

To be completed quarterly in May, August, November and February by the Quality Assurance manager					
Record NA/NC/PC/C for each indicator for each assessed month and calculate score using tables below.					
Facility Name:		Year:			
Not applicable (NA):	Does not apply to the unit or individual assessment or not observed.				
Non-Compliant (NC):	<50% compliance				
Partially Compliant (PC):	50 - 79% Compliance				
Compliant (C):	80 - 100% Compliance				

INDICATOR		May	August	November	February
ds					
Standardised paediatric records in use					
Inpatient files available for each baby and correct	ly divided				
	etings				
These meetings include the doctors and nurses					
	y, record audits				
and in-service education					
over and allocation					
Nursing handover occurs at the bedside					
The hand over includes the patient's diagnosis, ag	ge, condition and				
There is a written medical handover (red/blue fla	g) system				
The handover system verifies that unstable/critic	ally ill patients &				
new admissions are reviewed twice/day					
There is evidence of effective delegation of respo	nsibility in the unit				
(Daily allocation book and Champion list current)				
ral	<u>.</u>				
Documented up and down referral guideline inclu	uding which				
children should be referred and to which hospital	/s they should go.				
There is a current transfer register					
There is a standardized record to document comm	nunication with				
Receiving hospitals have a current record of pend	ling transfers				
Receiving hospitals have a record of number of re	eferrals received,				
number accepted and outcomes					
Children are transferred up or down within 24 hours					
Mothers accompany all children immediately/wit	hin 24 hours				
Paediatric ADD in use					
5 audited admissions (different days) have compl	ete data				
5 audited separations (different days) have complete data					
Head count tally is current					
DHIS data is verified daily, weekly and monthly.					
elines					
Paediatric EDL book readily available					
Nutrition/IMAM guidelines available and known					
ınization					
24 hour access to immunization is available					
control					
	ained				
,	NA				
	NC				
	PC				
_					
	С				
	Inpatient files available for each baby and correct Old notes secured in order and correctly divided a gement meetings There are weekly minuted unit management meetings These meetings include the doctors and nurses. These meetings include communication, mortalitiand in-service education Nursing handover occurs at the bedside The hand over includes the patient's diagnosis, agare/management required and given There is a written medical handover (red/blue flathendover system verifies that unstable/critic new admissions are reviewed twice/day There is evidence of effective delegation of respon (Daily allocation book and Champion list current real Documented up and down referral guideline included in the children should be referred and to which hospital there is a current transfer register There is a standardized record to document community the referring/receiving hospital Receiving hospitals have a current record of pending Receiving hospitals have a record of number of renumber accepted and outcomes Children are transferred up or down within 24 homospital and the referring of the second of t	Standardised paediatric records in use Inpatient files available for each baby and correctly divided Old notes secured in order and correctly divided awaiting discharge gement meetings There are weekly minuted unit management meetings These meetings include the doctors and nurses These meetings include communication, mortality, record audits and in-service education Over and allocation Nursing handover occurs at the bedside The hand over includes the patient's diagnosis, age, condition and care/management required and given There is a written medical handover (red/blue flag) system The handover system verifies that unstable/critically ill patients & new admissions are reviewed twice/day There is evidence of effective delegation of responsibility in the unit (Daily allocation book and Champion list current) ral Documented up and down referral guideline including which children should be referred and to which hospital/s they should go. There is a current transfer register There is a standardized record to document communication with the referring/receiving hospital Receiving hospitals have a current record of pending transfers Receiving hospitals have a record of number of referrals received, number accepted and outcomes Children are transferred up or down within 24 hours Mothers accompany all children immediately/within 24 hours Paediatric ADD in use S audited admissions (different days) have complete data 5 audited separations (different days) have complete data Head count tally is current DHIS data is verified daily, weekly and monthly. Blines Paediatric EDL book readily available Nutrition/IMAM guidelines available and known Staff can easily locate x 2 requested protocols Mization 24 hour access to immunization is available control There is a system to ensure stock levels are maintained	Standardised paediatric records in use Inpatient files available for each baby and correctly divided Old notes secured in order and correctly divided awaiting discharge gement meetings There are weekly minuted unit management meetings These meetings include the doctors and nurses These meetings include the doctors and nurses These meetings include the doctors and nurses These meetings include communication, mortality, record audits and in-service education Over and allocation Nursing handover occurs at the bedside The hand over includes the patient's diagnosis, age, condition and care/management required and given There is a written medical handover (red/blue flag) system The handover system verifies that unstable/critically ill patients & new admissions are reviewed twice/day There is evidence of effective delegation of responsibility in the unit (Daily allocation book and Champion list current) ral Doumented up and down referral guideline including which children should be referred and to which hospital/s they should go. There is a current transfer register There is a standardized record to document communication with the referring/receiving hospital Receiving hospitals have a current record of pending transfers Receiving hospitals have a current record of pending transfers Receiving hospitals have a current record of number of referrals received, number accepted and outcomes Children are transferred up or down within 24 hours Mothers accompany all children immediately/within 24 hours Paediatric ADD in use 5 audited admissions (different days) have complete data 5 audited separations (different days) have complete data Head count tally is current DHIS data is verified daily, weekly and monthly: DHIS data is verified daily, weekly and monthly:	Standardised paediatric records in use Inpatient files available for each baby and correctly divided Old notes secured in order and correctly divided awaiting discharge gement meetings There are weekly minuted unit management meetings These meetings include the doctors and nurses These meetings include communication, mortality, record audits and in-service education over and allocation Nursing handover occurs at the bedside The hand over includes the patient's diagnosis, age, condition and care/management required and given There is a written medical handover (red/blue flag) system The handover system verifies that unstable/critically ill patients & new admissions are reviewed twice/day There is evidence of effective delegation of responsibility in the unit (Daily allocation book and Champion list current) ral Documented up and down referral guideline including which children should be referred and to which hospital/s they should go. There is a current transfer register There is a current transfer register There is a current transfer record of pending transfers Receiving hospitals have a current record of pending transfers Receiving hospitals have a record of number of referrals received, number accepted and outcomes Children are transferred up or down within 24 hours Mothers accompany all children immediately/within 24 hours Mothers accompany all children immediately/within 24 hours Paediatric ADD in use 5 audited abgrations (different days) have complete data Head count tally is current DHIS data is verified daily, weekly and monthly. Bines Paediatric EDL book readily available Na Na Na Na Control There is a system to ensure stock levels are maintained Na Na Control There is a system to ensure stock levels are maintained Na Na Control	Standardised paediatric records in use Inpatient files available for each baby and correctly divided Old notes secured in order and correctly divided awaiting discharge gement meetings There are weekly minuted unit management meetings These meetings include the doctors and nurses These meetings include the doctors and nurses These meetings include communication, mortality, record audits and in-service education over and allocation Nursing handover occurs at the bedside The hand over includes the patient's diagnosis, age, condition and care/management required and given There is a written medical handover (red/blue flag) system There is a written medical handover (red/blue flag) system There is a written medical handover (red/blue flag) in the unit (Daily allocation book and Champion list current) rail Documented up and down referral guideline including which children should be referred and to which hospital/s they should go. There is a current transfer register There is a current transfer register There is a current transfer register Receiving hospitals have a record of number of referrals received, number accepted and outcomes Children are transferred up or down within 24 hours Mothers accompany all children immediately/within 24 hours Paediatric ADD in use Paediatric ADD in use Paediatric ADD in use Paediatric ADD in use Paediatric EDL book readily available Nutrition/IMAM guidelines available and known Staff can easily locate x 2 requested protocols Interes is a system to ensure stock levels are maintained Na NC NC NC

