



**National Health
Insurance Authority**



FACILITY INSPECTION CHECKLIST

Facility Name: _____

Inspector(s) Name: _____

Date of Inspection: _____

1st Edition

***Revised: June 2023
February 2024***

STANDARD NUMBER	STANDARDS	COMPLIANCE STATUS		
		YES	NO	NA
RESPONSIBILITIES OF MANAGEMENT (ROM)				
ROM.1	The facility Medical Director is present for the inspection.			
ROM.2	The facility has a certificate to prove compliance with The Bahamas building code regulation (business license, healthcare facilities certificate).			
ROM.3	The names & credentials of all professional staff are posted in a clear & visible location. If unable to be posted, list of Providers, Registered Nurses, and Health Professionals along with their licence(s) are available for review by the Inspector.			
ROM.3.1	The facility has a Medical Practitioner/Registered Nurse/Health Professional (regarding specialty clinic) on duty at all times during the hours of operation.			
ROM.3.2	The facility is staffed with qualified employees, commensurate with the type of services offered.			
ROM.4	The facility infrastructure includes an emergency vehicle access (ramp) that is not obstructed to transport wheelchair and stretcher bound beneficiaries.			
ROM.5	The facility has legible sign(s) posted on the exterior or door indicating the type of specialty(ies) or services offered.			
ROM.5.1	There are “Authorized Personnel Only”/” Employees Only” signage in places where necessary			
ROM.5.2	There is a list of all procedures/tests that are carried out.			
ROM.6	There is an appointment booking system. System can be electronic or manual (paper).			
ROM.7	The facility infrastructure includes a functional telephone system			
ROM.7.1	Interim measures are implemented when telephone system is damaged, non-functional or need to be repaired. Evidence that emergency/alternative phone contact(s) are made available to beneficiaries.			
ROM.8	The facility infrastructure has designated waiting area(s).			
ROM.8.1	No Smoking signs are posted in waiting area or in an area where it is noticeable. No smoking includes vapes/vaporizers and e-cigarettes that are used for vaping.			
ROM.9	The facility infrastructure includes nurses’ station, a work counter, provisions for charting.			

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		YES	NO	NA
ROM.10	The facility has the necessary ambulatory equipment to meet the needs of the beneficiary. E.g., wheelchair(s), stretchers, readily available.			
ROM.11	The facility demonstrates that adequate supplies are available to meet beneficiaries' needs.			
ACCESS, ASSESSMENT AND CARE OF BENEFICIARIES (AAC)				
SPECIMEN PROCESS (ACC1.1 – ACC1.4)				
AAC.1.1	The facility ensures all specimens are labeled by staff with the beneficiary's name, date of birth and date and time of collection before leaving the beneficiary.			
AAC.1.2	The facility ensures that urine specimen containers are labeled with beneficiary name, date of birth and the date prior to specimen collection.			
AAC.1.3	The facility ensures capillary tubes are placed in a test tube, which is then labeled with the beneficiary's name, date of birth, and date of collection before leaving the beneficiary.			
AAC.1.4	The facility ensures there is a process for transporting and preserving all specimens transported to an external laboratory for clinical testing, if applicable. Specimen is placed in a biohazard Ziplock bag			
	Ziplock biohazard bag is placed in a cooler/specimen box with ice packs.			
	Cooler/specimen box is to be sealed.			
	Cooler/specimen box is to be label with biohazard sticker or "biohazardous."			
	Cooler/specimen box is to be leak proof and puncture resistant			
AAC.2	The facility has a diagnostic set (instruments to examine eye, external ear, nose, and throat) present to assess the beneficiary during a physical exam. Assessment tools can be mounted on the wall or a part of a kit.			

