| # | BEST PERFORMING HEALTH FACILITY AWARD CRITERIA, 2015 | | | | |
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| | CRITERIA | 1 | 2 | 3 | 4 |
| 1 | **leadership and Management** | | | | |
| a | Timely reporting to Health Protection Agency (HPA), Planning and International Health Division (PIH), Accounts, Maldives Food and Drug Authority (MFDA) (including zero reporting) | Marks will be given based on the percentage of reports sent on time (1 being lowest marks and 4 being highest marks) | | | |
| b | Accuracy of reports to Health Protection Agency (HPA), Planning and International Health Division (PIH), Accounts, Maldives Food and Drug Authority (MFDA) (including zero reporting) | Marks will be given based on the accuracy of reports (1 being lowest marks and 4 being highest marks) | | | |
| c | Completeness of reports to HPA, MFDA, Accounts and PIH (Format, completeness of information in all columns, coverage etcetera) | Marks will be given based on the completeness of reports (1 lowest marks and 4 is highest marks) | | | |
| d | Complain reporting / Analysing mechanism established (at health facility level) (Incident Format)· | Have a mechanism but not documented | Have a documented mechanism, but all relevant staff not informed | Have a documented mechanism, all relevant staff informed & Corrective Actions Taken | Have a documented mechanism, all staff are informed and mechanism is followed as a routine practice (Follow Up of Corrective Actions done ) |
| e | Senior management meetings and Regular Actions Taken | senior management meetings held atleast every 2 months | Senior management meetings held atleast on a monthly basis | Senior management meetings held atleast on a weekly basis and meeting minutes circulated | senior management meetings held atleast on a weekly basis, meeting minutes circulated and Decisions followed up· |
| f | Registration and licensing of health professionals | Marks will be given based on the percent of health professionals registered, status of their practicing license and reporting of incidences of suspected professional misconduct/negligence to relevant regulatory board/councils (1 being lowest marks and 4 being highest marks) (100% & 80%) | | | |
| g | Clear and documented work procedures (procurement, laboratory procedures for all tests available at laboratory, patient referral) (SOP's - Clinical and Administration | Procurement, laboratory procedures for all tests, patient referral procedures developed | Procurement, laboratory procedures for all tests, patient referral procedures developed and relevant staff informed | Procurement, laboratory procedures for all tests, patient referral procedures developed, relevant staff informed and procedures implemented | Procurement, laboratory procedures for all tests available at laboratory in health facility, patient referral procedures and other procedures developed, relevant staff informed, procedures implemented and implementation of 3 procedures monitored by facility· |
| h | Complete and up-to-date Inventory (up to 1 month prior to submission) | Inventory exists | Inventory complete as per government inventory format | Inventory as per government format, some items labelled according to inventory | Inventory up to date and according to government rules, all items labelled according to inventory |
| i | Community mobilisation | Community mobilisation in one event/initiative by health facility (in 2014) | Community mobilisation for 2 events/initiatives by hospital/health facility (in 2014) | Community mobilisation on quarterly basis for health event/initiatives led by hospital/health facility in 2014 | Community mobilisation done for more than 4 times in health event/initiatives led by hospital/health facility in 2014 |
| j | Patient friendly services (Guidance Documents) | Both available services at health facility and directions displayed clearly for public | Available services and directions displayed, receptionist answering calls are courteous and able to attend to patients queries | Available services and clear directions displayed, receptionist are courteous in answering calls to health facility and receptionists informed on services available at health facility, patient friendly appointment services for OPD consultations | Available services and clear directions displayed, receptionist answering calls are courteous and receptions informed on services available at health facility, patient friendly appointment services for OPD consultations and investigations |
| 2 | **Public Health** | | | | |

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| a | Growth monitoring, immunization, DOTS, Non communicable diseases (NCD) clinic, adolescent health clinic, ANC classes and Family Protection (FP) services provided regularly | Only immunization, growth monitoring and DOTS services provided regularly as per schedule | Immunization,growth monitoring and DOTS and one additional service from the other 3 are provided regularly as per schedule | Immunization,growth monitoring and DOTS and 2 additional service from the 3 are provided regularly as per schedule | All 7 services provided regularly as per schedule |
| b | Home visiting (Information of chronic diseases -NCD CD) - Scheduled / Atleast 2 visits) | Home visits conducted but irregular (Schedule - Minimum 2 Visits / Informations / Registered NCD/CDS | Home visits conducted regularly but not all routine issues (in reference to SOPs) covered in each visit· | Home visits conducted regularly and all routine issues (in reference to SOPs) covered in each visit· | Home visits conducted regularly and all issues (in reference to SOPs) covered in each visit and in addition, more visits are done on a needs basis (eg, due to outbreaks, vaccine refusals, growth faltering, etcetera) |
| c | | 5% | 10% | 15% | |
