

NHIA Inspection Process & Checklist for the 2019/2020 Facility Inspection Cycle

Last Revision: March 2019

OVERVIEW OF NHIA INSPECTION PROCESS:

1. **Scheduling:** Inspections are scheduled through Ms. Tanisha Pinder in Benefits and Enrolment at tanishapinder@nhibahamas.gov.bs
 - a. Inspections are only conducted Tuesdays or Thursdays at 10:00am or 2:00pm; allot 3 hours for the inspection.
2. **Execution:** 3 evaluators conduct the inspections: 1 Facility Inspector, 1 Clinical Inspector, 1 Information Technologist
3. **Discussion:** Inspection results and reports are discussed with the *Medical Director* immediately after the inspection is conducted before results are sent.
4. **Distribution:** Electronic Inspection Reports are then generated and emailed to the Medical Director before the Inspector leaves the facility.
5. **Follow-Up:** After the inspection, Medical Directors will receive an official email notification of their registration eligibility and next steps, which depends on how the facility scores. The 3 potential outcomes are:
 - i. Eligible for Registration – application moves on to contracting;
 - ii. QIP needed – plan developed by Healthcare Quality & Benefits, approved, signed, then application is moved on to contracting;
 - iii. Ineligible for Registration – Medical Director must reschedule with Ms. Pinder **only after** they address the identified deficits.

Registration Grade	Non-Mandatory Assessment Scores (%)	Mandatory Items
Registered with Merits	91-100	Regardless of assessment score, Provider facilities must Meet all mandatory requirements to be eligible for registration
Registered	80-90	
Provisional Registration	60-79 (Quality Improvement Plan required)	
Unsuccessful Registration	< 60	

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NHIA INSPECTION CHECKLIST: MANDATORY ITEMS


41 items in total. **Compliance with all applicable items in this section are Mandatory.**

"Assignment" listed is for internal purposes only.

Item	Assignment	Answer	Specifications/Comments/Resources
Staffing Leadership & Staffing Credentialing			
Are the names and credentials of all professional staff working in the health care facility posted in a clear location?	1	Y N	
Does the facility have a certificate to prove its compliance with The Bahamas building code regulation - Occupancy certificate?	1	Y N	
Patient Information Management			

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Is there an appointment booking system in place for patients?	2	Y N	
Evidence of informed consent: (I) To be evaluated, diagnosed, and treated by a physician; (II) When required by corresponding procedures captured in the records; and (III) Especially for minors receiving treatment.	2	Y N	
Are medical records kept in a secure area where ONLY authorized agents have access to them?	2	Y N	
Venipuncture - All specimens are labeled by testing personnel with the patient name, DOB, and date and time of collection before leaving the patient.	1	Y N NA	
Capillary tubes - Capillary tubes are placed in a test tube, which is then labeled with the patient's	1	Y N NA	

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name, DOB and date of collection before leaving the patient.			
Are the capillary tubes transported directly to the lab by the collector, and never out of the hand of the collector from the time the specimen is collected to the test completion?	1	Y N NA	
Urine specimens- Urine specimen containers are labeled with the patient's name, DOB, and the date prior to specimen collection.	1	Y N	
Miscellaneous: All specimens collected are labeled with at least the patient's name, DOB, and date of collection. Additional labeling will be added as appropriate	1	Y N	
Patient Feedback			

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Does the facility have comment/feedback mechanisms to collect information relating to patient satisfaction, including a procedure for responding to complaints and improvement mechanism based on feedback?	2	Y N	
In addition to written complaints, is there a grievance process for oral/in-person complaints?	2	Y N	
Facility Management			
Does the health care facility have at least one sink with running water for hand washing that is connected to the internal drainage system per patient care room?	2	Y N	If the facility has more than three patient care room, the inspector should verify up to three of them, which must be selected randomly.
Are wheelchairs and other ambulatory aids necessary for patients readily available at the	2	Y N	Assess leg fittings/ hand rails and ambulatory aid

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health care facility? Wheelchairs must not obstruct entry to any part of the facility.			
Is the facility equipped with functional telephone equipment and do back up procedures exist for failure (e.g. Emergency Mobile phone)?	1	Y N	
Equipment & Supplies Management			
Is there a Preventative Maintenance Program to ensure that medical equipment is maintained in accordance with the manufacturer's specifications?	2	Y N	Facilities should have a list of all the equipment they have so that the inspector actually knows what equipment is in the facility, and know to what equipment the Maintenance program applies. The Preventive Maintenance Program includes a checklist with the frequency of maintenance recommended by the manufacture and a list of items or specifications to be maintained per type of equipment. This should be compliant to policy.
The laboratory refrigerator is used for reagents and specimens only.	1	Y N NA	