Month	Assessed By -Sign	Print	Desig.	Date	Feedback received by:
May					
August					
November					
February					

Scoring and feedba	ick-In Discussion with the Unit:					
May Scoring	NA =	NC =	PC =	C =		
	NA x 2 =			C x 2 =		
	A: PC + (C x 2) =	PC + (C x 2) = B: 56 - (NA x 2) =				
	A / B =		X 100 =	%		
Gaps Identified:						
Action Plan:						
		,	,	<u></u>		
August Scoring	NA =	NC =	PC =	C =		
	NA x 2 =			C x 2 =		
	A: PC + (C x 2) =		B: 56 - (NA x 2) =			
	A / B =		X 100 =	%		
Gaps Identified:						
Action Plan:						
		T	Τ	T		
Nov. Scoring	NA =	NC =	PC =	C =		
	NA x 2 =		C x 2 =			
	A: PC + (C x 2) =		B: 56 - (NA x 2) =			
	A / B =		X 100 =	%		
Gaps Identified:						
Action Diam.						
Action Plan:						
February Scoring	NA =	NC =	PC =	C =		
rebruary seering	NA x 2 =			C x 2 =		
	A: PC + (C x 2) = A / B =		B: 56 - (NA x 2) =			
			X 100 = %			
Gaps Identified:	1 0 / 0 -			<u></u>		
•						
Action Plan:						