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AAC.3	There is a Nebulizer (at least one with a compressed air/oxygen delivery system) or oxygen tank(s) with masks present in the facility. Certified Inspection conducted annually on the Nebulizer machine.			
	Weekly checks are completed on the Nebulizer machine.			
	Evidence of weekly checks documented by maintaining a log indicating, date, time, results of checks, including corrective actions, as necessary.			
	Oxygen masks present to meet needs of population served (adult & pediatric, if applicable).			
AAC.4	There is an Automated External Defibrillator or Manual Defibrillator present in the facility. Certified Inspection is conducted annually on a Manual Defibrillator or an Automated External Defibrillator (AED).			
	Weekly checks are completed.			
	Evidence of weekly checks documented by maintaining a log indicating, date, time, and results of checks, including corrective actions, as necessary.			
AAC.5	There is a Glucometer present in the facility.			
BENEFICIARY CENTERED CARE (BCC)				
BCC.1	There is Evidence of informed consent from the beneficiary or family about their care. General consent for treatment is obtained from a beneficiary or designee. E.g., beneficiary or designee signature is obtained along with the date.			
	Consent is obtained prior to minor surgeries/procedures being performed (if applicable)			
	Consent is obtained for minors receiving treatment.			

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BCC.2	The facility has a mechanism to capture beneficiary's feedback and to address complaints and/or grievances.			
	Beneficiary satisfaction survey/comment card is available.			
	A secured suggestion box is present for completed surveys.			
	Written and/or verbal complaints are reviewed, and appropriate responses made to address concerns.			
	There is Evidence that data from survey/comment card is analyzed to improve the beneficiary experience.			
BCC.3	The facility implements a patient's rights and responsibilities policy/document that includes but is not limited to: -			
	Considerate and respectful care provided at all times and under all circumstances, with due regard to the patient's personal dignity.			
	Patient privacy and confidentiality concerning any matter related to the patient's medical history is maintained.			
	Appropriate care provided based on the circumstances.			
	Patients are informed of the identity and professional status of any person providing for their care.			
	The health practitioners responsible for coordinating patient care informed the patient of their diagnosis and current prognosis, if known.			
	Patient rights & responsibilities are clearly displayed visible.			
	Policy exists to educate staff of these rights & responsibilities.			
MANAGEMENT OF MEDICATION (MOM)				
MOM.1	Medications are properly and safely stored and/or secured.			
	There is Evidence that controlled substances/ "dangerous drugs" are properly secured.			
	Medications are stored in a locked cabinet or refrigerator protected from loss or theft.			
	Keys for storage area(s) are secured, e.g., kept on the clinician responsible for these medications.			
	Emergency/crash cart is clean, orderly, checked and results logged daily.			
	Medication carts are clean and orderly.			

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		YES	NO	NA
MOM.2	Medications are prepared in a safe and clean environment (if applicable). E.g., medications are prepared in a clean, uncluttered, safe, and functionally separate area.			
MOM.3	Medications are administered safely. Medications are administered by those who are permitted by law to do so.			
MOM.4	Multi-dose medications are clearly labeled to ensure safety and efficacy. Multi-dose vials are labeled with date opened and/or date of expiration (the last date that the product is to be used).			
	Multi-dose medication vials are discarded 28 days after opening.			
MOM.5	The facility has a vaccine management policy/protocol, if applicable. Vaccines are stored in a separate refrigerator.			
	Other items (medications/biological products) stored in the vaccine refrigerator must be clearly marked and stored in separate containers/bins from the vaccines.			
	Potentially contaminated items (blood, urine, stool) are properly contained and stored below vaccines due to risk of contamination from drips or leaks.			
	Ice packs are available in refrigerator to maintain vaccine temperature when transporting.			
	Water bottles are placed in the refrigerator on the top shelf, the floor and in the door racks.			
	The facility has a back-up power supply (generator) to ensure proper cold chain management. If no generator exist, vaccines are taken to government clinic for storage.			
INFECTION PREVENTION AND CONTROL (IPC)				
IPC.1	There is Evidence of at least one sink with running water for hand washing that is connected to the internal drainage system per beneficiary exam/treatment room.			
IPC.1.1	Every facility shall have an adequate number of lavatories to accommodate the volume of patients and employees. E.g., facility should have at least 1 bathroom. Check sink in bathroom to ensure running water is available for hand washing.			

