

**WORLD HEALTH
ORGANIZATION**



**ORGANISATION MONDIALE
DE LA SANTÉ**

**WORKING GROUP MEETING ON THE EVALUATION
OF THE QUALITY OF NURSING SERVICES**

EM/WGR.EVL.QTY.NUR.SER/5

**REPORT No. 2
SURVEY OF NURSING SERVICES**

1980

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I INTRODUCTION

One of the activities initiated in 1979 under the WHO EMR Medium Term Programme in Health Manpower has been the survey of current nursing services in the countries of the Region. The aim is to identify merits and problems and bring about changes, as necessary, to improve these services.

In this connection a preliminary study was carried out in five hospitals in two countries (Ref. Report No. 1 Survey of Nursing Services, 1979).

The second study was conducted in three teaching hospitals in a third country the report on which follows.

A period of four weeks was previously scheduled for conducting the study in four hospitals but due to unavoidable circumstances the study period was limited to three weeks.

II PROBLEM

Dissatisfaction regarding the quality and the standard of nursing care provided in hospitals are frequently expressed from many sources in the countries of the Eastern Mediterranean Region. Hence, demands for improvement of these services, considered fundamental in health care plans, are made very often.

To ensure the provision of highest possible standard of nursing care in hospitals the first step would be to study their current nursing practices. Such a study could provide factual information about strengths shortcomings, needs, and technical competence of nursing personnel. Information acquired through such studies could be utilized to establish quality control systems to maintain as high standards of nursing care as possible.

With the above purpose, a series of questionnaires and checklists are designed to be used for observation of performances of nursing personnel, care given to patients, and existing situations in general hospitals. These questionnaires and checklists are not considered adequate for an all inclusive evaluation of quality of nursing care, but as tools of individual studies they would lay the foundation for more extensive studies and continual evaluation of nursing services.

III MAIN OBJECTIVE

To test the usefulness and effectiveness of the tools of study in measuring the quality of nursing care in general hospitals.

Objectives

1. To identify practices carried out by nursing personnel as patient care.
2. To see if nursing personnel perform minimum required tasks for comfort, safety, restoration of health, and alleviation of suffering of patients in wards.
3. To see whether nursing personnel abide by principles in carrying out procedures for the care of patients.
4. To see if minimum conditions and requirements for safe nursing practice exist in wards.
5. To identify strengths and problems of nursing practices in wards.

IV METHOD

The method of study consisted of observation of care given to patients by nursing staff as well as two specific nursing procedures.

A set of previously developed standards for nursing, and instructions for utilization of questionnaires were used, as guidelines.

Interviews were held with nursing personnel, medical directors, and administrators to collect information on the general situation of the hospitals and qualification of existing nursing personnel.

Nursing practices were observed in twelve general wards, including seven surgical and five medical wards. Total number of patients in these wards were 377 of which 64 bed patients were selected for the study. In addition 31 cases of wound dressing, 30 cases of injection, and 41 patients' unit records were observed and studied.

V FINDINGS AND COMMENTS

A. Tools of the study

1. The utilized tools designed for the study were found to be effective in identifying the merits and problems of nursing services in the hospitals.
2. The designed tools could be utilized for the measurement of the quality of nursing care with some changes and improvements.
3. The entire improved tools or selected parts of those could be used by teams of surveyors according to the need.

B. Nursing practices in the hospitals

The findings obtained after using the designed tools to observe the care of patients and the procedures, appear in the following forms which contain the final set of collected information.

Specific comments regarding the various items of the checklists appear on the comments column. General comments follow the forms.

PATIENT CARE APPRAISAL CHECKLIST

Hospital _____

Total No. of Nursing Personnel 215

Ward 2 F. Med., 3 F. Surg., 3 M. Med.
4. P. Surg.

RN 78 FN _____ A _____ O _____

No. of patients _____

C _____ At _____ M _____ CW SN 131

Date _____

No. on Morning Shift (at the date of

Time _____

Study) 123

Name of the Surveyor _____

RN 54 FN _____ A _____ O _____

Total No. of patients : 64

C _____ At _____ M _____ CW SN 67

| | YES | NO | NA | NOB | BY | COMMENTS |
|--|-----|----|----|-----|----------|--|
| <u>Hygiene and Physical Comfort</u> | | | | | | |
| 1. Has patient had a bath and skin care as required? | 18 | 18 | 28 | - | SN | Mostly given by relatives. Some ambulatory patients. |
| 2. Is the patient's mouth cleaned? | 23 | 13 | 27 | 1 | SN | - do - |
| 3. Are dressings clean and dry? | 7 | 10 | 46 | 1 | - | NA, applies to observations in Medical Wards |
| 4. Is patient's bed clean, dry and tidy? | 50 | 14 | | - | | |
| 5. Is patient's positioning comfortable and correct? | 27 | 10 | 27 | - | - | |
| 6. Are comfort measures such as change of position and massage used? | 13 | 12 | 31 | 8 | RN SN | |
| 7. Is attention given to pressure areas? | 14 | 11 | 35 | 4 | RN SN | Mostly done by relatives |
| 8. Is patient encouraged and helped to be active, if not contra-indicated? | 17 | 10 | 35 | 2 | - | Mostly with post-operative cases. |

