

# 'Exemplar' Health Centre Tool

## **Standard 1**

**The Health Centre provides a range of primary health care services specific to the health care needs of the local community.**

### **Criteria to define the standard:**

- 1.** Essential services are provided, to include:
  - Immunisation programmes
  - antenatal care
  - delivery services
  - family planning
  - HIV counselling and testing;
  - minor injuries: initial assessment plus treatment of seriously ill patients and arranging safe transfer to hospital, as needed
  - child health services
  - ophthalmic services, including surgery for trachoma
  - general outpatient clinics
  - health promotion and health education
  - laboratory for testing for malaria, diabetes, tuberculosis, HIV, intestinal parasites
  - pharmacy that provides a regular supply of: antibiotics; tetanus toxoid; anti-retroviral therapy; anti-malarial drugs; drug therapy for treatment of tuberculosis; intra venous infusion fluids (dextrose and saline); oxytocins
- 2.** Regular meetings (minimum two per year) between health centre staff, community representatives and the Woreda Health Office to agree, plan and review services.
- 3.** The health centre has systems in place for patients and the community to feedback opinions and experiences of care in the health centre.
- 4.** The health centre takes action to make appropriate changes in the health centre following feedback from patients or the community.

### **Evaluation and monitoring methods:**

- Assessment of Standard 1 would be the extent to which the health centre is meeting the needs of the local population. Methods of assessing Standard 1 will normally include:
- reviewing the services provided by the health centre and comparing these with the criteria in the standard
  - reviewing the drug treatments available and the supply of drugs in the health centre and comparing these with the criteria in the standard
  - checking how the health centre invites and obtains feedback from patients
  - reviewing feedback from patients and the community and the actions taken by the health centre following feedback
  - checking the frequency of meetings between the health centre and the community and patient groups; reviewing notes of meetings and actions taken
  - meeting with patients and asking their opinions of the health centre and the services

### **Examples of evidence:**

- Evidence to demonstrate Standard 1 is being met could include:
- feedback from the community and patients that services meet needs (or not). Feedback methods should be initiated and led by the health centre and could include patient/user group meetings, weekly spot check interviews as part of ongoing monitoring and evaluation, patient exit interviews or a 'suggestions box'.
  - health promotion/health education activities such as posters are seen displayed on walls in clinical rooms and patient waiting areas; video presentations are available in outpatient waiting areas; discussion groups and teaching sessions for patients and the community would demonstrate that the health centre was working to meet health education needs
  - a description of the drugs, equipment and services available

## **Standard 2**

**The health centre grounds and waiting area facilities are attractive, clean, safe and well maintained.**

### **Criteria**

- 1.** There is no rubbish or broken equipment in the grounds
- 2.** Seats are in good repair and are provided for patients near waiting areas and in shaded positions in the grounds of the health centre
- 3.** The grounds are tidy; paths are swept; grass is cut
- 4.** The public access road to the health centre is level and smooth.
- 5.** The entrance roads inside the health centre are level and smooth
- 6.** There are clear sign posts giving directions to clinical areas
- 7.** Rooms in the health centre are labelled.
- 8.** Patient and public lavatories are clean and labelled 'male' and 'female'; privacy is maintained with doors that close; clean water is available in the lavatories
- 9.** There is soap and water for hand washing outside the lavatories.
- 10.** There is a designated person responsible for the maintenance of the health centre grounds.

