

IDEAL CLINIC DASHBOARD VERSION 15 FOR PEER REVIEWS

This document/tool contains a carefully selected set of elements that speaks to quality and safety. The tool is to be used to determine the status of a health facility's performance against these elements. Some elements have checklist that define the criteria for evaluation for the element, these elements is indicated with a "Y" in the column for checklists. See attached cehcklists

Performance is scored in line with three colours as follows:

Green (G)	= achieved
Amber (A)	= partially achieved
Red (R)	= not achieved

Key and description for method of measurement

Key	Method of Measurement (MM)
	a) Check applicable documents e.g. policies, guidelines, standard operating procedures, data, etc
?	b) Ask staff members and or clients for their views or level of understanding
	c) Objective observations and or conclusion
	d) Test the functionality of equipment/systems

Key and description for level of responsibility

Key	Description
NDoH	National Department of Health
P	Province
D	District
HF	Health Facility

Key and description for weighing

Key	Description
V	Vital
E	Essential
I	Important

National Core Standards		VERSION 15 FOR PEER REVIEWS						Checklist	
		Component	Sub Component	ELEMENTS	Weight	MM	Performance Level of responsibility.		COMMENTS
DOMAIN 1: PATIENT RIGHTS	1. Administration	1. Signage and Notices: Monitor whether there is communication about the facility and the services provided							
		1	All way-finding signage in place	I	☹️		P		Y
		2	Display board reflecting the facility name, service hours, physical address, contact details and service package details is visible at the entrance of the facility	I	☹️		D		
		3	The NO WEAPONS, NO SMOKING, NO ANIMALS (except for service animals) and NO HAWKERS sign is clearly sign posted at the entrance of the facility	I	☹️		D		
		4	Display board indicating a disclaimer on searches is visibly sign posted at the entrance of the facility	I	☹️		D		
		5	Photos of political leadership of health are visually displayed	I	☹️		D		
		6	The Vision, Mission and Values of the district must be visibly displayed	I	☹️		D		
		7	The facility organogram with the contact details of the manager is displayed on a central notice board	I	☹️		HF		
		8	All service areas within the facility are clearly signposted	I	☹️		HF		Y
		2. Staff identity and dress code: Monitor whether staff uniform, protective clothing and mode of staff identification are according to policy prescripts							
		9	There is a prescribed dress code for all service providers	I	📖		P		
		10	All staff members comply with prescribed dress code	I	?☹️		HF		Y
3. Client service organization: Monitor the processes that enable responsive client service.									
12	There is access for people in wheelchairs	E	☹️		D		Y		

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance	Level of responsibility.	COMMENTS	Checklist
			13 Staff are scheduled such that helpdesk/reception services are available	I	☺📖		HF		
			14 There is a process that prioritizes the very sick, frail and elderly patients	I	☺		HF		
			15 A functional wheelchair is available	E	?☺		HF		
DOMAIN 6: OPERATIONAL MANAGEMENT	1. Administration	1. Signage and Notices: Monitor whether there is communication about the facility and the services provided							
		16	There is a single patient record (except for active TB patients) irrespective of health conditions	I	☺📖		HF		
		17	Patient record content adheres to ICSM prescripts	E	☺📖		HF		Y
		18	There is an SOP for filing, archiving and disposal of patient records available	I	📖		NDoH		
		19	The SOP for filing, archiving and disposal of patient records is adhered to	I	☺		HF		Y
		20	There is a single location for storage of all active patient records	I	☺		HF		
		21	Patient records are filed in close proximity to patient registration desk	I	?☺		HF		
		22	The retrieval of a patient 's file takes less than ten minutes	I	?☺		HF		
		23	Priority stationery (clinical and administrative) is available at the facility in sufficient quantities	I	📖		HF		Y
		5. Clinical Service provision: Monitor whether clinical integration of clinical care services allowing for 3 discrete streams (acute, chronic and MCWH) of service delivery is adhered to as per service package and whether this results in improvements in key population health and service indicators							
		24	The facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions and preventative health services.	E	☺		HF		
		25	Patients are consulted and examined in privacy	E	☺		HF		
		26	TB treatment success rate is at least 85% or has increased by at least 5% from the previous year	E	📖		HF		
		27	TB (new pulmonary) defaulter rate < 5%	E	📖		HF		
		28	Ante-natal visit rate before 20 weeks gestation is at least 70%	E	📖		HF		