| | YES | NO | NA | NOB | BY | COMMENTS |
|--|-----|----|----|-----|--------|------------------------------|
| <u>Nutrition and ventilation</u> | | | | | | |
| 9. Is patient adequately assisted with eating? | 11 | 8 | 36 | 9 | SN, RN | Mostly by relatives |
| 10. Are oral fluids given or restricted as ordered? | 23 | 1 | 32 | 8 | - | |
| 11. Are I.V. fluids given at proper rate? | 6 | 7 | 45 | 6 | RN | |
| 12. Is there evidence that patient is instructed on diet? | 6 | 23 | 6 | 29 | RN | |
| 13. Is patient encouraged to turn, cough and breathe deeply at intervals? | 8 | 12 | 39 | 5 | RN | |
| <u>Emotional Support and Health Teaching</u> | | | | | | |
| 14. Is patient treated and cared for with kindness? | 4 | 19 | - | 41 | RN, SN | Relatives attend to patients |
| 15. Do nursing staff stay with very ill, anxious and fearful patient? | 5 | 20 | 34 | 5 | RN, SN | |
| 16. Is patient's privacy observed in giving care? | 8 | 20 | 3 | 33 | - | |
| 17. Is unconscious patient cared for with as much consideration as conscious patients? | 1 | - | 56 | 7 | - | |
| <u>Safety</u> | | | | | | |
| 18. Is patient accompanied during his first activity after bed rest? | 11 | 2 | 39 | 12 | RN, SN | |
| 19. If side rails are necessary, are they up? | - | 6 | 52 | 6 | - | rails are not used |

| | YES | NO | NA | NOb | BY | COMMENTS |
|--|-----|----|----|-----|----|---------------------------------------|
| 20. Are restraints applied properly, if needed? | 2 | 6 | 54 | 2 | - | |
| 21. Are contaminated articles (dressings, bedpans, urinals) removed and disposed of or cleaned properly? | 4 | 24 | 3 | 33 | SN | No facilities for proper disinfection |
| 22. Do nursing staff wash their hands before caring for patient, at the beginning of each procedure? | 3 | 24 | - | 37 | - | |
| 23. Are bedside drugs and solutions and drainage bottles labelled? | 13 | 18 | 30 | 3 | - | Drainage bottles are not labelled |
| 24. Are discharges of noses and throats of patients collected in destroyable containers? | - | 11 | 38 | 15 | - | |
| 25. Is the body of patient after death cleaned and properly cared for? | - | - | 54 | | - | |

FOR 12 WARDS OBSERVED

| WARD SITUATION AFFECTING NURSING SERVICE | YES | NO | NA | NOB | COMMENTS |
|--|-----|----|----|-----|--------------------------------------|
| 1. Is there a nursing procedure manual or any other form of written instructions for care of patients? | - | 12 | - | | |
| 2. Is water supply (hot and cold water taps) available for nursing staff to wash hands? | 12 | - | | | hot water not available & not needed |
| 3. Are soap and towel easily available for hand washing and drying? | 3 | 9 | - | | shortage of soap and towels |
| 4. Are floors kept clean and dry? | 9 | 3 | | | |
| 5. Is it quiet at night and during rest periods? | 6 | 5 | - | 1 | |
| 6. Are sterile supplies needed in the ward provided by CSR? | 5 | 7 | - | - | by and/boiling in the wards |
| 7. Is equipment used for patients in safe condition? | 6 | 4 | - | 2 | |
| 8. Do nursing staff know how to use equipment for patients? | 11 | 1 | - | - | |
| 9. Are instructions for the use of equipment available and present and are they legible? | - | 12 | - | - | |
| 10. Are call bells within easy reach of patients? | - | - | 12 | - | available but not maintained |

| | YES | NO | NA | NOB | COMMENTS |
|---|-----|----|----|-----|---|
| 11. Is patient with infected wound isolated? | - | 10 | 2 | - | no facilities for isolation |
| 12. Is isolation room equipped and set up correctly? | - | - | 12 | - | not in the wards, but in separate wards |
| 13. Is there a checklist for general cleanliness of the ward? | - | 12 | - | - | |
| 14. Are proper trash holders available in patients' rooms, in the nursing station and work areas? | - | 12 | - | - | |
| 15. Are needed sterile supplies sterilized in the ward? | 12 | - | - | - | |
| 16. Is enough linen available for daily change of patients' bedlinen? | - | 12 | - | - | |
| 17. Are irrigation trays kept clean, labelled and covered? | - | - | 12 | - | |
| 18. Are nursing staff supervised in giving treatments to patients? | 4 | 8 | - | - | sometimes |
| 19. Are medications given to patients checked by head nurses? | 5 | 7 | - | - | sometimes |