### **Evaluation and monitoring methods:**

Methods to assess Standard 2 will normally include:

- observing and recording the initial impressions of the health centre
- visiting all areas of the grounds to inspect for cleanliness and tidiness
- observing and recording the state of the access road to the health centre
- observing the signposts in the health centre and asking patients if they know where a named clinic can be found, for example, 'Under 5' clinic
- meeting with the person/s responsible for maintenance of the grounds and discussing the cleaning and maintenance programme

### **Examples of evidence:**

Evidence to demonstrate Standard 2 is being met might include:

- records of health centre staff self monitoring of this standard with regular (weekly/monthly) inspections
- records of health centre staff 'spot checks' of the cleanliness of the grounds
- feedback from patients and the community on the cleanliness and attractiveness of the grounds
- observation that the grounds are clean and meet the criteria

### **Standard 3**

**Patients and relatives attending the health centre are welcomed with politeness and respect; they are given the best possible care and advice and treated with dignity.**

#### **Criteria**

##### **1. (reception of patients)**

**1.1** There is a designated person in the health centre who is responsible for meeting patients and directing them to the correct areas

**1.2** patients are called by their name and appropriate title, for example 'Mr' or 'Mrs'

##### **2. (staff attitude)**

**2.1** all staff have a pleasant manner with patients and relatives

**2.2** all staff introduce themselves by name and title to patients and relatives

**2.3** all staff wear name badges with title

**2.4** all staff wear clean uniform

**2.5** staff are kind to patients and treat them gently

**2.6** staff allow patients to make decisions about their treatment

##### **3. (maintaining privacy and dignity)**

**3.1** staff explain what will happen before an examination or test

**3.2** staff ask permission from patients (or relatives if the patient is a child or unable to speak for themselves) before undertaking a procedure

**3.3** curtains and screens are used to maintain privacy

**3.4** patients are asked if they would like a relative to accompany them

**3.5** the number of relatives or friends in the clinical area with a patient is limited to two

**3.6** patient wishes are respected

##### **4. (staff knowledge)**

**4.1** staff are skilled and have updated knowledge

**4.2** accurate records are kept of care given to patients

**4.3** staff use appropriate policies and guidelines to inform their practice

#### **Evaluation methods and monitoring methods:**

Methods to assess Standard 3 will normally include:

- interviewing patients and relatives
- observing staff treating patients
- inspecting the health centre for curtains and screens and observing if staff use screens and close curtains and doors when treating patients
- inspecting staff training records to monitor knowledge and skills updating
- inspecting records of patient treatment

#### **Examples of evidence:**

Evidence to demonstrate Standard 3 is being met might include:

- feedback from patients on how well they were treated, if the treatment and care they received meets the criteria
- observation findings
- inspection findings

## **Standard 4**

**The health centre is efficient and well organised; there is evidence of good leadership throughout the health centre.**

### **Criteria**

#### **1. (Clinics)**

**1.1** Patients with immediate needs for attention are identified and treated without delay (triage system).

**1.2** No patient attending the minor injuries clinic waits more than 30 minutes to be seen by a nurse.

**1.3** Clinics start at the designated time.

**1.4** No patient is turned away from a clinic or asked to come back another time because staff in the health centre are too busy.

**1.5** All areas in the health centre are clearly labelled.

**1.6** Clinical areas are clean and tidy with appropriate equipment available for use

#### **2. (Organisation)**

**2.1** There is a routine of daily checking and reporting of faults and low supplies of equipment and other resources, including drugs.

**2.2** Routine (weekly) stocking of drugs and other resources takes place to ensure that all are in date and that there is an adequate supply.

**2.3** Equipment is stored correctly; staff know the location of equipment, how to access it, have been trained to use it and do so correctly.

**2.4** Immediate action is taken to replace low supplies of drugs and equipment and to repair or replace faulty equipment.

#### **3. (Management)**

**3.1** One person each day is designated to supervise the overall running of the health centre and is responsible for distribution of staff according to demands and priorities

**3.2** All staff know who the designated 'in charge' person is and how to contact them.

**3.3** 'Hand over' meetings are used to review and plan work and to discuss management of cases

**3.4** Regular weekly staff meetings take place; notes are kept of the staff meetings and all staff attending.

**3.5** Administrative and other support staff have clearly defined roles and can describe their role within the health centre team.

