is in place to supply piped suction to clinical areas

Assessment type: Observation - **Risk rating:** Vital measure

This is to ensure that users have access to piped suction when required. Verify whether piped suction is available and functional in clinical areas in the unit. Not applicable: Never

Score	Comment

Sub Domain 13.5.1 17 Security services

Standard 13.5.1.1 17(1) The health establishment must have systems to protect users, health care personnel and property from security threats and risks.

Criterion 13.5.1.1.1 17(2)(a) The health establishment must ensure that security staff are capacitated to deal with security incidents, threats and risks.

13.5.1.1.1.1 The maternity unit has a security system in place

Assessment type: Observation - **Risk rating:** Vital measure

To ensure the safety of users and health care personnel, verify the availability of access control measures, including, but not limited to, security guards, closed-circuit television or gated entry at the access and exit points. Not applicable: Never

Score	Comment

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Official Sign-Off

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health.

To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for District Hospitals.

Acknowledgements

There are many people who have contributed to the development of the Regulatory District Hospital Inspection Tools Version 1.3. The Office of Health Standards Compliance wishes to extend most heartfelt acknowledgement and gratitude to the following:

- The WHO technical team for providing guidance on the very first draft inspection tools database
- Health Standards Development and Training unit team (Dr Grace Labadarios, Mr Jabu Nkambule, Ms Florina Mokoena, Ms Mosehle Matlala, Ms Busisiwe Mashinini} for the development of the District Hospital Inspection tools.
- The internal OHSC teams (Compliance Inspectorate, Certification and Enforcement, Complaints and Assessment, Complaints and Investigation, Systems, Data Analysis and Research}, for their contribution during the development of the District Hospital Inspection tools and (Information Technology and Communication and Stakeholder Relations} for providing support.
- National Department of Health, Mr Bennet Asia, Dr Shaidah Asmall for reviewing and commenting on the inspection tools.
- Provincial Department of Health personnel, Quality Assurance Managers, District Managers, Programme Managers, Operational Managers for their valuable feedback
- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.

It is hereby certified that the Regulatory District Hospital Inspection tools version 1.3 was developed by the Office of Health Standards Compliance.

Ms W Moleko

Signature:



**Executive Manager: Health Standards
Development Analysis and Support**

Date:

10/08/2022

Dr Sipiwe Mndaweni

Signature:



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ISBN:
978-0-620-90157-4