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance	Level of responsibility.	COMMENTS	Checklist		
DOMAIN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE	2. Integrated Clinical Services Management (ICSM)		29	Ante-natal patient initiated on ART rate is at least 90%	E			HF			
			30	Immunisation coverage under one year (annualised) is at least 90 %	E			HF			
		6. Management of client appointments: Monitor whether an ICSM client appointment system is adhered to.									
			34	An ICSM compliant patient appointment system for patients with stabilised chronic health conditions and MCWH patient is in use	E				HF		
			35	The records of booked patients are pre retrieved at least 24 hours before the appointment	E				HF		
			36	Patients who did not honour their appointments within one week are followed up by referral to WBPHCOT to facilitate booking of new appointment	E	? 			HF		
			37	Pre-dispensed medication for clinically stable chronic patients is prepared for collection 24 hours prior to collection date/this facility has a CCMDD programme.	E	?			HF		
		7. Coordination of PHC Services: Monitor whether there is coordinated planning and execution between PHC facility, School Health Team, WBPHCOT and DCST									
			38	Facility renders school health services to schools in its catchment areas.	I				D		
			39	The facility refers patients with chronic but stable health conditions to WBPHCOT for support.	E				HF		
			40	Quarterly clinical improvement report from DCST available	E				D		
		8. Clinical guidelines and protocols: Monitor whether clinical guidelines and protocols are available, whether staff have received training on their use and whether they are being									
			41	The ICSM compliant package of clinical guidelines is available in all consulting rooms	E				D		Y
			42	80% of professional nurses have been fully trained on ICSM compliant package of clinical guidelines	E				D		
			43	At least one of the doctors providing services to the clinic have been fully trained on ICSM compliant package of clinical guidelines	E				D		
			44	Resuscitation protocol is available	E				HF		
			45	80% of Professional Nurses have been trained on Basic Life Support	E				HF		

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance	Level of responsibility.	COMMENTS	Checklist		
SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE	Integrated Clinical Services Management (ICSM)		46	All doctors providing services to the clinic have been trained on Basic Life Support	E			HF			
			48	The facility's Adverse Event Management/Patient Safety Incident Standard Operating Procedure is available	E			HF			
			49	The Adverse Event Management//Patient Safety Incident records show compliance to the adverse event management protocol	E			HF		Y	
		9. Infection Prevention and Control: Monitor whether prescribed infection prevention and control policies and procedures are adhered to.									
			52	The National Policy on Infection Prevention and Control is available	E			NDoH			
			53	There is a staff member who is assigned infection prevention and control role in a facility	E			HF			
			54	Staff wear appropriate protective clothing	E			HF		Y	
			55	The linen in use is clean	E			HF			
			56	The linen is appropriately used for its intended purpose	E			HF			
			57	Waste is properly segregated	E			HF			
			58	Sharps containers are disposed of when they reach the limit mark	V			HF			
			59	Sharps are disposed of in impenetrable, tamperproof containers	V			HF			
			60	Sharps containers are placed on work surface or in wall mounted brackets	E			HF			
		10. Client waiting time: Monitor whether the facility's prescribed waiting times are adhered to.									
			62	The standard waiting time for every service area is visibly posted at all service areas	I			HF			
			63	Waiting time is monitored using the prescribed tool	E			HF			
			64	The average time patients spend in the facility is not longer than 3 hours	E			HF			
			65	Patients are intermittently informed of delays and reasons for delays in service provision	I			HF			