**3.6** Health centre staff regularly monitor and evaluate services provided in the health centre.

**3.7** Staffing levels of the health centre meet government/Ministry of Health recommendations

### **Evaluation and monitoring methods:**

Methods to assess Standard 4 will normally include:

- interviewing patients about their experiences of waiting times
- observing staff reception and treatment of patients
- observing the commencement and organisation of the clinics and treatment rooms
- checking the staff off-duty rota or daily message book for the name of the person 'in-charge' for the day
- interviewing staff about their roles and how they know who is 'in-charge' for the day
- checking the health centre for clear sign posts and labels
- asking patients and relatives if they know how to find a particular clinical area
- reviewing clinical areas and store rooms for cleanliness, tidiness and order
- observing staff 'hand over' meetings and weekly staff meetings
- inspecting records of staff meetings and notes made in the messages book
- reviewing health centre self monitoring reports and actions taken

- checking staffing levels

**Examples of evidence:**

Evidence to demonstrate Standard 4 is being met might include:

- patients report that the waiting times are acceptable
- patients report that they are seen quickly in an emergency
- observation records made in clinics, patient treatment areas and store rooms
- staff off duty rotas
- staff interviews about their designated responsibilities
- notes and minutes from staff meetings; notes made in the 'messages' book

*Good leadership' should be more than just the health officer/person in charge although the majority of responsibility for leadership lies with them. All staff need to demonstrate a sense of ownership, pride and responsibility for the job/role held.*

## **Standard 5**

**Clinical and administrative areas of the health centre are clean, safe, attractive and well maintained.**

### **Criteria**

1. Soap and water for hand washing is available in each clinical area.
2. There is evidence of immediate cleaning after any procedure in high risk clinical areas, for example, minor injuries, delivery, HIV testing.
3. Bleach and cleaning equipment (mops, buckets, gloves, aprons, goggles in good repair) are available for use by cleaners.
4. Routine cleaning of all clinical areas takes place at least daily.
5. Cleaning services are available 7 days of the week and 24 hours/day
6. Curtains and screens are washed when soiled plus routinely once a month
7. Bed linen is washed when soiled and between patients.
8. A designated member of staff is responsible for regular inspection of the cleanliness in the health centre.
9. A designated member of staff is responsible for regular inspection of safety in the health centre.
10. Staff know and use the process of reporting faulty equipment, lack of equipment and/or safety concerns.
11. Staff in the health centre are able to organise repair or replacement of equipment.
12. Appropriate educational materials for infection control are displayed in the health centre.

### **Evaluation and monitoring methods:**

Methods to assess Standard 5 will normally include:

- inspection of the health centre for cleanliness and the presence of soap and water for hand washing in all areas
- observation of the cleaning routine in the health centre and interviews with cleaning staff; inspection of cleaning materials
- interviews with staff about their knowledge of cleanliness and health and safety issues
- observation in the health centre of display of health education messages and posters
- interviews with patients and visitors to the health centre about their perceptions of the cleanliness of the health centre
- regular self-monitoring of the health centre by health centre staff

### **Examples of Evidence**

Evidence to demonstrate Standard 5 is being met might include:

- inspection reports
- findings from regular inspections by health centre staff as a part of on-going self-monitoring of the health centre
- feedback from patient and visitor interviews
- feedback from staff interviews
- health education posters displayed in clinical areas

## **Standard 6**

### **Health centre staff are appropriately trained for their role and have regular updating of skills and knowledge; there is a learning culture in the health centre**

