



QUALITY SUPERVISION TOOL FOR PRIMARY MEDICAL CARE INSTITUTIONS IN SRI LANKA

Ministry of Health
Sri Lanka



QUALITY SUPERVISION TOOL FOR PRIMARY MEDICAL CARE INSTITUTIONS IN SRI LANKA

Prepared by
Directorate of Healthcare Quality and Safety
Ministry of Health
Sri Lanka

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This document will be subjected to revision as needed during implementation of
quality supervision of primary medical care institutions.

Quality Supervision Tool for Primary Medical Care Institutions in Sri Lanka

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ISBN

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MESSAGE FROM THE SECRETARY, MINISTRY OF HEALTH

I consider it as a privilege to release this message for the publication of Quality Supervision Tool for Primary Medical Care Institutions developed by Directorate of Healthcare Quality and Safety.

Despite being a lower middle income country, Sri Lanka has achieved commendable health indicators. The main reason for this achievement is with the policy of 'free education' and provision of health care services free of charge to the people at the point of delivery. While doing that, Sri Lanka is currently experiencing an epidemiological transition, where the burden of diseases has shifted from communicable diseases to the non-communicable diseases (NCDs). Strengthening primary health care system with comprehensive community-based and family-centered care is an important solution to address the existing health issues in Sri Lanka.

The main objective for the development of Primary Healthcare System Strengthening Project (PSSP) is to increase the utilization and quality of primary health care services, with an emphasis on detection and management of non-communicable diseases in high-risk population groups, in selected areas of the country.

While doing this, it is important to provide good quality of care to the patients and the system must be monitored and improved in a way of providing good quality services to achieve that goal. The Directorate of Healthcare Quality and Safety is already performing this duty for other healthcare institutions. Expanding this monitoring system of primary medical care institutions will definitely ensure better quality of care.

My sincere appreciation goes to the team of the Directorate of Healthcare Quality and Safety for their works to maintain the quality of care in the healthcare institutions of Sri Lanka and wish them all the best.

Dr. S.H. Munasinghe

Secretary

Ministry of Health

MESSAGE FROM STATE SECRETARY; PRIMARY HEALTHCARE SERVICES, EPIDEMICS AND COVID-19 PREVENTION

Sri Lankan Health system is known to produce good health outcomes at low cost. Primary Healthcare has been the backbone of Sri Lankan Healthcare system. Primary medical care includes Primary Medical Care Institutions as well as clinics and outpatient departments of secondary and tertiary care hospitals. Following a phase where emphasis has been on strengthening specialized care, attention has now been paid to reorganizing and strengthening Primary Healthcare system.

Monitoring and evaluation is an essential function for the improvement of healthcare. As a relatively new Directorate established in 2012, the Directorate of Healthcare Quality and Safety exerts this function at central level, in the curative health sector. The technical staff of Directorate conducts performance reviews in line ministry and provincial healthcare institutions through its network of Quality Management Units in hospitals and RDHS offices. I highly value the progress of the Directorate by expanding its function to monitor the supervision of Primary Healthcare Institutions.

The Directorate of Healthcare Quality and Safety has developed this tool with multi-stakeholder involvement and it is mainly focussed on Primary Healthcare Institutions. It can also be adopted to supervise other settings which provide Primary Healthcare. It is the responsibility of heads of institutions to use this tool effectively to supervise the Primary Healthcare Institutions and report to the focal point. Furthermore, improving quality of healthcare services by filling the gaps identified during the supervisory visits, is of paramount importance.

Dr Amal Harsha de Silva

State Secretary; Primary Healthcare Services, Epidemics and Covid Disease Prevention

Ministry of Health

MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH SERVICES

Sri Lanka has achieved a relatively high level of standards in the healthcare system since its inception. The foundation of these success stories is the free health care delivery system, which does not impose a direct cost for the patients. However, the present healthcare delivery system needs to be evolved to address the double disease burden with increasing incidence of Non-Communicable Diseases (NCDs) over the past decade. This has necessitated the requirement of reorganizing of the primary healthcare services.

Primary Healthcare System Strengthening Project (PSSP) is a timely initiative to achieve this goal. Underutilizing of the primary healthcare system is evident due to lack of a proper referral system in Sri Lanka. Many of the secondary and tertiary level hospitals are over-crowded with patients which can be effectively managed at primary level institutions. Hence, strengthening of primary healthcare system is imperative with the view of achieving Sustainable Development Goals for health.