PATIENTS' UNIT RECORD

TOTAL

Date _____

Time 8 am - 1.30 pm

Hospital _____

Ward Surgical and Medical

Number of patients records checked. 41

| | YES | NO | NOb | COMMENTS |
|---|-----|------------------|-----|-------------------------------|
| A. IDENTIFICATION | | | | |
| 1. Are the patient's name, number and room number on the chart cover? | 24 | 17 | | |
| 2. Are all nursing record forms labelled with the patient's first and last name and number? | 41 | - | | |
| 3. Are precautions needed for allergy written on the front of the chart? | 13 | 28 not needed | | written in the nursing report |
| B. T.P.R. and B.P. graphic sheets | | | | |
| 1. Are T.P.R.s recorded correctly? | 41 | - | | shortage of thermometers |
| 2. Is daily weight of patient recorded? | - | 41 | | as required |
| 3. Are summaries of intake and output recorded? | 28 | 13 | | |
| 4. Are urinary and bowel function recorded daily? | 12 | 29 | | |
| 5. Is blood pressure recorded accurately? | 24 | 10 | 7 | |

| | YES | NO | NA | NOB | CONTENTS |
|--|-----|----|----|-----|---|
| C. <u>MEDICATION</u> | | | | | |
| 1. Are medicine columns dated, discontinued drugs written, and signed? | 41 | - | 1 | - | Recorded in special medication cards |
| 2. Are drugs accurately written with dosage, route, time and site of injections? | 41 | - | - | - | |
| 3. Are drugs refused by patients marked, and comments written in the nurses' notes? | 30 | 11 | - | - | Mostly written in the nurses reports |
| 4. Are times and amounts of fluids and added medicines written for I.V. injections? | 23 | 7 | 5 | 6 | |
| 5. Are starting and completion dates, times and comments regarding I.V. injections written and signed? | 30 | - | 5 | 6 | |
| 6. Are amounts, kinds and sites of insulin injections written and signed? | 22 | 5 | 8 | 6 | |
| D. <u>NURSES NOTES</u> | | | | | |
| 1. Are notes regarding admission signed? | - | 19 | 22 | - | forms for No nurses' notes available, but comments are written in nursing reports |

| | YES | NO | NA | NOb | COMMENTS |
|---|-----|----|----|-----|------------------------|
| 2. Are indications in the nurses' notes that patients' needs were considered during admission process? | - | 34 | 7 | - | |
| 3. Are comments written for each shift, with dates and signature? | 41 | - | - | - | |
| 4. Are all observations and patient's reactions recorded? | 2 | 39 | - | - | only serious cases |
| 5. Are treatments recorded ? | 41 | - | - | - | |
| 6. Is there evidence that processes and results of care have been evaluated? | | | | | |
| 7. Is information regarding urine analysis of diabetic patients, and weight written? | 33 | - | 8 | - | weight is not included |
| 8. Are plans made for rehabilitation of patient written and started before his/her discharge? | - | 41 | - | - | |
| 9. Are there notes regarding instruction of patient and family members about his/her care, restrictions, diet and exercise? | - | 41 | - | - | |

CHECKLIST FOR STERILE WOUND DRESSING

TOTAL

Hospital _____

Date _____

Time began 8 am

Time ended 1.30 pm

Ward M & F Surgical

by RN

Surveyor _____

TOTAL 31

| | YES | NO | NA | NOB | COMMENTS |
|--|-----|----|----|-----|--|
| A. PREPARATION OF TROLLEY | | | | | |
| 1. Wash hands | 21 | 9 | | 1 | No paper towels available |
| 2. Dry hands, preferably with paper towel | | 7 | 7 | 1 | |
| 3. Wipe top and bottom shelves and bars with a piece of damp clean cloth or gauze and spray it with a cleansing agent, e.g. hibitane | 3 | 3 | - | 7 | usually the trolley is set for a number of dressings at one time |
| <u>OR</u> Spray shelves and bars with a cleansing agent and let them dry | | | | | |
| <u>OR</u> Clean shelves and bars with the available cleansing agent and dry with paper towel or a clean piece of cloth. | | | | | |
| * THE TROLLEY NOW IS CONSIDERED CLEAN | | | | | |
| B. PREPARATION OF EQUIPMENT | | | | | |
| 4. On top shelf place sterile dressing pack and sterile forceps pack and lifting forceps in disinfectant solution. | 20 | 11 | | | all equipment are sterilized by boiling |

| | YES | NO | NA | NOB | COMMENTS |
|---|-----|----|----|-----|--|
| 5. On bottom shelf put cleaning solution, and adhesive tape (Tensoplast or others). | 12 | 11 | 8 | | |
| 6. Attach a bag to the side of trolley for collection of unused materials or place a big receiver, for this purpose, on bottom shelf. | 12 | 11 | 8 | | |
| C. PREPARATION OF PATIENT AND LAYING UP | | | | | |
| 7. Take up trolley to bedside | 23 | | 8 | | Some dressings done in treatment rooms with availability/necessary trolley and equipment. Shortage of screens. |
| 8. Put screen around bed | 12 | 19 | | | |
| 9. Explain the procedure to patient | 26 | 5 | | | |
| 10. Put on mask | 14 | 17 | | | |
| 11. Turn back the bedclothes and uncover dressing and loosen adhesive tapes; do not remove the dressing from the wound. | 25 | 6 | | | |
| 12. Pick up pack and scissors, cut tape and place sterile container on top shelf. | | | 31 | | |
| 13. Attach the waste bag to the side of trolley near the patient, or put a receiver on top shelf near patient. | 20 | 3 | 8 | | |
| 14. Open dressing container and take forceps 1 and 2, pick up soiled dressing, drop it in the waste bag or receiver. | 5 | 12 | 14 | | |