#### **Criteria**

- 1.** A regular programme of training for updating knowledge and skills takes place in the health centre
- 2.** One member of staff has designated responsibility for planning a monthly training programme for health centre staff.
- 3.** Health centre staff members have an opportunity to identify their training needs and these needs are used to plan the training programme.
- 4.** Learning resources (books; journals, CD Roms) are available for health centre staff to use.
- 5.** Health centre staff use learning materials to update their knowledge at least once per week.
- 6.** Records are kept of training sessions (teaching log) and staff use of learning materials (computer log and records of book borrowing).
- 7.** All relevant staff have annual updating in emergency skills such as adult & neonatal resuscitation; haemorrhage; suturing, infection control.
- 8.** All midwives and clinical nurses working in 'delivery' have additional annual updating in the management of shoulder dystocia; prolonged labour; breech delivery; ventouse delivery; management of post partum haemorrhage; pre eclampsia /eclampsia.
- 9.** Weekly staff meetings are used for staff to share experiences of the management of clinical cases.
- 10.** The health centre keeps a record of where training and updating has had an impact on the outcome for patients.
- 11.** The health centre is used as a clinical placement for students
- 12.** Health centre staff have knowledge of the student learning needs
- 13.** Students are supervised when participating in the care of patients.
- 14.** The health centre provides an opportunity for students to give feedback on their learning and experiences during their placement in the Health Centre; feedback is normally positive
- 15.** Health centre staff take action to improve areas where there is negative feedback from students
- 16.** Health centre staff involve staff from the education institution in changes involving the experience of students.

#### **Evaluation and monitoring methods:**

Methods to assess Standard 6 will normally include:

- inspection of teaching/training logs
- inspection of records of staff meetings and the health centre working diary
- examination of records of computer use and borrowing of books
- discussion and interviews with staff regarding their input and receipt of training and the impact on skills and care in practice (give specific examples if possible)
- checking patient/health centre records for staff management of emergencies and patient outcomes
- reviewing records of student feedback
- observing health centre staff provide care and/or teach skills to others
- interviewing students about their experiences
- a review of health centre staff self-monitoring records

#### **Examples of evidence:**

Evidence to demonstrate Standard 6 is being met might include:

- teaching and training records which show regular attendance of all staff at training sessions and that training is held monthly
- teaching and training records that show nurses and midwives working in 'delivery' have annual updating in obstetric emergencies, as stated in the criteria
- a training programme prepared by the member of staff responsible for training that reflects the topics suggested by colleagues
- computer log records and teaching log records show that staff use computers (if available) and learning resources at least once per week
- discussions with staff and examination of health centre records provide examples of where patient care has been improved because of staff knowledge
- feedback questionnaires from students evaluating their placement in the health centre
- positive feedback from students
- positive feedback from staff

## **Standard 7**

**The necessary equipment is available, clean or sterilised as appropriate and in good working order, in each clinical area**

### **Criteria**

**1.** Appropriate equipment is available in each clinical area to include: a stethoscope; BP apparatus; thermometer; torch; weighing scale.

**2.** The following equipment is stored and immediately available for use in the emergency room :IV fluids (dextrose and saline solutions); an IVI giving set; drip stand; two suturing sets with appropriate suture materials; sterile dressing; bandages; antiseptic solution; emergency drugs.

**3.** The following equipment is stored and immediately available for use in the 'delivery' area: BP machine; pinard stethoscope; IV fluids (saline and dextrose); IVI giving sets; ventouse apparatus; gloves; aprons; goggles; correct suture materials; scissors; cord clamping materials; cot; delivery bed; delivery instruments; neonatal airways and resuscitation bags; urinary catheters; amnihook/kocker's forceps; speculum; equipment for urinalysis.

**4.** The following equipment is stored and immediately available for use in the laboratory: reagents; microscope; gloves; slides; equipment appropriate to tests.

**5.** One member of staff is responsible at the start and end of each day for checking that each area is clean and has the essential equipment in good repair and available for use; faults and lack of supplies are notified to the person in charge of the health centre.

**6.** A weekly audit of essential equipment is undertaken; faults and declining supplies are notified to the person in charge of the health centre; records are kept of the weekly audits.

**7.** All staff understand the importance to patient care and safety of having the right equipment, drugs and supplies in good supply and good working order and using or prescribing them correctly.

**8.** Staff have been taught the correct method for using each item of equipment and are able to demonstrate correct use.