Improving the quality of care at the primary level healthcare institutions is a key to attract the public to these institutions. I appreciate the efforts of the team of Directorate of Healthcare Quality and Safety for developing this quality supervision tool for primary medical care institutions in Sri Lanka.

Dr. Asela Gunawardana

Director General of Health Services

Ministry of Health

MESSAGE FROM THE DEPUTY DIRECTOR GENERAL MEDICAL SERVICES I

Over the last few years Sri Lankan healthcare system has been focusing on achieving minimum disparities based on the geographical location, in response to achieving sustainable development goals. It is the need of the hour to assess the quality of healthcare services of all hospitals.

Having achieved in better outcomes in related to maternal and child health and communicable diseases, Sri Lankan healthcare system should target on enhancing the capacity of healthcare services to combat Non-Communicable Diseases (NCDs). Moreover, acute medical and surgical care provision at the Primary Medical care Institution level is equally important.

Ensuring equitable and effective quality health coverage is a main focus of the Primary Healthcare System Strengthening Project (PSSP). In this context, the requirement of a quality supervision tool is an essential requirement to strengthen the project and to achieve the project outcomes.

It is our duty to ensure an effective, economical and efficient utilization of public funds in the betterment of the healthcare system island-wide. Ministry of Health expects to minimize underutilization of primary healthcare institutions and thereby minimize overcrowding at tertiary care hospitals.

A proper monitoring mechanism is considered as an essential prerequisite to assure the effectiveness of national quality assurance programme. I appreciate the commitment of the Directorate of Healthcare Quality and Safety for developing this tool for supervising primary healthcare institutions in Sri Lanka.

Dr. Lal Panapitiya

Deputy Director General Medical Services I

Ministry of Health

FOREWORD

Sri Lanka has achieved many remarkable health outcomes compared to other countries in the region. The different sectors involved in providing healthcare include government sector comprising of curative and preventive institutions, private health institutions and others. Every healthcare provider needs to give much attention to delivering high quality health services to their clients.

The Directorate of Healthcare Quality functions as the focal point of National Quality Assurance programme of the country. It gives technical direction and guidance to the various level of hospitals through Medical Officer of Quality (MO-QMU) network connecting the centre with the line ministry health care organizations and MO-QMU units of each district. In 2019, Directorate of Healthcare Quality identified the need of incorporating continuous quality improvement principles in all primary medical care institutions (PMCI) in a sustainable manner,

From the inception of the Primary Healthcare System Strengthening Project, it has given a greater emphasis on providing comprehensive and quality healthcare at the PMCI level. It has been noted that, primary healthcare required capabilities are insufficient to provide quality services and these services are not sufficiently patient-friendly, resulting several lapses which leads to overcrowding of secondary and tertiary care hospitals of the country.

Quality and safety of the primary healthcare institutions has been assessed using an existing check list since the 2012. The long held idea of revising the quality supervision tool for the primary healthcare institutions was initiated and several consultative meetings were held with respective stakeholders. Quality supervisory visits to the selected PMCIs at Gampaha District and piloting of the tool were done to ensure applicability of quality supervision mechanism.

With this revised quality supervision tool, existing quality of care at the level of PMCIs and the quality improvement can be captured with periodical supervisions. Further improvement of

healthcare delivery requires a deliberate focus on quality of health services. The heads of the PMCIs also can assess the degree of quality of their institutions, and take any corrective and preventive actions whenever it deems necessary. With this guidance, the Provincial and Regional directors will be able to ensure required primary health care capabilities to serve empanelled populations in each PMCIs.

I wish to express my sincere gratitude and appreciation to all the technical experts comprised of officials of the Ministry of Health, Professional colleges, PDHSS, RDHSS and their expert teams for their valuable contributions in developing this quality assessment tool. I express my special thanks to the Director, Primary Healthcare System Strengthening Project and the World Bank team for their contribution on this national endeavour.