| | YES | NO | NA | NOB | COMMENTS |
|---|-----|----|----|-----|---|
| 15. Put forceps 1 and 2 in the lid of the container or on the outer cover of the opened pack, | | 6 | 25 | | One pair of forceps used |
| 16. Take sterile towels by their corners (3 & 4) with 2 forceps, /shake and put those on the sides of the wound, if towels are provided, and put forceps on the lid of container. | | 8 | 31 | | No towels available. |
| 17. Pour cleansing solution into a small container provided in the pack. | 18 | 11 | 2 | | most use cotton swabs soaked in a big common container. |
| 18. Take forceps No. 5 and pick up cotton balls and soak in the solution. | 3 | 18 | 10 | | |
| 19. Take a soaked cotton ball and wring out and clean each side of the wound or suture line with one stroke. Drop swab into waste bag or receiver Repeat on the wound or suture. | | | 31 | | |
| 20. <u>Either</u> Pick up bottle of wound spray Octoflex and leave it to dry. | | | | | |
| <u>Or</u> Pick up gauze pieces and place them on wound and put adhesive tape on the dressing. | 26 | 2 | 3 | | |
| Make patient comfortable. | | 21 | | 10 | |

| | YES | NO | NA | NOb | COMMENTS |
|--|-----|----|----|-----|---|
| D. CLEANING UP | | | | | |
| 21. Place clean and dirty articles in separate bags or receivers. | | 21 | | 10 | |
| 22. Place waste bag(s) for disposal. | 15 | | 6 | 10 | |
| 23. Take trolley to preparation room. | 6 | 2 | 2 | 21 | |
| 24. Replace cleaning solutions, scissors and adhesive tape. | | 12 | 8 | 11 | |
| 25. Put instruments, towels and covers in designated containers to be washed and sterilized. | | 12 | 6 | 13 | |
| 26. Wash hands. | 10 | 8 | | 13 | At the end of all dressings and some in* between dressings. |

CHECKLIST FOR INTRAMUSCULAR INJECTION

Hospital _____ Date _____ Time begun 8 am
 Time ended 1.30 am
 Ward Medical/Surgical/Paediatrics By RN Surveyor _____
F. Medical

Total Injections 30

| | YES | NO | NA | NOB | COMMENTS |
|---|-----|----|----|-----|---|
| <u>A. Preparation</u> | | | | | |
| 1. Wash hands | 13 | 16 | | 1 | injection prepared in the treatment room in sterilized kidney dish with cotton balls or gauze |
| 2. Collect package of sterile syringe and needle, cotton ball container, disinfectant such as alcohol, files for breaking ampoules if necessary and bottle containing the liquid to be injected, and a paper bag in a tray. | 10 | | 20 | | |
| 3. Open the package of the sterile syringe or if it is boiled, lift the barrel by forceps, hold it by hand and then lift the plunger by forceps and fit the two parts together, lift the needle by forceps and fasten to the tip of the syringe and put the needle in a sterile area. | 13 | 17 | | | |
| 4. Clean the lid of the bottle which contains the substance to be injected, using the cotton ball made wet with the disinfectant | 13 | 17 | | | |
| or | | | | | |
| clean the ampoule and the file with wetted disinfectant. | 11 | 18 | 1 | | most used hands and cotton ball to break the ampoule |
| 5. Cut the top part of the ampoule with the file. | | | | | |
| 6. Examine the syringe and attach the needle to its tip (if it is not a disposable syringe needle in its sterile case, a sterile forceps should be used). | 27 | | 2 | 1 | |

| | YES | NO | NA | NOB | COMMENTS |
|--|-----|----|----|-----|----------|
| 7. Draw the substance from the ampoule into the syringe. - To draw the fluid from the bottle an equal amount of air should be injected into the bottle first. | 27 | 2 | 1 | | |
| 8. Check the amount of the fluid drawn into the syringe and push the air out of the barrel while holding the syringe straight upright. | 21 | 8 | | 1 | |
| 9. Place the needle of the filled syringe back in its case or in the empty body of the ampoule to protect it from contamination. | 16 | 13 | | 1 | |
| 10. Carry the syringe with the cotton ball container and the alcohol on the tray to the patient's side. | 29 | | | 1 | |
| 11. Tell patient what you are doing. | 17 | 12 | 1 | | |
| 12. Provide for patient's privacy. | 5 | 17 | 8 | | |
| B. <u>Injection</u> | | | | | |
| 13. Locate the site of injection on the gluteus muscle of the patient. | 28 | 2 | | | |
| 14. Take a cotton ball wetted with disinfectant and rub the place to clean it. (Site of the injection to be the upper and outer quarter of the gluteus muscle). | 30 | | | | |
| 15. Check the fluid in the syringe and push out remaining air bubbles out of it. | 21 | 9 | | | |
| 16. Remove the needle case or the body of the ampoule from the needle. | 14 | 16 | | | |
| 17. Holding the syringe vertical (45° angle to the muscle) push the needle about two centimeters into the muscle. | 22 | 8 | | | |
| 18. Pull the plunger out a little to check for the blood. | 24 | 6 | | | |