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance	Level of responsibility.	COMMENTS	Checklist	
DOMAIN 2: PATIENT SAFETY AND CLINICAL GOVERNANCE AND CLINICAL CARE	2. Integrated Clinical Services Management (ICSM)	11 Patient experience of care: Monitor whether an annual client experience of care survey is conducted and whether clients are provided with an opportunity to complain about or compliment the facility and whether complaints are managed within the prescribed time.								
		67	The results of the yearly Patient Experience of Care survey are visibly displayed at reception	E			HF			
		68	An average overall score of 60% is obtained in the patient experience of care survey	E			HF			
		69	The results obtained from the Patient experience of care survey are used to improve the quality of service provision	E			HF			
		70	The National Complaint Management Protocol is available	E			NDoH			
		71	The facility's Complaint Management Standard Operating Procedure is available	E			HF			
		72	The complaint records show compliance to the Complaint Management Protocol	E			HF		Y	
		73	90% of complaints received are resolved	E			HF			
		74	90% of complaints received are resolved within 25 working days	E			HF			
		75	Compliments/complaints boxes are visibly placed at main entrance/exit	E			HF			
76	There is official complaint/compliment forms and pen available	E			HF					
SERVICES	y Services	12 Medicines and supplies: Monitor consistent availability of required good quality medicines and supplies.								
		78	There is at least one functional wall mounted room thermometer in the medicine storage room/dispensary	V			HF			
		79	The temperature of the medicine storage room/dispensary is kept is recorded daily	V			HF			
80	The temperature of the medicine storage room/dispensary is maintained within the safety range	V			HF					

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance	Level of responsibility.	COMMENTS	Checklist	
DOMAIN 3: CLINICAL SUPPORT	3. Pharmaceuticals and Laborator		81	There is a thermometer in the medicine refrigerator	V	☹		HF		
			82	The temperature of the medicine refrigerator is recorded daily	V	📖		HF		
			83	The temperature of the medicine refrigerator is maintained within the safety range	V	📖		HF		
			84	There is access to an automated supply chain system for medicines	E	☹		HF		
			85	90% of the tracer medicines are available	V	📖		HF		Y
			86	Re-ordering stock levels (min/max) is determined for each item on the Essential Medicine List	E	☹📖		HF		
			87	Medicines that expire within three months are returned to the depot or are distributed to the other facilities as needed	E	☹		HF		
			88	Basic surgical supplies (consumables) are available	E	📖		HF		Y
DOMAIN 3: CLINICAL SUPPORT SERVICES	3. Pharmaceuticals and Labor	13. Management of Laboratory Services: Monitor consistent availability and use of laboratory services.								
		89	The PHC Laboratory Handbook is available	E	📖		NDoH			
		90	Required functional diagnostic equipment and concurrent consumables are available	V	?📖		HF		Y	
		91	Specimens are handled according to the PHC Laboratory Handbook	E	☹		NDoH		Y	
		92	The PHC laboratory results are received from the lab within the specified turn around times	E	📖		HF		Y	
ELEMENT		14. Staff allocation and use: Monitor whether the PHC facility has the required HRH capacity and whether staff are appropriately applied.								
		93	Staffing needs have been determined in line with WISN	I	?📖		D			
		94	Staffing is in line with WISN	I	📖		D			
		95	A facility with a work-load of more than 150 patients per day has a dedicated facility manager whose work content consists of approximately 80% management and 20% clinical work	E	📖		D			

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance Level of responsibility.	COMMENTS	Checklist		
DOMAIN 6: OPERATIONAL MANAGE	4. Human Resources for Health		96	Work allocation schedule is signed by all staff members	I		HF			
			97	Leave policy is available	I		HF			
			98	An annual leave schedule is available	I		HF			
		15. Professional standards and Performance Management Development System (PMDS): Monitor whether staff are managed according to Department of Public Service Administration (DPSA) prescripts.								
			99	There is an individual Performance Management Agreement for each staff member	I		HF			
			100	Continued staff development needs are determined for the current financial year and submitted to the district manager	I		HF			
			101	Training records reflect that planned training is conducted as per the district training programme	I		HF			
			102	The disciplinary procedure is available	I		HF			
			103	The grievance procedure is available	I		HF			
			104	Staff satisfaction survey is conducted annually	I		D			
	105	The results of the staff satisfaction survey is used to improve the work environment	I		HF					
16. Availability of Medical, Mental health, and Allied health practitioners: Monitor client access to clinical expertise at PHC level.										
MAIN 6: OPERATIONAL MANAGEMENT	Human Resources for Health		106	Patients have access to a medical practitioner	E		HF			
			107	Patients have access to oral health services	I	?	D			
			108	Patients have access to occupational therapy services	I	?	D			
			109	Patients have access to physiotherapy services	I	?	D			
			110	Patients have access to dietetic services	I	?	D			
			111	Patients have access to social work services	I	?	D			