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LIST OF ABBREVIATIONS

AO	Administrative Officer
DALY	Disability Adjusted Life Years
DDG	Deputy Director General
DH	Divisional Hospital
DHQS	Directorate of Healthcare Quality and Safety
DLI	Disbursement Link Indicators
DMO	District Medical Officer
DO	Development Officer
EPI	Expanded Program of Immunisation
HLC	Healthy Lifestyle Clinic
MCH	Maternal and Child Health
MO	Medical Officer
MOH	Medical Officer of Health
MOIC	Medical Officer In Charge
MS	Medical Superintendent
NCD	None Communicable Diseases
NO	Nursing Officer
PDHS	Provincial Director Health Service
PHNO	Public Health Nursing Officer
PMC	Primary Medical Care
PMCI	Primary Medical Care Institutions
PMCU	Primary Medical Care Unit
PSSP	Primary Healthcare System Strengthening Project
QMU	Quality Management Unit
RDHS	Regional Director Health Service
UHC	Universal Health Coverage

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INTRODUCTION

Ensuring accessibility for free, quality healthcare on equitable basis is the main focus of the health service of Sri Lanka. Free health has been the foundation for most of the success stories of the Sri Lankan healthcare system. Despite being a low-middle income country, Sri Lanka exhibits excellent health indices including life expectancy at birth, maternal mortality and infant and child mortality rates. By eliminating neonatal tetanus, polio, malaria, measles and near elimination of other EPI vaccine related diseases, Sri Lanka has proved the strength of its public healthcare system.

With the demographic, epidemiological and social transitions, Sri Lanka is facing novel challenges with the increasing disease burden of NCDs. According to the recent statistics, NCDs accounts for 81% of total deaths in the country and are a major contributor for Disability-Adjusted Life Years (DALYs). Along with improved health indices, Sri Lanka is aging at a rapid rate, further worsening the challenge of NCD burden. These factors together with the changes of expectations of the people has raised the need of improvements for the Primary Healthcare system (PHC) of Sri Lanka.

Giving due recognition for this requirement, Primary Healthcare System Strengthening Project (PSSP) has been initiated with the objective of achieving Universal Health Coverage (UHC) through providing high quality continuing care closer to people's homes giving special emphasis on NCDs. Recognizing PHC, strengthening the health sector with special focus on strengthening the supply chain management, expanding capacity of laboratory services, promoting citizen participation and improving of information management system by strengthening monitoring and evaluation are been identified as the thematic areas of the project.

Assuring quality of the primary healthcare system is an essential prerequisite of the project. It has recognized in the project through its' DLI3, as "Primary Medical Care Institutions (PMCI) have required capabilities for providing comprehensive and quality care". This DLI reflects the intention of each PMCI to have five requirements that enhance its capability to provide comprehensive and quality services, particularly for the defined health conditions, to the population it serves.

A nationally agreed upon evaluation tool with indicators for adopting at provincial/ district levels is a key requirement for the quality monitoring at PMCI. Developing a tool for quality supervision in PMCI was initiated in 2019 involving all stakeholders. Following a number of consultative meetings, the Directorate of Healthcare Quality and Safety was able to finalize this "quality supervision tool for primary medical care institutions in Sri Lanka"

STRUCTURE OF PRIMARY MEDICAL CARE IN SRI LANKA

Forming a sound basis for providing Universal Health Coverage (UHC), primary medical care services in Sri Lanka is available for free across the country. Primary medical care includes PMCIs as well as clinics and outpatient departments of higher level of hospitals (Base/District General/Teaching and National Hospitals). Though this tool is mainly concentrated on PMCIs, it can be adopted to primary medical care services in other hospitals.

There is an extensive network of Primary Medical Care Institutions in Sri Lanka comprised of Primary Medical Care Units (PMCU) and Divisional Hospitals (Type A, B and C).

Primary Medical Care Units (PMCU)

PMCUs were previously known as CDs (Central Dispensaries) designated for OPD care with basic facilities. Services provided include;

- OPD consultations
- Wound care and dressings
- Injections and drug dispensing
- Dental services and laboratory services (in some units).

These PMCUs are generally manned by only one or two medical officers and a drug dispenser. Until recently, Nursing Officers (NOO) were not appointed for PMCUs. However, Public Health Nursing Officers (PHNOO) are being recruited for Healthy Lifestyle Clinics (HLCs).

In addition to the in-house activities, most PMCUs facilitate MOH field clinic centres, where family planning, maternal care and immunization are provided by the MOH team.