| | YES | NO | NA | NOb | COMMENTS |
|---|-----|----|----|-----|------------------|
| 19. If no blood comes into the barrel of the syringe, press the plunger until the liquid in the syringe has gone. | 24 | 6 | | | |
| 20. Pull out the needle by holding the the base of it and putting a wetted swab on the site. | 20 | 10 | | | |
| 21. Stay by the patient for a few minutes and watch for any reactions she/he may have. | | 30 | | | left immediately |
| <u>C. Tidying up</u> | | | | | |
| 22. Make patient comfortable. | 3 | 20 | 1 | 6 | |
| 23. Carry out the tray and dispose of the used disposable materials and clean up the equipment. | 19 | 10 | 1 | | |
| 24. Wash your hands. | 13 | 17 | | | |
| 25. Replenish the tray with needed equipment. | 10 | 12 | 7 | 1 | |
| 26. Make notes in patient's unit record. | 7 | 12 | 10 | 1 | |

GENERAL COMMENTS

1. Two categories of nursing personnel carry out nursing activities, i.e. R.N.'s and the student nurses. This facilitates allocation of responsibilities and nursing tasks.
2. Most of the time of the nursing personnel is spent in carrying out special procedures such as injections and dressings.
Daily care of patients regarding hygiene and physical comfort in one hospital is carried out by patients themselves and in two of the hospitals by relatives who stay with patients.
3. Written procedures for admission and orientation of patients into the wards are not available in two of the surveyed hospitals.
4. Physical facilities for general cleanliness in the wards are not conducive to satisfactory nursing of patients, e.g.
 - a) inadequately cleaned and disinfected bedpans,
 - b) inadequate hand washing,
 - c) improper collection and removal of garbage and contaminated articles from the wards,
 - d) improper and defective general cleanliness of wards.
5. Written procedures or manuals for care of patients are not available in the wards.
6. Very little health teaching of patients and relatives is carried out.
7. Sufficient linen, supplies, equipment, solutions and instruments for the care of patients are not available in two of the hospitals.
 - a) patients are expected to buy their drugs, syringes, adhesive plaster, alcohol, etc.
 - b) bedlinen are changed only twice weekly,
 - c) there are not enough forceps for wound dressings in the surgical wards.

8. Written job descriptions for the nursing staff are not available in the wards.
9. In-service education programmes are not conducted for the nursing staff. However, scholarships are frequently provided for professional nurses as work incentive.
10. Organized health services for follow-up home care of patients discharged from hospitals, do not exist. However, referrals are made to health centres, clinics and hospitals after discharge.
11. Precautionary practices to prevent cross infection are not always observed, as examples:
 - a) Nurses do not wash their hands frequently and in between procedures,
 - b) Beds and other equipment are not always properly cleaned,
 - c) Medical students and relatives sometimes sit on patients' bed,
 - d) Procedures such as wound dressings and injections are carried out with deficient aseptic techniques by nurses.
12. Procedures and checklists for sterilization of equipment are not available in the wards. Equipments are boiled without correct timing.
13. Isolation rooms in the wards are not available. It was noticed that a patient with infectious hepatitis and one with tuberculosis were nursed in general wards. There are isolation wards (quarantine) for infectious diseases, but they are not enough to cater for all cases.
14. Nursing procedures are mostly carried out by student nurses with very little supervision from registered nurses.
15. Functions of some other categories of health personnel are carried out by nurses such as drawing of samples of blood, giving I.V. drips and I.V. infusions. Messenger work such as going to pharmacy, laboratories and X-ray departments is done by nurses. They are also responsible for the maintenance and general cleanliness of wards.

16. Unit Records of patients do not include nurses notes and details regarding the patient's condition and care given by nursing staff. Drugs and treatments given to patients are recorded in the report book at the end of each shift of duty. Hourly medications are recorded on special records. Team work, planning for the care of patients, and evaluation of patient care is not carried out at present.

*** *** *** *** ***

The writers wish to express their thanks to all those whose assistance and cooperation made this study possible.

DESCRIPTION OF GENERAL SITUATION

Date : _____

1. Country _____ City _____

2. Name of the Hospital _____

Address _____

The hospital belongs to _____

It is administered by _____

3. Is the hospital an educational centre (practice area)? yes _____ no _____

of students

What groups/receive clinical experience in the hospital?

nursing _____ practical nursing _____

midwifery _____ medical _____

paramedical _____ post-graduate nursing _____

4. Name of the Chief Officer

5. Type of hospital

general _____ special (name) _____

No. of beds _____ No. of wards _____

No. of beds in each ward:

1. _____ 5. _____ 9. _____ 13. _____

2. _____ 6. _____ 10. _____ 14. _____

3. _____ 7. _____ 11. _____ 15. _____

4. _____ 8. _____ 12. _____ 16. _____

6. Departments of the hospital:

7. Nursing services:

Name of director (matron) _____

Total number of nursing personnel _____

a) Trained nurses (considered as registered nurses in the country) _____

b) Practical nurses _____

c) Midwives _____

d) Nurse aides _____

e) Attendants _____

f) Orderlies _____

g) Clerks _____

h) Other (explain) _____

1) SN _____

f) F _____

8. Educational facilities of the hospital:

Library _____

Conference hall _____

Audio-visual department _____

Other (name) _____

7. What is the procedure for cleaning bedpans and urinals?

8. Who serves the patients' meals? _____

Who helps patients with their meals? _____

9. After discharge of patients what is done to clean their beds?

What precautions are taken if a patient has had a communicable disease? _____

10. What is done with/
/the food left over on the patients' trays destroyed? _____

How? a) as a routine _____

b) in a communicable case _____

11. How is the garbage collected and removed from patients' rooms and from the ward? _____

12. Are blankets and mattresses disinfected? routinely _____

In a communicable case _____

13. Are excreta of patients with communicable intestinal diseases disinfected before being emptied? _____

How? _____

NURSING SERVICES IN WARD

HOSPITAL : _____

CITY _____

WARD : _____

A WARD PRACTICES

1. When a patient arrives in the ward what is done as admission procedure; routinely ? _____

2. What does the morning care of patients include, routinely?

3. What does the evening care of patients include?

4. Who is responsible for administering medications?

a) oral _____ b) parenteral _____ I M _____ I V _____ Others _____

5. For patients confined to bed who is responsible to give and remove bedpan and urinal? _____

6. Are sterile supplies needed in the ward provided by CSR or is sterilization of supplies carried out in the ward?

a) what is the sterilizing technique in the ward?

ward technique
b) what is the/ to keep clean and sterile items away from contamination?

14. How are flies and vectors controlled in the ward?

15. How are doctor's orders recorded? _____

What is the procedure when doctors give orders orally or
by telephone? _____

16. What are the instructions given to patients in relation to
their follow-up care, before discharge?

Who else is included in the teachings regarding home care of
the patient? _____

17. If a patient needs follow-up care, are services of other community
resources obtained? _____

Where is he advised to refer? _____

B. MANAGEMENT

1. Is it possible for the head nurse to supervise the entire ward
from the nurses' office or station? _____

If not, why? _____

2. Is it possible to talk with staff members and others in privacy?

3. Is equipment needed for the ward easily obtained? _____

If not why? _____

4. What are the shifts of duty hours for the nursing personnel?

5. Are there ward clerks in the ward? _____

6. Are there written job descriptions for the nursing staff of

the ward? _____

Are these revised? _____

How often? _____

7. Are in-service education programmes conducted for the staff? _____

If yes, for which categories? _____

How often? _____

8. Are scholarships given to the staff? _____

If yes, to which category and how regularly? _____

9. Is any reward or recognition given to those who gain additional knowledge and/or skill and experience? _____

How? _____

10. Are newly employed or transferred staff oriented to their new jobs? _____

Is this a regular programme? _____

11. Does the nursing staff have provision for health care? _____

Title : _____

Date : _____

QUALIFICATIONS OF NURSING PERSONNEL

HOSPITAL: _____ WARD: _____

1. Title:

2. Nationality:

3. Education:

| <u>General</u> | <u>Country</u> | <u>Years</u> | <u>Degree, Diploma Certificate</u> |
|----------------------|----------------|--------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| <u>Nursing</u> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| <u>Post-graduate</u> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

4. Experience (posts held since graduation, please give the dates)

| <u>Post</u> | <u>Place</u> | <u>From - To</u> |
|-------------|--------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Comments

PATIENTS' UNIT RECORD

Date _____ Time _____

Hospital _____ Ward _____

| | YES | NO | NA | NOB | SOME | COMMENTS |
|---|-----|----|----|-----|------|----------|
| A. <u>IDENTIFICATION</u> | | | | | | |
| 1. Are the patient's name, number ward room number and bed number on the chart cover? | | | | | | |
| 2. Are all nursing record forms labelled with the patient's first and last name and number? | | | | | | |
| 3. Are precautions needed for allergy written on the front of the chart? | | | | | | |
| B. <u>T.P.R. and B.P. graphic sheets</u> | | | | | | |
| 1. Are T.P.Fs recorded correctly? | | | | | | |
| 2. Is the weight of patient recorded as required? | | | | | | |
| 3. Are summaries of intake and output recorded? | | | | | | |
| 4. Are urinary and bowel function recorded daily? | | | | | | |
| 5. Is blood pressure recorded accurately? | | | | | | |

| | YES | NO | NA | NOB | SOME | COMMENTS |
|--|-----|----|----|-----|------|----------|
| C. <u>MEDICATION</u> | | | | | | |
| 1. Are drugs accurately written with dosage, route, time and site of injections | | | | | | |
| 2. Are drugs refused by patients marked, and comments written on the nurses' notes? | | | | | | |
| 3. Are names and amounts of fluids and added medicines written for I.V. injections? | | | | | | |
| 4. Are starting and completion dates, times and comments regarding I.V. injections written and signed? | | | | | | |
| D. <u>NURSES' NOTES</u> | | | | | | |
| 1. Are notes regarding admission signed? | | | | | | |

| | YES | NO | NA | NOB | SOME | COMMENTS |
|---|-----|----|----|-----|------|----------|
| 2. Are indications in the nurses' notes that patients' needs were considered during admission process? | | | | | | |
| 3. Are comments written for each shift, with dates and signature? | | | | | | |
| 4. Are all observations and patient's reactions recorded? | | | | | | |
| 5. Are treatments recorded? | | | | | | |
| 6. Is there evidence that processes and results of care have been evaluated? | | | | | | |
| 7. Is information regarding urine analysis of diabetic patients, and weight written? | | | | | | |
| 8. Are plans made for rehabilitation of patient written and started before his/her discharge? | | | | | | |
| 9. Are there notes regarding instruction of patient and family members about his/her care, restrictions, diet and exercise? | | | | | | |