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		YES	NO	NA
IPC.2	There is Evidence that reagents, specimens, and medications are stored safely to ensure proper cold chain management. Food or staff personal items stored in fridge.			
	Temperature monitoring conducted once a day. Can use digital or manual thermometer.			
	Maintain temperature log/checklist to demonstrate temperature recording			
	Documentation of corrective action plan when temperatures are out of range or refrigerator is not operational.			
	Evidence of defined contingency plan when fridge is not operational.			
IPC.3	The facility stores medical and cleaning supplies/equipment in separate areas. Cleaning supplies/chemicals are stored separately.			
	Medical supplies are stored in a separate or designated area.			
	Medical supplies can be easily accessed and/or retrieved.			
	Supplies stored in the clinical environment is removed from cardboard boxes. E.g., if storage area is away from the clinical area cardboard boxes are allowed.			
	Supplies used in the care of beneficiaries are stored directly on the floor.			
	Shelves used for storage of clean/sterile medical supplies and devices are at least 25 cm (10 inches) off the floor and 45 cm (18 inches) from the ceiling and sprinkler head. Example, you can measure 18 inches from the ceiling and place colored (red, blue) tape to mark the point where items are not stored above that marker.			

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IPC.4	Hand Hygiene guidelines/protocols are implemented. Evidence of gloves, gowns, masks, soap, hand sanitizers, etc. are available in the facility.			
IPC.5	Reduce the risk of facility associated infections. CDC hand hygiene guideline posted near washing stations/ sinks. <u>See reference list at the back with link containing free handwashing posters.</u>			
	Soap, disinfectant, hand towels are available and located in areas where hand washing is required.			
	Staff can demonstrate and/or speak to proper hand hygiene techniques. Example, how long should you wash your hand? Wash hand for at least 20 seconds. Can count to 20 or sing happy birthday song from beginning to end twice.			
IPC.6	The facility reduces the risk of infections associated with equipment, instruments, and supplies by ensuring adequate cleaning, disinfection, sterilization & storage (if applicable). Instruments label as single use is used more than once.			
	Equipment used for sterilization checked annually.			
	Certified Inspection sticker affixed to machine indicating date of check.			

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IPC.7	The facility has a process of managing expired supplies, medications, and vaccines. Expired reagents, medications or supplies found.			
	Reagents, vaccines, & meds labeled with “use by”/ “expiration date” once opened.			
	A process for destruction of expired medications exists. Example, the process outlines how expired items are managed. Process to cover, if applicable, how they are stored & label, (stored separately and labeled expired” or “not for use” or “for destruction”) or discarded in the sharp container.			
IPC.8	The facility reduces the risk of infections by ensuring proper waste disposal and safe handling of sharps, needles, and infectious waste. General waste receptacle in each exam room.			
	Biohazard container/waste bin in each exam room and/or treatment room.			
	Sharp container in treatment and exam rooms.			
	Small sharp containers are mounted on wall.			
	Lid on large sharp containers stored on floor are kept closed.			
	Infectious waste is stored in double impervious plastic bags that are: - Secured fastened			
	Conspicuously marked “infectious waste”			
	Infectious waste is transported in large red receptacles/ bins that are conspicuously marked “infectious waste”			
	Large red bins that are full are stored in an enclosed area that is secured from unauthorized persons, birds, and animals.			
	Infectious waste is incinerated or otherwise processed to render the waste harmless. When sub-contracting with other facilities for removal of infectious waste, review letter from facility that is disposing waste and review a copy of the original contract with Bahama Waste.			

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IPC.8 (Cont'd)	Infectious waste is disposed of using mechanical methods (shredding, grinding, pulping, or compacting).			
	Infectious waste is deposited in a landfill.			
	Broken or leaking bags of infectious waste is re-bagged before it is transported from the facility.			
	Compacted trash that constitutes a hazard to any person or thing and the integrity of the container is compromised, the container is handled as infectious waste.			
IPC.9	The facility ensures effective environmental cleaning and disinfection practices to maintain environmental cleanliness. Environment cleaned at least daily			
	Garbage bins are cleaned weekly or as needed.			
	Ceiling tiles are intact, none missing or stained.			
	Facility has been fumigated at least annually.			
	Fans clean and dust free.			
	Air condition filters/vents are cleaned at least twice a year.			
IPC.10	Communicable Diseases are reported within 8 hours to the Director of Public Health. Reporting is mandatory and the Provider is responsible for reporting these diseases. Health Services/Health Rules under rule 46 list diseases that are to be reported.			
IPC.11	There is evidence of eating in the clinical area.			
IPC.12	Sterile/suture trays and supplies (gauze) are dated and current.			
IPC.13	IV poles are clean & functional. Applicable in OB/Gyn office.			
IPC.14	The facility has respiratory equipment (ambu bags) present to provide respiratory support to patient. Ambu bags are cleaned, labelled, and stored covered.			
	Ambu bags present to meet needs of population served (adult, adolescent & pediatric, if applicable).			
IPC.15	Patients who present with respiratory illness symptoms (cough, sneezing, runny nose) are given a mask to wear or asked to wait in their vehicle.			