| d | Local public health (PH) priorities (Guidance Document From HPA) | Identified local PH priorities based on either hospital/health centre data or from public notifications and media reports etc· But other local stakeholders (eg, schools, councils etcetera) not involved in developing local PH priorities· | Identified local PH priorities based on either hospital/health centre data or from public notifications and media reports etcetera, discussed with other local stakeholders (eg, schools, councils etcetera) and Implemented to a certain extent | Identified local PH priorities based on either hospital/health centre data or from public notifications and media reports etcetera, *discussed* with other local stakeholders (eg, schools, councils etcetera) and Implemented as per priorities (implementation plan on PH priorities exists) | Identified local PH priorities based on either hospital/health centre data or from public notifications and media reports etcetera, discussed with other local stakeholders (eg, schools, councils etcetera) and Implemented as per priorities (implementation plan on PH priorities exists) and situation regularly reviewed and interventions adapted accordingly· |
| 3 | **Human Resources** | | | | |
| a | Up-to-date Organizational chart (documented, endorsed, up-to-date (must reflect changes made not more than 3 months prior to submission deadline) and communicated to staff | Organizational chart documented | Organizational chart endorsed by Ministry of Health (MOH) but not reflecting current work flow | Organizational chart endorsed by MOH and up-to-date (must reflect changes made not more than 3 months prior to submission deadline) | Up to Date Organizational chart endorsed by MOH (must reflect changes made not more than 3 months prior to submission deadline) and communicated to all staff |
| b | Job decriptions/JD (for contract & civil servants- foreign and local staff included) (must be complete for staff joined more than 1 month prior to submission deadline)· | 20-50 percent of JDs and contracts completed (signed) | 51-75 percent of JDs, contracts and personal files completed (signed) | Over 76 percent of JDs, contracts and personal files completed (signed) | over 76 percent of JDs, contracts and personal files completed (signed) and JDs reflecting current work practices |
| c | Performance Appraisal and Targets for all staff (6 Months Appraisal) | 20-50 percent Performance Appraisal forms and targets completed (signed) by deadline provided to Human Resources (HR) division on Ministry of Health | 51-75 percent Performance Appraisal forms and targets completed (signed) by deadline to HR division | 76-90 percent Performance Appraisal forms and targets completed (signed) by deadline to HR division | Over 91 percent Performance Appraisal forms and targets completed (signed) by deadline to HR division |
| d | 1·6 Orientation programme for all staff complete (within 3 months of employment/recruitment) | Marks will be given based on the percent orientation of new staff completed by deadline provided by HR division (1 is lowest marks and 4 is highest marks) | | | |
| 4 | **Budget** | | | | |
| a | Budget Utilization | Proper utilization of budget, 50% | Proper utilization of budget, 60% | Proper utilization of budget, 70% | Proper utilization of budget, 80% and above |
| b | Regularity in sending the monthly expenditure and revenue report | Marks will be given based on the Regular & timeliness of the reports (1 is lowest marks and 4 is highest marks) | | | |
| | | 20-50 percent Regular Monthly Expenditure and Revenue Reports Completed (signed) by deadline to Accounts division | 51-75 percent Regular Monthly Expenditure and Revenue Reports Completed (signed) by deadline to Accounts division | 76-90 percent Regular Monthly Expenditure and Revenue Reports Completed (signed) by deadline to Accounts division | Over 91 percent Regular Monthly Expenditure and Revenue Reports Completed (signed) by deadline to Accounts division |
| c | Salary sheet preparation | Marks will be given based on the accuracy and completeness of the salary sheets submitted to Ministry of Health (1 is lowest marks and 4 is highest marks) | | | |

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| | | 20-50 percent Monthly Salary Sheet Completed (signed) by deadline to Accounts division | 51-75 percent Monthly Salary Sheet Completed (signed) by deadline to Accounts division | 76-90 percent Monthly Salary Sheet Completed (signed) by deadline to Accounts division | Over 91 percent Monthly Salary Sheet Completed (signed) by deadline to Accounts division |
| d | Quality of the financial reports prepared (Corrections··· | Marks will be given based on the accuracy of the reports (1 is lowest marks and 4 is highest marks) (Regular & Timely for the Date Presented) | | | |
| | | 20-50 Percent Financial Reports Completed (signed) by deadline to Accounts division | 51-75 Percent Financial Reports Completed (signed) by | 76-90 Percent Financial Reports Completed (signed) by deadline to Accounts | Over 91 Percent Financial Reports Completed (signed) by deadline to Accounts division |
| e | Knowledge of key objectives of budget preparation process (Guidance Documents) | Marks will be given based on the application of the knowledge of key objectives of the budget preparation process and the budget submitted to Ministry of Health by health facility (1 is lowest marks and 4 is highest marks) | | | |
| | Completeness of forecasting budgets | The annual forecasting budget is submitted without the necessary supporting documents (activity sheets) and the budget lacks the key informations | The annual forecasting budget is submitted with some of the necessary supporting documents (activity sheets) and the budget lacks the key informations | The annual forecasting budget is submitted with the necessary supporting documents but still isn't fully completed | The annual forecasting budget is submitted with the necessary supporting documents (activity sheets) and is completed all the key informations are included |