**9.** Drugs and equipment available in the health centre should conform to Government policy and WHO recommendations.

### **Evaluation and monitoring methods**

Methods to assess Standard 7 will normally include:

- inspection of daily inventory checks of each clinical area
- inspection of weekly audit records
- interviews with staff about their knowledge of how to check and report low supplies and broken equipment and the reasons for doing so
- inspecting each clinical area for the presence of equipment listed in the criteria
- observation of staff using equipment and prescribing drugs

### **Examples of evidence**

Evidence to demonstrate Standard 7 is being met might include:

- copies of completed daily and weekly inventory checks
- actions recorded when equipment is found to be faulty or supplies low
- examples from staff of how they check and report faults and low supplies
- observation examples of staff using equipment, supplies or drugs correctly

## **Standard 8**

### **The Health Centre provides support and training for Health Extension Workers (HEW) in associated Health Posts in line with Ministry of Health requirements.**

#### **Criteria:**

**1.** There should be an identified means of regular, effective communication between the health centre and Health Extension Workers, for example monthly meetings.

**2.** There is a planned training programme for Health Extension Workers led by staff in the health centre.

**3.** Health Extension Workers have an opportunity to influence the topic area of the training programme.

**4.** Health Extension Workers make appropriate and timely referrals of patients to the health centre.

**5.** Each Health Extension Worker has the urgent contact telephone numbers of health centre staff for advice.

**6.** Health Extension Workers regularly (at least twice per year) visit the health centre and are shown the facilities.

**7.** Health centre staff regularly (at least twice per year) visit a Health Post with a Health Extension Worker

#### **Evaluation and monitoring methods**

Methods to assess Standard 8 will normally include:

- interviewing health centre staff
- interviewing Health Extension Workers
- reviewing the training programme for Health Extension Workers
- meetings with community representatives to discuss the relationship between the health post and the health centre

#### **Examples of Evidence**

Evidence to demonstrate Standard 8 is being met might include:

- records of meetings between health centre staff and Health Extension Workers
- training programmes with attendance lists
- records of discussions and interviews with Health Extension Workers about the contact and support they receive from health centre staff
- patient outcomes from referrals to the health centre by Health Extension Workers
- Records of discussions with community groups about the interface between health posts and health centres.

## **Standard 9**

**The health centre is seen to be a place where the community has trust in the care provided and where staff are happy to work**

### **Criteria**

- 1.** The health centre has a philosophy of care that has been agreed by all staff and is reviewed at least every year.
- 2.** The philosophy of care is shared with patients and the community.
- 3.** Community and patient groups meet regularly with staff from the health centre to provide feedback on the services provided and the patients' experiences.
- 4.** Each member of staff has a designated area of the health centre for which they are responsible.
- 5.** The health centre holds an 'open day' once a year for the community to visit and see the services and facilities.
- 6.** Staff meetings are used to praise staff members, share good practice and give positive feedback.
- 7.** New members of staff have an orientation week in which they are introduced and work alongside another member of staff

### **Evaluation and monitoring methods**

Methods to assess Standard 9 will normally include:

- interviews with staff about their experiences of working in the health centre
- interviews with patients about their experiences of care in the health centre
- feedback from the community
- examination of records of meetings between health centre staff and the community/patient groups
- examination of records of staff rotas and staff meetings
- discussion with staff about how they respond to feedback
- Reviewing the findings from health centre staff's self monitoring and evaluation

### **Examples of evidence**

Evidence to demonstrate Standard 9 is being met might include:

- an increased uptake in services by the community
- reports from the community and patient groups of improved services and satisfaction with the health centre
- staff reports that working in the health centre is a positive experience
- regular meetings taking place between the health centre and the community
- examples of actions that have been taken after feedback from patients and the community
- examples of changes that have been made following suggestions from health centre staff
- a copy of a staff orientation programme and a report from a new member of staff that the orientation programme had been followed and they found it helpful