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance	Level of responsibility.	COMMENTS	Checklist
4.			112 Patients have access to radiography services	I	?		D		
			113 Patients have access to ophthalmic service	I	?		D		
			114 Patients have access to mental health services	E	?		D		
			115 Patients have access to speech and hearing services	I	?		D		
DOMAIN 6: OPERATIONAL MANAGEMENT	5. Support Services	17. Finance and supply chain management: Monitor the consistent availability of a functional supply chain management system as well as the availability of funds required for optimal service provision.							
		116 The facility manager has appropriate financial delegation	I	?		HF			
		117 The facility manager is involved in determining the budget of the facility	I	?		D			
		118 The budget and actual expenditure of the facility is available	I			HF			
		119 The facility has a supply chain system for general supplies	E	?		HF			
		120 Facility manager uses the supply chain system to ensure adequate replenishment of supplies	E	?		HF			
		18. Hygiene and Cleanliness: Monitor whether the required systems and procedures are in place to ensure consistent cleanliness in and around a facility.							
		121 Cleaners are appointed inline with WISN guidelines	E			HF			
		122 All cleaners have been trained on cleaning	E			HF			
		123 All work completed is signed off by cleaners	E			HF			
124 Cleaning materials are available	E	?		HF		Y			
125 Intensive cleaning of a facility is conducted during the least busy times	E	☹		HF					
126 All service areas are clean	E	☺		HF		Y			
127 Clean running water, toilet paper, liquid hand wash soap and disposable hand paper towels are available	E	☺		HF		Y			
128 Sanitary and health care waste disposal bins are lined with red plastic bin liners and have functional lids	E	?☺		HF		Y			

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance Level of responsibility.	COMMENTS	Checklist		
DOMAIN 7: FACILITIES AND INFRASTRUCTURE	5. Support Services		129 General disposal bins are lined with transparent or black plastic bin liners and have functional lids	E	☹️	HF		Y		
			130 All toilets are intact and functional	E	?☹️	HF		Y		
			131 The exterior of the facility is aesthetically pleasing and clean	E	☹️	HF		Y		
			132 Waste is stored in access-controlled rooms	E	☹️	HF				
			133 A signed waste removal service level agreement between the health department and the service provider is available	E	📖	P				
			134 Waste is removed in line with the contract	E	?📖	HF				
		19. Security : Monitor whether systems processes, procedures are in place to protect the safety of assets, infrastructure, clients and staff of the PHC facility.								
				135 Perimeter fencing is intact	I	☹️	HF			
				136 Separate lockable functioning pedestrian entrance/gate	I	☹️	HF			
				137 Parking for staff on the facility premises	I	☹️	HF			
				138 There is a standard security guard room	I	☹️	D		Y	
				139 A signed copy of the service level agreement between the security company and the provincial department of health is available at the facility	I	?📖	D			
	20. Disaster preparedness: Monitor whether firefighting equipment is available and whether staff know how to use it and whether disaster drills are conducted.									
			140 Functional firefighting equipment is available	E	☹️👉	HF		Y		
			141 The emergency evacuation procedure is practiced annually	E	📖	HF				
			142 Deficiencies identified during the practice of the emergency evacuation drill are addressed	E	📖	HF				
	21. Physical Space and Routine Maintenance: Monitor whether the physical space is adequate for the PHC facility workload and whether timely routine maintenance is undertaken.									
			143 Clinic space accommodates all services and staff	E	☹️📖	HF		Y		