PATIENT CARE APPRAISAL CHECKLIST

Hospital _____ Total No. of Nursing Personnel _____

Ward _____ RN _____ PN _____ A _____ O _____

Date _____ C _____ At _____ M _____ CW _____

Time _____ No. at the date of study _____

Name of the Surveyor _____

No. of patients observed _____ RN _____ PN _____ A _____ O _____

No. of patients in the ward _____ C _____ At _____ M _____ CW _____

SN _____

| | YES | NO | NA | NOB | BY | COMMENTS |
|--|-----|----|----|-----|----|----------|
| <u>Hygiene and Physical Comfort</u> | | | | | | |
| 1. Has patient had a bath and skin care as required? | | | | | | |
| 2. Is the patient's mouth cleaned? | | | | | | |
| 3. Are clothings clean and dry? | | | | | | |
| 4. Is patient's bed clean, dry and tidy? | | | | | | |
| 5. Is patient's positioning comfortable and correct? of | | | | | | |
| 6. Use/ comfort measures such as a) change of position b) massage | | | | | | |
| 7. Is attention given to pressure areas? | | | | | | |
| 8. Is patient encouraged and helped to be active, if not contra-indicated? | | | | | | |

| | YES | NO | NA | NOB | BY | COMMENTS |
|---|-----|----|----|-----|----|----------|
| <u>Nutrition</u> | | | | | | |
| 9. Is patient adequately assisted with eating? | | | | | | |
| 10. Are oral fluids given or restricted as ordered? | | | | | | |
| 11. Are I.V. fluids given as ordered? | | | | | | |
| 12. Is there evidence that patient is instructed on diet? | | | | | | |
| <u>Emotional Support and Health Teaching</u> | | | | | | |
| 13. Do nursing staff stay with very ill, anxious and fearful patient? | | | | | | |
| 14. Is patient's privacy observed in giving care? | | | | | | |
| <u>Safety</u> | | | | | | |
| 15. Is patient accompanied during his first activity after bed rest? | | | | | | |
| 16. If side rails are necessary, are they up? | | | | | | |

| | YES | NO | NA | NO ^b | BY | COMMENTS |
|--|-----|----|----|-----------------|----|----------|
| 17. Are restraints applied properly, if needed? | | | | | | |
| 18. Are contaminated articles a) dressings, b) bedpans, c) urinals removed and disposed of or cleaned properly? | | | | | | |
| 19. Do nursing staff wash their a) hands before caring for patient, b) at the beginning of each procedure? c) at the end of the procedure? | | | | | | |
| 20. Are bedside drugs and solutions and drainage bottles labelled? | | | | | | |
| 21. Are discharges of noses and throats of patients collected in destroyable containers? | | | | | | |
| 22. Is the body of patient after death cleaned and properly cared for? | | | | | | |

| WARD SITUATION AFFECTING NURSING SERVICE | YES | NO | NA | NOb | SOME | COMMENTS |
|--|-----|----|----|-----|------|----------|
| 1. Is there a nursing procedure manual or any other form of written instructions for care of patients? 2. Is water supply (hot and cold water taps) available for nursing staff to wash hands? 3. Are soap and towel easily available for hand washing and drying? Soap Towel 4. Are floors kept clean and dry? 5. Is it quiet at night and during rest periods? 6. Are sterile supplies needed in the ward provided by CSR? 7. Is equipment used for patients in safe condition? 8. Do nursing staff know how to use equipment for patients? 9. Are instructions for the use of equipment available and present and are they legible? 10. Are call bells within easy reach of patients? | | | | | | |

| | YES | NO | NA | NOb | SOME | COMMENTS |
|--|-----|----|----|-----|------|----------|
| 11. Is patient with infected wound isolated? | | | | | | |
| 12. Is isolation room equipped and set up correctly? | | | | | | |
| 13. Is there a checklist for general cleanliness of the ward? | | | | | | |
| 14. Are proper trash holders available a) in patients' rooms b) in the nursing station, c) work areas? | | | | | | |
| 15. Are needed sterile supplies sterilized in the ward? | | | | | | |
| 16. Is enough linen available for daily change of patients' bedlinen? | | | | | | |
| 17. Are nursing staff supervised in giving treatments to patients? | | | | | | |
| 18. Are medications given to patients checked by head nurses? | | | | | | |