| f | Level of alignment of the policies with annual budget (Guidance Document / Target Oriented) | Health Facility has no or low level of information regarding aligning the policies with annual budget | The Health Facility has a mediocre level of information regarding aligning the policies with annual budget | The Health Facility has above average level of information regarding aligning the policies with annual budget | The Health Facility has a good understanding regarding aligning the policies with annual budget |
| g | Information in the Financial statements | The informations are provided without considering any instructions and is usually submitted late | The informations are provided after numerous follow-up calls and is usually in need of additional corrections | The informations are provided after the third follow-up calls and is provided as per instructions | The informations are provided as per instructions and is provided on time |
| h | Book Keeping | The financial documents/books are not handled as per government rules and regulations | The financial documents/books are handled to some extend as per rules and regulations | The financial documents/books are handled to a large extend as per rules and regulations | The financial documents/books are handled as per rules and regulations |
| i | Management of the balances remaining in the account at the end of the year | The account balance is not deposited at the end of the year | The account balance is deposited only after numerous remainders | The account balance is deposited, but as a result of incorrect paperwork the balance is transferred into an incorrect account or budget code | The account balance is transferred and the paperwork is carried out as per rule and regulation· |
| j | Balances required for Ministry of Finance and Treasury at the end of the year | The details declared are incorrect or details have not been sent | The balances have been declared through an unsigned document | The balances have been declared in the correct form but was late in submission | The balances have been submitted correctly on time |
| k | Issues that arises during the annual internal audits | The procedure was not carried out as per rules and regulations | The procedure was carried out to some extend as per rules and regulation | The procedure was carried to a large extend as per rules and regulations | The procedures was carried out as per rules and regulations |
| 4 | **QUALITY** | | | | |
| a | Clinical care guidelines/protocols (medicine guideline, laboratory standard, HIV testing guideline, dengue management guideline, SARS guideline) (Guidance Document with a List of Guidelines) | Published treatment guidelines/standards/protocol available | published treatment guidelines/standards/protocol available and staff aware of them | published treatment guidelines/standards/protocol e and necessary procedures available and staff aware of them Orientation | published treatment guidelines/standards/protocol and necessary procedures available and staff aware of them and monitoring machanism established and documented· |

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| b | Patient referral and follow-up procedures | Procedures exist for patient referral and relevant staff aware of these· | Procedures exist for patient referral, relevant staff aware of procedure and procedure includes verification of service availability in the referral hospital | Procedures exist for patient referral, relevant staff aware of procedure and procedure includes verification of service availability in the referral hospital and if prior discussion with relevant specialists done | Procedures exist for patient referral, relevant staff aware of procedure and procedure includes verification of service availability in the referral hospital, if prior discussion with relevant specialists done and Follow up (FU) done· |
| c | Patient identification | Written procedure on patient identification exists and relevant staff aware | Written simple procedure on patient identification exists , relevant staff aware, patients identified at | Written simple procedure on patient identification exists , relevant staff aware, patients identified at OPD reception and on | Written simple procedure on patient identification exists, relevant staff aware, patients identified at OPD reception, on admission and at time of |
| d | Informed consent | Written procedure exists including specification on when verbal and written informed consent is required | Written procedure exists including specification on when verbal and written informed consent is required and relevant staff aware· | Written procedure exists including specification on when verbal and written informed consent is required, relevant staff aware of procedure and informed consent followed - | Written procedure exists including specification on when verbal and written informed consent is required, relevant staff aware of procedure and informed consent followed - necessary information provided |
| e | Nursing care Guidelines Procedures / Guidelines (in %) | Therapeutical communication followed by all nurses in the health facility | Therapeutical communication followed by all nurses in the health facility and Vital signs chart, I/O charts and Nurse's notes properly documented with all necessary information regarding patient condition· | Therapeutical communication followed by all nurses in the health facility and Vital signs chart, I/O charts and Nurse's notes properly documented with all necessary information regarding patient condition and Registers for admissions, discharges, lama cases, birth/death registers maintained and updated properly· | Therapeutical communication followed by all nurses in the health facility and Vital signs chart, I/O charts and Nurse's notes properly documented with all necessary information regarding patient condition, Registers for admissions, discharges, lama cases, birth/death registers maintained and updated properly and atleast monthly staff meetings and In service training/education conducted atleast quarterly |