Divisional Hospitals (DH)

Divisional hospitals are generally the PMCUs with inpatient capacity. The number of MOO is higher as they provide round-the-clock service and usually have some nursing staff. Some Divisional Hospitals may have laboratories and a Public Health Laboratory Technician who is able to perform microscopy examinations.

Some special clinics, such as NCD or mental health clinics are usually conducted at this level. Further, these premises may be utilised as field clinics for MCH and immunisation activities, but the conduct of the clinic comes under the purview of MOH.

QUALITY ASSESSMENT IN PRIMARY HEALTHCARE INSTITUTIONS

It is essential to ensure quality of care in the primary healthcare institutions and monitor regularly. A quality evaluation tool and indicators which been agreed upon nationally has become the need of the hour.

Directorate of Healthcare Quality and Safety took the leadership for developing this most needed quality assessment tool with the contribution of all stakeholders.

Following key areas will be assessed in this tool;

- General infrastructure facilities and cleanliness

- Availability of human resource

- Customer feedback mechanisms

- Adequate availability of medical equipment

- Attending to acute care

- Clinic facilities

- Functioning of healthy lifestyle clinics

- Facilities of the pharmacy

- Facilities of the laboratory

- Facilities of the Dental clinic

- Storage facilities

- Quality of the kitchen

- Patient satisfaction survey

The tool has been developed to cover all above key areas and the data of all PMCIs will be analysed by the Directorate of Healthcare Quality and Safety on quarterly basis.

QUALITY SUPERVISION TOOL FOR PRIMARY MEDICAL CARE INSTITUTIONS IN SRI LANKA

QUALITY SUPERVISION TOOL FOR PRIMARY MEDICAL CARE INSTITUTIONS IN SRI LANKA

Name of the Institution: _____

District: _____

Name of the Responsible district MO Quality / MO: _____

Contact number of the above officer: _____

Date of supervision: _____

Quarter: _____

Section A

1 Empanelled population _____

2 No of GN Divisions assigned _____

3 Eligible population for screening for NCD (age ≥ 35) _____

Section B

General

a) i Availability of name boards at the entrance in all three languages (Yes/No)

ii Directional sign boards / directional boards displayed (Yes/No)

iii Hospital layout displayed at the entrance (Yes/No)

b) i Availability of safe drinking water

a. Pipe borne (Yes/No)

b. Well (Yes/No)

ii If the well is the source of drinking water

a. Last date of chlorination (YY/MM/DD)

iii Whether the sample has been tested for water quality (Yes/No)

if yes date: (YY/MM/DD)

iv Responsible PHI Name

Contact Number

	v	Availability of storage tank with adequate capacity	(Yes/No)	<input type="checkbox"/>
c)	i	Extent / Land area in acres		<input type="checkbox"/>
	ii	Availability of surveyor plan	(Yes/No)	<input type="checkbox"/>
	iii	Boundary of the hospital premises has demarkated. Eg: Fence/Wall	(Yes/No)	<input type="checkbox"/>
d)	i	Availability of mechanism for waste segregation & storge at the institute	(Yes/No)	<input type="checkbox"/>
	ii	Availability of proper mechanism for disposal of infectious waste	(Yes/No)	<input type="checkbox"/>
	iii	If yes mention the mechanism		_____
e)	Availability of Human Resource (Please mention the number of permanant staff available)			
	i	Medical Officer Incharge		<input type="checkbox"/>
	ii	Medical Officer		<input type="checkbox"/>
	iii	Dental Surgeon		<input type="checkbox"/>
	iv	Registered Medical Officer		<input type="checkbox"/>
	v	Public Health Nursing Officer		<input type="checkbox"/>
	vi	Nursing Officer		<input type="checkbox"/>
	vii	MLT		<input type="checkbox"/>
	viii	Pharmacist		<input type="checkbox"/>
	ix	Dispenser		<input type="checkbox"/>
	x	Attendant		<input type="checkbox"/>
	xi	Sawukya Kaya Sahayaka		<input type="checkbox"/>
	xii	Watcher		<input type="checkbox"/>
	xii	Other		<input type="checkbox"/>
f)	Facilities for differently abled patients. eg: ramps, toilets etc			(Yes/No) <input type="checkbox"/>