CHECKLIST FOR INTRAMUSCULAR INJECTION

Hospital _____ Date _____ Time begun _____
 Ward _____ By _____ Time ended _____
 Surveyor _____

| | YES | NO | NA | NOB | COMMENTS |
|---|-----|----|----|-----|----------|
| A. PREPARATION | | | | | |
| 1. Wash hands | | | | | |
| 2. Collect the proper equipment. | | | | | |
| a) sterile | | | | | |
| b) unsterile | | | | | |
| 3. Fix barrel and plunger using aseptic technique. | | | | | |
| 4. Clean the lid of the bottle which contains the substance to be injected using the cotton ball made wet with the disinfectant. | | | | | |
| or | | | | | |
| clean the ampoule and the file with wetted disinfectant. | | | | | |
| 5. Cut the top part of the ampoule with the file. | | | | | |
| 6. Examine the syringe and attach the needle to its tip (if it is not a disposable syringe needle in its sterile case, a sterile forceps should be used). | | | | | |

| | YES | NO | NA | NOt | COMMENTS |
|--|-----|----|----|-----|----------|
| 7. Draw the substance from the ampoule into syringe. - to draw the fluid from the bottle an equal amount of air should be injected into the bottle first. | | | | | |
| 8. Check the amount of the fluid drawn into the syringe and push the air out of the barrel while holding the syringe straight upright. | | | | | |
| 9. Place the needle of the filled syringe back in its case or in the empty body of the ampoule to protect it from contamination, or on sterile area. | | | | | |
| 10. Carry the equipment with the cotton ball container and the alcohol on the tray to the patient's side. | | | | | |
| 11. Tell patient what you are doing. | | | | | |
| 12. Provide for patient's privacy. | | | | | |
| B. INJECTION | | | | | |
| 13. Locate the site of injection | | | | | |
| 14. Take a cotton ball wetted with disinfectant and rub the place to clean it. | | | | | |
| 15. Check the fluid in the syringe and push out remaining air bubbles out of it. | | | | | |
| 16. Remove the needle case or the body of the ampoule from the needle. | | | | | |

| | YES | NO | NA | NOB | COMMENTS |
|---|-----|----|----|-----|----------|
| 17. Holding the syringe vertical (90° angle to the muscle) push the needle about two centimeters into the muscle. | | | | | |
| 18. Pull the plunger out a little to check for the blood. | | | | | |
| 19. If no blood comes into the barrel of the syringe, press the plunger until the liquid in the syringe has gone. | | | | | |
| 20. Pull out the needle by holding the base of it and putting a wetted swab on the site. | | | | | |
| 21. Stay by the patient for a few minutes and watch for any reactions she/he may have. | | | | | |
| C. TIDYING UP | | | | | |
| 22. Make patient comfortable | | | | | |
| 23. Carry out the tray and dispose of the used disposable materials and clean up the equipment. | | | | | |
| 24. Wash your hands. | | | | | |
| 25. Make notes in patient's unit record. | | | | | |

CHECKLIST FOR STERILE WOUND DRESSING

HOSPITAL _____ DATE _____ TIME BEGAN _____
 WARD _____ BY _____ TIME ENDED _____
 SURVEYOR _____

| | YES | NO | NA | NOB | COMMENTS |
|---|-----|----|----|-----|----------|
| 1. Wash hands before the procedure | | | | | |
| 2. Clean trolley with a cleaning agent. | | | | | |
| 3. Put sterile equipment and supplies on the top shelf of the trolley. | | | | | |
| 4. Put cleaning solution and needed unsterile equipment on bottom shelf | | | | | |
| 5. Provide a disposable bag, if possible, for waste material and one bag or receiver for undisposable used materials. | | | | | |
| 6. Take trolley to bedside | | | | | |
| 7. Screen the bed | | | | | |
| 8. Prepare patient. | | | | | |
| 9. Explain procedure. | | | | | |
| 10. Wear a mask | | | | | |
| 11. Open the packs or the container of sterile equipment | | | | | |
| - use one or two forceps for removal of soiled dressing put those in a receiver | | | | | |
| - open and place towels around the wound, if provided | | | | | |

| | YES | NO | NA | Nob | COMMENTS |
|--------------------------|-----|----|----|-----|----------|
| 12. ... | | | | | |
| 13. ... | | | | | |
| 14. Use the force of ... | | | | | |
| 15. ... | | | | | |
| 16. ... | | | | | |
| 17. ... | | | | | |
| 18. ... | | | | | |
| 19. ... | | | | | |
| 20. ... | | | | | |
| 21. ... | | | | | |
| 22. ... | | | | | |
| 23. ... | | | | | |
| 24. ... | | | | | |
| 25. ... | | | | | |
| 26. ... | | | | | |
| 27. ... | | | | | |
| 28. ... | | | | | |
| 29. ... | | | | | |
| 30. ... | | | | | |
| 31. ... | | | | | |
| 32. ... | | | | | |

DO NOT CARRY OVER TROLLEY
 DO NOT CARRY ANY STERILE ARTICLES OVER STERILE AREA
 DO NOT REACT AROUND OVER STERILE AREA
 DO NOT PUT THE WASTE BAG OF THE SAME SORT AS STERILE EQUIPMENT
 DO NOT TOUCH THE LINEN WITH STERILE FORCEPS
 DO NOT SPILL SOLUTIONS
 DO NOT CARRY UNNECESSARY ARTICLES ON TROLLEY

COMMENTS

When writing comments please use the letters and number of the questions about which comments are made.