



To be completed in **April** by the **HR manager and Maternity ANM** and **Q3** by the **District Specialist team**.

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		

NO.	INDICATOR	April	Q3
Nursing			
1.	Staff database in use and current		
2.	Appropriate N° of nurses in paediatric department (no vacant posts)		
3.	There is an OM with appropriate post graduate qualification in charge of the paediatric unit. (Paeds/child critical care 2°/3°)		
4.	Min 66% Non-rotational staff are allocated to paediatric unit (Staff database)		
5.	N° of nurses allocated per shift meet norms for bed numbers (See norms below)		
Medical			
6.	Medical staff must be allocated to paediatric unit for a minimum of 3 - 6 months		
7.	A daily ward round (including weekends & public holidays) is done by a medical officer		
8.	A designated doctor is available/on call for the paediatric unit 24 hours a day		
9.	Adequate numbers of doctors are on duty in the unit for the number and level of beds (See norms below)		
10.	There is a consultant in charge of the unit with offsite support after hours (2°/3°)		
11.	The consultant does not rotate for at least 6 months (2°/3°)		
12.	There is a weekly telephonic consultant round (District Hospitals)		
13.	There are monthly outreach visits (District Hospital)		
Training			
14.	75% of paediatric staff (doctors and nurses) have had IMAM training		
15.	67% of professional nurses in A & E (casualty) and POPD have had ETAT training		
16.	67% of all doctors have had ETAT training (district hospitals)		
17.	67% of paediatric doctors have had ETAT training (2°/3°)		
18.	The consultant has been trained in ETAT and IMAM (2°/3°)		
19.	There are records of monthly in-service training		
20.	Resources are available for going education e.g. SAPA resus. booklet, textbooks, journals, course notes (2°/3°)		
21.	All staff have completed 6 monthly skills assessments (as per staff database)		
Auxiliary			
22.	There is a ward clerk allocated to the paediatric unit		
23.	A general orderly/cleaner is allocated to the paediatric unit day & night (2 in bigger units)		
Multidisciplinary			
24.	There is a dietician in the hospital (District Hospital)		
25.	There is a dietician allocated to paediatric care (2°/3°)		
26.	At least weekly rounds conducted by the dietician		
27.	There is a social worker available in the hospital		
28.	There is a physio and OT team available in the hospital		
29.	At least weekly rounds by the rehab team		
		NA	
		NC	
		PC	
		C	

Month	Assessed By - Sign	Print	Desig	Date
April				
Q3				

Month	Feedback received by - Sign	Print	Desig	Date
April				
Q3				

Nursing staff norms for paediatric units

Levels of care	Bed numbers (District)	Required Nurses/Shift	Ratio: RN:EN
High Care	Minimum 2 beds	1 nurse to 3 children	1:1
General Care		1 nurse to 6 children	1:3

Medical staff norms for paediatric units

Levels of care	Bed numbers (District)
District Hospitals	1MO: 20 Patient day equivalents(PDE)
Regional/Tertiary Hospitals	
High Care	1:5
General Care	1:15
Paediatrician	1:40 000 in catchment population

NB Functional minimum to support 2 on call at night = 12

Scoring and feedback-In Discussion with the Unit:				
April Scoring	NA =	NC =	PC =	C =
	NA x 2 =			C x 2 =
	A: PC + (C x 2) =		B: 58 - (NA x 2) =	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
Q3 Scoring	NA =	NC =	PC =	C =
	NA x 2 =			C x 2 =
	A: PC + (C x 2) =		B: 58 - (NA x 2) =	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				