| f | Laboratory services available and reliable (In reference to National standards for clinical laboratories) Procument Standard & Standard Checked | Laboratory results are available in a timely way as defined (turn around time followed) | A laboratory safety program is in place, followed, and documented (eg, waste disposal in place)· | In addition to criteria to 1 & 2, quality control procedures are in place, followed, and documented· | In addition to meeting 1, 2 and 3 mechanism for Referral of diagnostic samples in place |
| g | Diagnostic imaging services available and reliable (X ray and scan) | Results are available in a timely way as defined by the Health Facility (Turn Around Time) | In addition to meeting criteria in 1, radiation safety program is in place, followed and documented· | In addition to meeting criteria in 1 & 2, Quality control procedures are in place, followed and documented· | In addition to meeting criteria in 1, 2 & 3, Equipment regularly inspected, maintained, and calibrated and documented |
| h | Medication safety procedures (in reference to National Medical Practice standards) | All medicines stored, transported and disposed of safely | All medicines stored, transported and disposed of safely and prepared safely and dispensed effectively· | All medicines stored, transported and disposed of safely and prepared safely and dispensed effectively, system in place to ensure all medications are safely administered (refer to 8 rights of medication administration in National Medical Practice Standards)· | All medicines stored, transported and disposed of safely and prepared safely and dispensed effectively, system in place to ensure all medications are safely administered (refer to 8 rights of medication administration) and Medication errors, including near misses, are reported through a defined process |

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| i | Safety issues addressed | Patient safety staff identified, specific responsibilities allocated, relevant staff aware | Staff identified, responsibilities allocated quality objectives identified and implementation plan developed, relevant staff aware and implementation ongoing | Staff identified, responsibilities allocated quality objectives identified, implementation plan developed, relevant staff aware, implementation ongoing, hand hygiene and safe health care waste management in place | Staff identified, responsibilities allocated quality objectives identified, implementation plan developed, relevant staff are aware, implementation ongoing, hand hygiene and safe health care waste management in place and safe working and patient environment ensured |
| j | General housekeeping (Guidance Documents / Guidelines | Entire health facility cleaned atleast once daily and records maintained· | Entire health facility cleaned atleast once daily, records maintained· bed linen changed atleast once daily, proper hygiene and safety knowledge of laundry and cleaning staff | Entire health facility cleaned as required, records maintained· bed linen changed as required, proper hygiene and safety knowledge of laundry and cleaning staff, health facility organized and clutter free | Entire health facility cleaned as required, bed linen changed as required, records maintained· health facility organized and clutter free, general maintenance of the hospital good (wiring, leaks from tubes, toilet status) |
| k | Complaints reporting and management system in place (Complaints reporting, analyzed, corrective and preventive actions implemented) (Guidance Documents) | Written procedure in place and relevant staff aware | Written procedure in place and relevant staff aware, procedure followed | Written procedure in place and relevant staff are aware, procedure followed, corrective action taken in a timely manner | Written procedure in place and relevant staff are aware, procedure followed, corrective action taken in a timely manner and preventive action taken |
| l | Medical Records/MR management (MR record includes both manual and IT health/patient records) Guidence Documents / Retrieval to Add | Medical Record maintained for every individual who is evaluated or treated as either an inpatient, outpatient & an emergency patient of the health facility | Meets criteria in 1 and contains sufficient information to identify the patient, to support the diagnosis, to justify treatment to document the course and results of treatment, and to promote continuity among health practitioners | Meets criteria in 1 & 2 and Originals of all the Medical Record documentation of each visit of each patient kept chronologically in one hard copy file or in one individual electronic file | Meets criteria in 1, 2 & 3 and procedure in place for when medical record of a patient is taken out of the medical record (MR) department / unit for any time period, a “tracer card” to re-place the record (to identify purpose of taking the medical record outside of the MR department / unit, staff who took MR, date/time record taken and date/time record returned to MR dept or archive)· |
| m | Disaster preparedness | Facility contingency plan documented | Facility contingency plan documented, Relevant staff familiar with the plan, are informed of their role during an emergency or disaster | Contingency plan tested once a year at facility level | Contingency plan revised and updated according to feedback of testing exercise or when personnel change |
| 5 | **Service Excellence** | | | | |
| a | Innovative ways of improving services (Leveraging existing resources to deliver existing services more effectively or provide new service or new ways of cost containment, service expansion & Service Improvement) | Marks will be given based on the details about the Impact on service provision by innovation (1 being lowest marks and 4 being highest marks) (Evidence of Impacts) | | | |