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		YES	NO	NA
FACILITY MANAGEMENT AND SAFETY (FMS)				
FMS.1	The facility has an exam and/or treatment room(s) that meets the requirement of local laws and the type of services being offered at the facility. General purpose exam room(s) – for medical, obstetrical, and similar examinations, rooms shall have a minimum floor area of 86 square feet with the ideal size being at least 100 square feet (9.29 square meters), excluding vestibules, toilets, and closets. Room arrangement should permit at least 2 feet 8 inches (812.8 millimeters) clearance at each side and at the foot of the exam table. A hand washing station and a counter or shelf for writing shall be provided.			
	Treatment room(s) for minor surgical & cast procedures (if provided) shall have a minimum floor area of 120 square feet (11.15 square meters), excluding vestibule, toilet, and closets. Room arrangements should permit at least 2 feet 8 inches (812.8 millimetres) clearance at each side and at the foot of the examination table. A hand washing station and a counter or shelf for writing shall be provided.			
	Room(s) signs reflect the actual use of the room.			
	Room doors are operational and can open and close properly.			
FMS.2.1	Oxygen tanks are properly secured and stored. Oxygen tanks are stored securely (in a stand or cart). Tanks can also be attached to an emergency cart. Oxygen tanks are not stored directly on the floor.			
	Oxygen tanks are stored upright to prevent falling or being knocked over.			
	Place “full” or “empty” tags on tanks to determine the status. E.g., green for “full” & red for “empty” or create “full” and “empty” tags to attach to oxygen tank(s). <u>OR</u> the oxygen tank has a regulator with a gauge that shows when the tank is full (green area) and when it needs to be refilled (red area).			

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		YES	NO	NA
FMS.2.2	Adequate lighting installed throughout the facility. Example, adequate lighting provided at stairs and other hazardous areas (sluice/dirty room, medication room/pharmacy, lab)			
FMS.2.3	Safe flooring and walkways exist throughout the facility. Free from protruding nails, holes, and loose tiles.			
	Grates or similar types of covers over floor openings designed that foot traffic or equipment will not be affected by the grate spacing.			
	Walking paths are free of electrical cords.			
FMS.2.4	Stairway/stairs safety measures are implemented (if applicable). All stairways with four or more risers have a railing.			
	Steps on stairs and stairways designed or provided with surface treads that render them slip resistant.			
FMS.2.5	Electrical Panel safety measures are implemented. Electrical panel is labeled appropriate.			
	Electrical panel have functional latches & power switches (on/off).			
	Electrical panel is obstructed/blocked.			
FMS.3	The facility has a process for medical equipment management. The process includes inspection, testing, preventative maintenance and documenting the results. Maintain an equipment inventory list of all equipment used for the delivery of care to beneficiaries. Inventory equipment list includes the date of last service.			
	Evidence that equipment/devices used in the delivery of care are checked weekly & checks documented.			
	Evidence that equipment/devices were checked annually. Affix PM sticker indicating month and year maintenance were done and signature of person completing same.			
	Clinical equipment/devices are kept out of waiting areas.			

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		YES	NO	NA
FMS.4.1	Fire extinguisher safety measures implemented. There is at least one fire extinguisher for every 2,000 feet of floor area.			
	Evidence that fire extinguisher is serviced annually. E.g., PM sticker affixed indicating month and year of check.			
FMS.4.2	Smoke Detector safety measures implemented. Adequate number of smoke detectors are installed throughout the facility.			
	Smoke detectors checked at least once a year. E.g., replace batteries, as necessary.			
	Smoke detectors and sprinkler heads are free of paint and dust.			
FMS.4.3	A process exists to ensure safe exit when fire and non-fire (smoke) emergencies occur. The emergency door(s) are free from obstruction. E.g., door(s) are not blocked.			
	Emergency door(s) are unlocked from the inside. It is acceptable to keep key in door.			
	Emergency exit lights are lit and visible above emergency door.			
	There are adequate number and distribution of exits to allow prompt escape, in compliance with the local building code.			
	Emergency exit path/corridor is free from obstruction/ easily passable to ensure easy egress when fire or non-fire emergencies occur.			
	Fire evacuation routes are posted at appropriate places in facilities that have 3 or more emergency exits.			