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance	Level of responsibility.	COMMENTS	Checklist			
DOMAIN 3: CLINICAL SUPPORT SERVICES	6. Infrastructure		144	The facility's infrastructure is maintained	I	☹️📖		D		Y		
		22. Essential Equipment and Furniture: Monitor whether essential equipment and required furniture are available.										
			145	Furniture is available and intact in service areas	I	😊			HF		Y	
			146	Essential equipment is available and intact in every consulting room	E	😊			HF		Y	
			147	Resuscitation room is equipped with functional basic equipment for resuscitation	V	☹️📖			HF		Y	
			148	Restore the emergency trolley daily or after every time it was used	V	☹️📖			HF		Y	
			149	There is a sealed sterile emergency delivery pack	V	😊			HF			
			150	There is a sealed sterile pack for minor surgery	E	😊			HF			
		151	Oxygen supply is available	V	😊			HF				
		152	Redundant and non-functional equipment is removed from the facility	I	😊			HF				
	7: FACILITIES AND INFRASTRUCTURE	6. Infrastructure	23. Bulk supplies: Monitor whether the required electricity supply, water supply and sewerage services are constantly available.									
				153	There is consistent supply of clean, running water to the facility	V	?👉			HF		
				154	There is emergency water supply in the facility	E	?👉			HF		
				155	There is functional back-up electrical supply	E	?👉			HF		
				156	The back-up electrical power supply is checked weekly to determine its functionality	E	📖			HF		
		157	The sewerage system is functional	E	📖			HF				
24. ICT Infrastructure and Hardware: Monitor whether systems for internal and external electronic communication are available and functioning.												
			158	There is a functional telephone in the facility	E	?👉			HF			
		159	There is functional computer	I	?👉			HF				

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance	Level of responsibility.	COMMENTS	Checklist	
DOMAIN			160	There is functional printer connected to the computer	I	?👉		HF		
			161	There is web access	I	?👉		D		
DOMAIN 4: PUBLIC HEALTH	7. Health Information Management	25. District Health Information System (DHIS): Monitor whether there is an appropriate information system that produces information for service planning and decision making.								
		162	Facility performance in response to burden of disease of the catchment population, is displayed and is known to all clinical staff members.	I	?😊			HF		
		163	Current disease trends inform prioritization of health care plans	I	📖			HF		
		164	District Health Information Management System policy available	I	📖			HF		
		166	Relevant DHIS registers are available and are kept up to date	I	?😊			HF		
		168	There is a functional computerized patient information system	I	?👉			D		
OPERATIONAL MANAGEMENT AND	8. Communication	26. Internal communication: Monitor whether the communications system required for improved quality for service delivery is in place.								
		169	There are sub district/district quarterly facility performance review meetings	I	📖			D		
		170	There is at least a quarterly staff meeting held within the facility	I	📖			HF		
		171	Staff members demonstrate that incoming policies and notices have been read and are understood by appending their signatures on such policies and notifications	I	📖			HF		
DOMAIN 4: PUBLIC HEALTH	8. Community engagement	27. Community engagement: Monitor whether the community participates in PHC facility activities through representation in a functional clinic committee.								
		172	There is a functional clinic committee	I	📖			P		
		173	Contact details of clinic committee members are visibly displayed	I	😊			HF		
			174	The facility has an annual open day	I	📖		HF		
E		28. District Health Support (DHS): Monitor the support provided to the facility through guidance from district management, regular Ideal Clinic status measurement by the PPTICRM as well as through visits from the district support and health programme managers.								

National Core St	Component	Sub Component	ELEMENTS	Weight	MM	Performance	Level of responsibility.	COMMENTS	Checklist			
DOMAIN 5: LEADERSHIP AND CORPORATE GOVERNANCE	9. District Health System Support		175	There is a health facility operational plan in line with district health plan	I			HF				
			176	The Permanent Perfect Team for Ideal Clinic Realisation and Maintenance visits the clinic at least twice a year to record the Ideal Clinic Realization status and to correct weaknesses	E	?		D				
		29. Planned and Emergency patient transport: Monitor the availability of planned and emergency transport for clients.										
			177	There is a pre-determined EMS response time to the facility	I	?		D				
			178	EMS respond according to the pre-determined response time	I			D				
		30. Referral System: Monitor whether clients have access to appropriate levels of health care.										
			180	The facility's Standard Operating Procedure for referrals is available and sets out clear referral pathways	I			HF				
			181	There is a referral register that records referred patients	I			HF				
		LEADERSHIP AND CORPORATE	10. Partners and Stakeholders	31. Implementing Partners support: Monitor the support that is provided by implementing partners								
				182	There is an up to date list (<i>with contact details</i>) of all implementing partners that support the facility	I			HF			
183	The list of implementing health partners shows their areas of focus and business activities			I	?		HF					
									# of Checklists	31		

IDEAL CLINIC CATEGORIES

Weights	Silver	Gold	Platinum	Diamond
Vital	100%	100%	100%	100%
Essential	70%	80%	91%	100%
Important	65%	75%	86%	100%
Average percentage	70%	80%	90%	100%