HOSPITAL:					

At least one paediatric support visit report to be completed every **2 months**. Follow up on implementation of recommendations & any problems on alternate visits. If there are a **Paediatrician** and **Paed Nurse** in the team-a report is required every month

Date of visit	Visit N° Year	Neon Focus (✓)	Paed Focus (✓)	N° of babies in unit	District team member Name and Designation

Discover-Since last visit- what are staff proud of achieving?
Month:
Month:
Month:
Month:
Month:
Month:

Dream- What would staff like to see in the future (Vision for unit)
Month:
Month:
Month:
Month:
Month:
Month:

Design- HHIPSaDiME			
Name & qualification of nurse in charge of neonatal unit/beds:			
Date:	New appointment:		
Health Systems-Leadership and financing	**Month:**		
Name of nurse in charge during visit:			
	Month:		
Name of doctor in charge during visit:	**Month:**		
	Month:		

Health Systems-Leadership and financing cont.						
Management addressed during visit:						
N^o of unfilled posts in paediatrics (HR Plan):						
KZN Implementation plan available & known						
Outreach visits occurring? No. received to date:						

Assessment Scale:

NB. In assessing the following standards / indicators please use the following scale, except when absolute numbers are required or it is a Yes/No question:

Compliant (C)	Standard is met in > 80% of patients/records/cases/time
Partially compliant (PC)	Standard is met in 50 - 80% of patients/records/cases/time
Non-compliant (NC)	Standard is met in < 50% of patients/records/cases/time

Health Systems-Infrastructure and equipment	Month:					
1	**Equipment register assessment completed?(Aug)**					
2	**Complete Infrastructure audit tool (Sept)**					
3	**Complete Equipment audit tool (Feb and Aug)**					
4	**Complete Bed equipment audit tool (Feb and Aug)**					
5	Equipment reg completed monthly by OM - Stock take & follow up					
6	Daily equipment maintenance checklists current					
7	No faulty equipment in clinical areas					
8	Equipment clean with no stickers					

Deliver:

Gaps identified	Interventions/Recommendations & support required/given:
Month:	
Month:	
Month:	
Month:	
Month:	
Month:	

Health Systems-Support Services and systems	Month:						
9	**Support services audit completed?(June, Sept, Dec & March)**							
10	**Systems audit completed? (May, August, Nov & Feb)**							
11	Paed ADD and monthly tally sheets current and fully completed							
12	Maintenance register current with follow up							
13	Transfer register current							
14	Daily patient allocation register in use and current							
15	Unit clean and well maintained							
16	Adequate amounts of linen available							
17	Critical consumables available: Alaris/Appropriate giving sets							
18	Alaris/Appropriate extension sets							
19	Feeding pump sets							
20	Short line (with neutral displacement)							
21	Micropore/Hypofix							
22	Transparent paed IV dressing (with tapes)							
23	**Neonatal and Paediatric** nasal cannulae							
24	Non rebreathing masks							
25	Neonatal Y and finger saturation probes							
26	Nappies-small, medium, large							
27	Paper towels							
28	SAM feeds available - F75/F100/RUTF							

Deliver:	
Gaps identified	**Interventions/Recommendations & support required/given:**
Month:	
Month:	
Month:	
Month:	
Month:	
Month:	

Human Resources (Assess OM skills twice annually)	Month:						
29	**Complete Human Resources audit. (April, Jul, Oct & Jan)**						
30	The doctor on duty is ETAT and IMAM trained						
31	At least 60% of nursing staff on duty are ETAT and IMAM trained						
32	Paediatric staff are not being rotated (check staff data base)						
33	Monthly skills assessments are being performed						
34	Skills audit performed Skill: Score:	%	%	%	%	%	%

Deliver:	
Gaps identified	**Interventions/Recommendations & support required/given:**
Month:	
Month:	
Month:	
Month:	
Month:	
Month:	