- g) i Availability of space for physical activities in the premises (Yes/No)
(Play ground/ Gym/ Walking Path)
- ii Do you maintain a register for the usage of above facilities (Yes/No)
- iii If yes, Please mention the number of participants during the last quarter
- h) i Availability of electricity supply only (Yes/No)
- ii Availability of electricity with backup generator (Yes/No)
- i) i Availability of Computers for data entry (Yes/No)
- ii Availability of Internet facilities (Yes/No)
- j) i Availability of Suggestion boxes for customer feedback (Yes/No)
- ii Whether the customer feedbacks analyzed (Yes/No)

iii If yes what are the identified gaps/ measures taken for improvements in the last quarter

Identified gaps	Measures taken for improvements

- k) i Please mention whether your hospital premises is free of mosquito breeding places (Yes/No)
(If yes, PHI report must be annexed)
- ii If not what are the measures will you take to improve the situation

Section C

OPD

- a) Privacy in consultation (Yes/No)
- b) Availability of following equipment at the ETU which are functioning
- i ECG Recorder (Yes/No)
 - ii Nebulizer (Yes/No)
 - iii Sucker Machine (Yes/No)
 - iv Multi Paramonitor (Yes/No)
 - v Defibrillator (Yes/No)
 - vi Laryngoscope (Yes/No)
 - vii Oxygen Cylinders filled (at least 2) (Yes/No)
 - viii Oxygen concentrator (Yes/No)
 - ix Ambu bags (Yes/No)
 - x Auroscope (Yes/No)
 - xi Ophthalmoscope (Yes/No)
 - xii Emergency Tray (Yes/No)
- c) i Did hospital team have any situation in which they could not attend the emergency care at the institution? (Yes/No)

Some examples for emergency care are mentioned below

Acute Medical Care Eg: Taking an ECG on suspected MI Patient & initiate basic treatment before transferring to refferal hospital

Acute Surgical Care Eg: Providing basic life support and acute care after a Road Traffic Accident before transferring to referral hospital

- ii If so, mention the reason: _____

d) Dressing/ Injection Room

- i a. Sterilizer (Yes/No)
- b. i. Availability of Mini Auto Clave (Yes/No)
- ii. Availability of Auto claving facility with "Steritape" (Yes/No)
- ii Drum with sterile packs (Yes/No)
- iii Waste Segregation Method (Yes/No)

e) Clinics

- i Appoinment system established (Yes/No)
- ii Functional Clinics

Clinic	Feature Assessed	(Yes/No)
Medical Clinics	Availability of a functioning diabetic clinic	
Antinatal Clinic	VDRL facilities in house	
Family Planning Clinic	availability of contraceptive methods	
WBC & Vaccination	Immunization	
Well Women Clinic	Whether pap smear can be done	

f) HLC

- i Availability of participant register No 1236 (Yes/No)
- ii Availability of quartely return No 1241 (Yes/No)
- iii Availability of four NCD management manuals at the premises (Yes/No)

iv Year 2020 performance by each quarter

Component	Number/ % 1st	Number/ % 2nd	Number/ % 3rd	Number/ % 4th	Number/ % Total	Expected Target No/ %
Population Screened						
Smoking among male						
Bettle Chewing						
Alcohol Consumption						
Over Weight BMI >24						
Obesity BMI>30						
Elevated Blood Pressure#						
Elevated Blood sugar#						
Assessed for CVD risk > 20 *						

* Population target for CVD risk assessment > 20

As per the NCD guideline

v Male/Female Participation Ratio _____

vi Life style modification facilities/methods/practices

Section D

Pharmacy

i Availability of Essential Drugs

SN	Name of the drug	Yes/No
1	Adrenaline tartrate 01% inj. 1ml amp	
2	Asprin Tablet 100mg	
3	Atenolol Tablet 50mg	
4	Atorvastatin tablet 10mg	
5.1	Beclomethasone MDI (Aerosol) 50µg 200dose units	
5.2	Beclomethasone 100µg DPI	
5.3	Beclomethasone 200µg DPI	
6.1	Chlorpheniramine maleate inj 10mg in 1ml ampoule	
6.2	Chlorpheniramine maleate tablet 4mg	
7	Enalapril maleate tablet 5mg	
8.1	Frusemide inj 20mg in 2ml ampoule	
8.2	Frusemide tablet 40mg (Frusemide)	
9	Glibenclamide tablet 5mg	
10	Glyceryl trinitrate tablet 0.5mg sublingual	
11	Hydrochlorothiazide tablet 25mg	
12	Hydrocortisone hemisuccinate injection 100mg vial	
13	Metformin tablet 500mg	
14	Nifedipine slow release tablet 20mg	
15.1	Salbutamol respiratory solution 0.5% in 10ml bottle	
15.2	salbutamol tablet 2mg	
16	Theophylline slow release tablet 125mg	

ii Availability of functioning refrigerator

(Yes/No)

iii Temperature monitoring system

(Yes/No)

iv Availability of Air Conditioning at main drug storage

(Yes/No)

at dispensing area

(Yes/No)