STANDARD NUMBER	STANDARDS	COMPLIANCE STATUS		
		YES	NO	NA
FMS.4.4	Staff are educated/orientated on fire and non-fire (smoke) safety practices. The facility involves staff in regular exercises to evaluate fire safety process. E.g., conduct fire drills or simulate drill process, determine frequency of drills/simulation.			
	Maintain a “sign in” sheet to document who was present during drill/simulation.			
FMS.5	Electrical safety measures implemented. Extension cords are used. E.g., cords can be used for computers only.			
	Extension cords are free of splices or tapes.			
	The clinical areas are free of toaster, microwaves, tea kettles, coffee machines, etc.			
	Medical equipment flexible cords and cables are free of splices or tapes.			
	Sockets have safety covers in facilities providing services to children.			
FMS.6	Spills, trash, debris, and water are cleaned up immediately.			
FMS.7	Elevator safety measures implemented. Elevators are serviced twice a year. E.g., up-to-date inspection certificate is posted in each elevator.			
	Elevator floors are slip resistant and level with landing.			
FMS.8	Exterior lights illuminate the facility adequately.			
FMS.9	Sidewalks, curbs, and driveways are in good condition. If damages to these areas affects patient safety defects are to be resolved.			

STANDARD NUMBER	STANDARDS	COMPLIANCE STATUS		
		YES	NO	NA
HUMAN RESOURCE MANAGEMENT (HRM)				
HRM.1	All staff (clinical/nonclinical) are oriented to the facility, their assigned area, and their specific job responsibilities. Evidence that orientation was completed at the time of joining the facility.			
	Staff is aware of NHIA program benefits and information technology requirements.			
	Orientation checklist covers key information in the process.			
	New staff & preceptor sign & date each topic on checklist indicating it was covered.			
	Orientation checklist or other document(s) are available for review during the inspection.			
HRM.2	Staff who provide direct beneficiary care are trained in resuscitative techniques. Evidence that staff providing direct beneficiary care are trained in basic resuscitative techniques.			
	Facility identifies the level of training (basic or advanced) appropriate to staff role.			
	Other staff who do not provide direct beneficiary care is trained in basic life support (BLS).			
	Evidence that the appropriate level of training is repeated based on time frames established by a recognized training program. <ul style="list-style-type: none">CPR/BLS – recertified every 2 years (covers how to use AED)			
	Certification is available for review during inspection.			

STANDARD NUMBER	STANDARDS	COMPLIANCE STATUS		
		YES	NO	NA
INFORMATION MANAGEMENT SYSTEM (IMS)				
IMS.2	The facility maintains confidentiality, privacy and security of records, data, and information to protect against loss, theft, damage, and destruction. Process covers paper and/or electronic records. Paper records are kept in a secure area where only authorized agents have access to them.			
	With electronic medical records, screens are minimized as appropriate.			
	Beneficiary records, data, information are destroyed in a manner that does not compromise confidentiality. E.g., done using a shredder machine.			
IMS.3	The facility determines the retention time of medical records to comply with local laws and regulations. Based on local law, a beneficiary’s medical record or a copy of it shall be retained for at least 7 years following the beneficiary’s last visit to the facility.			
IMS.4	The facility educates beneficiaries on how they can receive access to the medical records.			

REFERENCE LIST

- 1) Joint Commission International Accreditation Standards for Hospitals – 7th Edition.**
https://www.jointcommissioninternational.org/-/media/jci/jci-documents/accreditation/hospital-and-amc/jci-errata-standards-only_7th-ed-hospital.pdf
- 2) Centers for Disease Control and Prevention – When & How to Wash Your Hands**
<https://www.cdc.gov/handwashing/when-how-handwashing.html>
- 3) Hospitals and Health Care Facilities (General) Regulations, 2000**
http://laws.bahamas.gov.bs/cms/images/LEGISLATION/SUBORDINATE/2000/2000-0098/HospitalsandHealthCareFacilitiesGeneralRegulations_1.pdf