Clinical care: Infection, Pneumonia, SAM and diarrhoea							
Neonatal Unit	Month:						
35	**Paediatric unit audit completed? (May, Aug , Nov & Feb)**						
36	**Paediatric IPC audits completed monthly?**						
37	**Paediatric handwashing audits completed monthly?**						
38	**100% score achieved on bi annual MBFI self-appraisals**						
39	**IPC:** Cleaning checklists current						
40	Beds wells spaced with no overcrowding						
41	Staff/mothers observed to spray hands before touching a child						
42	No food kept at the bedside						
43	Nappies changed when wet or soiled						
44	**Thermal control**						
45	Temperature in Tiny tots & SAM/Burns cubicles maintained 22 - 26°C						
46	**ECD:** A functional play room is available						
47	Structured stimulation activities provided						
48	Parents have 24 hour access to their child						
49	Suitable accommodation available at least for breast feeding mothers						
50	All staff are knowledgeable on ECD and RtHB messages						
51	**Nutrition:** Mothers supported to give oral feeds						
52	Age appropriate meals and snacks are available						
53	NG and IV lines dated and changed appropriately						
54	SAM multidisciplinary rounds occur weekly						
55	IMAM guidelines known						
56	**Oxygen therapy:** Sats monitored continuously if receiving oxygen						
57	Alarms set correctly (92 + 98 if in oxygen)						
58	Alarms responded to within 20 secs						
59	Sats probe site changed 3 hourly-fingers warm & pink						
60	**Safety:** Medication trolley locked						
61	All entrances/exits locked						
62	Dressing, sluice, kitchen rooms all locked						
63	All unused plug points covered						
64	Cot sides up and wheels locked						

Deliver:	
Gaps identified	**Interventions/Recommendations & support required/given:**
Month:	
Month:	
Month:	
Month:	
Month:	
Month:	

	Record reviews	Month:							
65	**Clinical and record audit score tool and monthly summaries current?**								
66	Documentation: Files correctly divided								
67	Outpatient record available and current								
68	Paediatric standardised nursing care plan initiated on admission and updated if condition changes/ new problem identified								
69	Nursing care record current								
70	Counselling and education forms current								
71	Nutrition: IV lines resited within 1 hr								
72	Weight assessed daily and plotted on growth chart for all neonates and renal, cardiac or malnourished children								
73	How well child is eating documented								
74	Seen by dietician at least weekly								
75	Observations: Temperature maintained 36^5 - 37°C								
76	Observations (PEWS score) completed 6 hourly								
77	Age appropriate PEWS score used								
78	Abnormal Observations identified and action taken								
79	Maternal condition and care of child assessed daily								
80	Oxygen therapy and saturations monitored 3 hourly for any child receiving oxygen therapy (Oxygen monitoring chart)								

Deliver:	
Gaps identified	**Interventions/Recommendations & support required/given:**
Month:	

Month:	
Month:	
Month:	
Month:	
Month:	

	Monitoring and Evaluation	Month:						
81	**M&E Audit completed (June, Sept, Dec & March)**							
82	Paediatric ADD registers in use, current & fully completed							
83	Paediatric monthly tally sheets current							
84	Data verified daily, weekly and monthly							
85	Consolidated death report submitted monthly to district							
86	Paediatric Dashboard presented monthly at Paed. Mortality meeting							
87	All audit results graphed, displayed & results maintained/improving.							
88	Quality improvement project identified and commenced.							
89	Maternal interviews done monthly in postnatal & neonatal units.							

Deliver:	
Gaps identified	**Interventions/Recommendations & support required/given:**
Month:	
Month:	
Month:	
Month:	
Month:	

Month:	

Deliver: Paediatric follow up during neonatal focussed visit:
Comment on recommendations not implemented, why and further support/ advocacy given.
Month:
Month:
Month:
Month:
Month:
Month:

Report completed by:					
Month:					
Signed:		Printed:		Desig	
Month:					
Signed:		Printed:		Desig	
Month:					
Signed:		Printed:		Desig	
Month:					
Signed:		Printed:		Desig	
May:					
Signed:		Printed:		Desig	
Month:					
Signed:		Printed:		Desig	

Copy sent /Given to:	**Name/email address:** **Month:**						
Operational manager							
Paed Manager							
Nursing Manager							
Clinical/Medical Manager							
CEO							
Outreach paediatrician							
DCST Paediatrician							
DCST Paed Nurse							
MCWH Coordinator							
District Manager							
Regional Head-Clinical Unit							
Area Head-Clinical Dept.							
Provincial Paediatrician	neil.mckerrow@kznhealth.gov.za						