Section E

Mode of transport for emergency referrals

i Facilitated by Healthcare Provider

ii Method _____

Section F

Laboratory Practices

a Availability

(Yes/No)

b i If laboratory facility not available, which method used (please put a tick)

1. Mobile Lab

2. Satellite lab

2.1 Pick up by referral hospital

2.2 Delivery by feed in institution

3. Strips Method for point of care testing at institutional level

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

ii If strip method used, what are the available tests. (please put a tick)

Blood glucose

S.Cholesterol

Urine albumin

Troponini

Others

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

c Dipstick test for urine albumine/ Sugar at antinatal clinics

(Yes/No)

d Availability of proper storage facility of collected samples

(Yes/No)

e Average time taken to receive the report

f	FBC	UFR	FBS	Lipid Profile	U.albumin	SE
Varieties of investigations done						
In the institution						
from referral hospitals						

Section G

Storage & Condemning

a Presence of condemning items in the premises

(Yes/No)

Section H

Friends of Facility/ Hospital as per circular

i Availability of Committee

(Yes/No)

ii Number of meetings held per quarter

iii Minutes availability and shared

(Yes/No)

iv Activities/ Projects conducted to improve quality

(Yes/No)

v Availability of Donation register

(Yes/No)

Section I

Dental Clinic

i Availability

(Yes/No)

ii Availability of Monthly Dental Return

(Yes/No)

Section J

Kitchen

i Availability of annual medical report of the staff
(signed by PHI)

(Yes/No)

ii Any food poisoning during last quarter

(Yes/No)

Others

Patient satisfaction survey – Exit interview

1. Which of the following units of this hospital would you recommend to someone else?

Healthy Lifestyle Clinic

Out Patients' Department

2. Are you satisfied with the following points regarding the services received?

i Kindness

ii Information Availability

iii Attention given to the patient

iv Did you get all the medicine which are approved by the medical officer by the counter?

Very Satisfactory	Satisfactory	Average	Not satisfactory

3. Overall Evaluation

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Patients Satisfaction Survey- Exit Interview

1 ඔබ මෙම ආයතනයේ පහත අංශ වලින් කුමන අංශයට පැමිණීමට තව අයෙකුට නිර්දේශ කරන්නේද ?

සුව දිවි සායනය

බාහිර රෝගී අංශය

2 රෝහලෙහි බාහිර රෝගී අංශයේදී සෞඛ්‍ය කාර්ය මණ්ඩලයෙන් ලද සහයෝගය පිළිබඳ පහත කරුණු සම්බන්ධයෙන් ඔබ සැහිමට පත්වන්නේද?

- i කාරුණික බව
- ii තොරතුරු ලබාදීම
- iii ඔබ කෙරෙහි දක්වන ලද කඩිනම් අවධානය
- iv ඖෂධ නිකුත් කිරීමේ කවුන්ටරය වෙතින් වෛද්‍යවරයා නිර්දේශ කල සියළුම ඖෂධ ලැබුණාද

ඉතා සතුටු දායකයි	සතුටු දායකයි	සාමාන්‍යයි	අසතුටු දායකයි

3 සමස්ත අදහසිම

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Guide

- * Analyse the suggestion box monthly.
- * Availability of mosquito breeding places should be weekly assessed & corrective measures should be taken and shared quarterly
- * Log book for PHI has to be maintained at the institution
- * In CVD risk assessment, exclude the patients who diagnosed to have stroke and ischaemic heart diseases (IHD)
- * To conduct Patient Exit Interview- Select atleast five random patients who visits the OPD



QUALITY

IT IS THE WAY TO SAY WE CARE....

Directorate of Healthcare Quality and Safety
Ministry of Health
Sri Lanka