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Were FOOD or vaccines found in this refrigerator?	1	Y N NA	
Is there a diagnostic set present?	1	Y N	A diagnostic set is a set of medical instruments which are used to look into the eyes, ears, nose, and throat. Commonly, the set consists of a single instrument with configurable parts which can be used for all four functions, making it easy for a physician to use and carry a diagnostic set.
Is there a Nebulizer (at least one with a compressed air/oxygen delivery system) present?	1	Y N	
Is there an Automated External Defibrillator (Preferred) or Manual Defibrillator present?	1	Y N	
Is there a Glucometer present?	1	Y N	
Are medical and cleaning supplies properly labelled and easily retrievable?	1	Y N	
Is clinical equipment kept out of waiting areas?	1	Y N	
Does the clinician responsible for "dangerous drugs" have the key on his/her person, according to SOP?	2	Y N NA	

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Are oxygen tanks and other gases stored appropriately?	1	Y N	Should have guard or chained to wall or in a skirt.
Fire & Electrical Safety			
Are emergency doors to the building exterior unobstructed, locked from outside but not from inside, closed and latched properly, clearly identified?	2	Y N	If the facility has more than three emergency exit doors, the inspector should verify up to two of them, which must be selected randomly.
Is there at least one extinguisher for every 2,000 square feet of floor area, that is properly maintained and located, in compliance with SOP?	2	Y N	The inspector should verify up to 25% of them, which must be selected randomly. The inspector should verify the maintenance log to be checked
Sanitation			
Evidence of a Hand Hygiene protocol	2	Y N	CDC Hand Hygiene Recommendation: The CDC Guideline for Hand Hygiene in Healthcare Settings [PDF – 1.3 MB] recommends:

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			<ul style="list-style-type: none"> ○ When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. ○ Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet. ○ Avoid using hot water, to prevent drying of skin. • Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. • Either time is acceptable. The focus should be on cleaning your hands at the right times. <p>CDC Guideline for Hand Hygiene in Health-Care Settings: https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf</p>
<p>Are gloves and other personal protective equipment [PPE] worn at appropriate times by staff (as recommended by CDC Guidelines for using PPE) while performing patient testing, examinations and other procedures involving direct contact with patients?</p>	1	Y N	<ol style="list-style-type: none"> 1. When to use Personal Protective Equipment [PPE] (including gloves, gowns, masks, etc): https://www.cdc.gov/hai/pdfs/ppe/PPEslides6-29-04.pdf 2. Donning of PPE: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf 3. https://www.cdc.gov/hai/prevent/ppe.html
<p>Where a facility utilizes reusable instruments, is there evidence of</p>	2	Y N	

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sterilization method/s with an accompanying sterilization protocol?		NA	
Criteria for Reagent Management			
Determine Utilization patterns: Were purchasing invoices for the past 12 months, which determined use of all reagents, kits, control and standards during checks, provided to the inspector?	1	Y N NA	
Are any reagents, medications, or vaccines expired?	2	Y N	
Are <u>reagents</u> and/or <u>vaccines</u> dated when opened and have clearly labeled "Use By" dates?	1	Y N NA	
Are all <u>kits, controls, standards,</u> etc. labelled with expiration dates upon receipt and have a clearly labelled "Use by" date?	2	Y N NA	Place a green dot on calibrated reagents and a red dot on uncalibrated ones.
Are <u>open vials</u> documented with the "Use By" date where	2	Y N NA	

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appropriate and the expiration date on the container?			
Is temperature for medical storage appropriate, being measured and documented/logged twice daily.	1	Y N	Minimum temperature of 2-8 degrees Celsius
Waste Management			
Are biohazardous materials or hazardous chemicals disposed of according to procedures at the Facility?	1	Y N	
Do all examination rooms have a Waste Receptacle?	1	Y N	Comments: In case the facility has more than three examination rooms, the inspector should randomly select three rooms to be checked.
Do all examination rooms have a Bio-Hazard Container?	1	Y N	Comments: In case the facility has more than three examination rooms, the inspector should randomly select three rooms to be checked.
Do all examination rooms have a Bio-Hazard Sharp/Puncture proof bottle?	1	Y N	

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NHIA INSPECTION CHECKLIST: NON-MANDATORY ITEMS (42 Items; Total Score: 42 points)

- Facilities scoring <25 points out of 42 points in this section will be **Ineligible for Registration even if all Mandatory items are satisfied.**

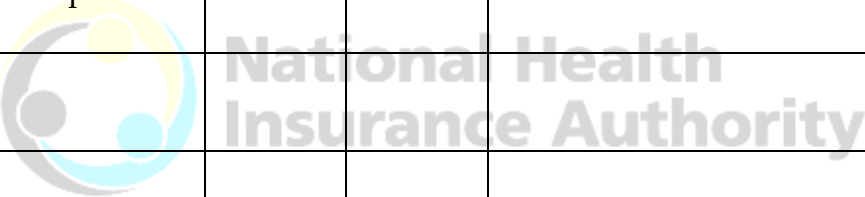
Where a Facility has met all the Mandatory Requirements:

- Facilities scoring 25-33 points out of 42 points will be eligible for **“Provisional Registration”** Status [Requires a Quality Improvement Plan]
- Facilities scoring 34-37 points out of 42 points will be eligible for **“Registration”** Status
- Facilities scoring 38-42 points out of 42 points will be eligible for **“Registered with Merits”** Status

ITEM	SCORE	Answer	SPECIFICATIONS
PATIENT INFORMATION MANAGEMENT			
Are medical records maintained for each patient with dated entries and name and date of birth of the patient on each page?	1	Y N	
Are the following captured in the EHR or records? Name, address, phone number and next of kin where available?	1	Y N	
Are Previous diagnoses captured in the records?	1	Y N	
Are Allergies/Allergy history captured in the records?	1	Y N	

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Are previous medications captured in the records?	1	Y N	
History of illness or injury: current symptoms.	1	Y N	
List of diagnostic tests and procedures performed with date and results where available	1	Y N	
Does the facility have a written process to ensure patient medical records are retained as stipulated by law (or at least 15 years if not otherwise stipulated) following the patients' last visit to the facility or clinic?	1	Y N	
			
FACILITY MANAGEMENT			
Is an accessible and legible sign posted on the exterior or door to indicate type of specialty or specialties, or services offered?	1	Y N	
General-purpose examination 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	1	Y N	<ol style="list-style-type: none"> 1. Ideally examination rooms should be 100sqft with an absolute minimum of 86sqft; 2. Existing facilities with smaller dimensions will be contracted for the 2019/2020 year; 3. However, after 2020, the facilities in item 2 above will need to be placed on a program of infrastructure

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<p>closets. Room arrangement 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.</p>			<p>renewal to bring the deficient square footage to over 100 sf. within 10 years.</p> <p>4. New facilities (joining after March 11, 2019) AND existing facilities that relocate must meet these standards.</p> <p><i>If the facility has more than three examination rooms, the inspector should verify up to three of them, which must be selected randomly.</i></p>
<p>Treatment room(s) Rooms for minor surgical and cast procedures (if provided) shall have a minimum floor area of 120 square feet (11.15 square meters), excluding vestibule, toilet, and closets. Room arrangement 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.</p>	1	Y N NA	<p>1. Treatment rooms are defined as those mechanically ventilated, with 10 air changes per hour supply and extract. This is required for invasive procedures, that is, procedures that cut the superficial layers of the skin (for example, removal of moles, warts, corns, biopsies etc.); or for use of rigid endoscopes.</p> <p>2. For NA to be an option, the Provider must prove that invasive procedures are not conducted at the facility.</p> <p><i>If the facility has more than three treatment rooms, the inspector should verify up to three of them, which must be selected randomly.</i></p>
<p>Does the room signs reflect the actual use of the room and are they accessible, legible and comprehensible?</p>	1	Y N	
<p>Nurses station(s) A work counter, communication system, space for supplies, and provisions for charting shall be provided.</p>	1	Y N	<p>If the facility has more than three nurse station, the inspector should verify up to three of them, which must be selected randomly.</p>

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Are the waiting and patient registration areas accessible (i.e. uncluttered, free of obstacles) to patients, including physically challenged persons?	1	Y N	
Is there a designated waiting area with wheelchair access, nearby restrooms and seats for the patients?	1	Y N	The required minimum floor space for a handicapped-accessible bathroom is 30 inches by 48 inches. The space can provide forward or parallel access to the bathroom equipment, and part of the area can underneath the equipment as long as there is enough clearance for the knees and toes of the person in the wheelchair.
Where a health care facility collects specimens, it must be equipped with: <ul style="list-style-type: none"> i. Access to nearby restroom ii. Sample collection table iii. Chair for the patient iv. Exam or gynecological test bed when applicable v. Footstool when appropriate vi. A sink with running water vii. A sink to permit the flushing of eyes or eye wash station 	1	Y N	20 sq. ft or less, have specimen collection procedure & check during inspection. Name is on specimen container, what is the policy for handling the specimen. Is there bio-hazard bags for the size container?

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<ul style="list-style-type: none"> viii. Furniture for storing clean and sterile clinical supplies ix. Clean area with washable surface exclusively for preparation of material and clinical supplies x. Dirty area with washable surface and deep wash tank for transitory deposit of instruments in use, separated from the clinical material preparation xi. Containers for transfer of samples xii. Support surface for logs and statistics separate from the clean workbench 			
<p>Is there unobstructed Emergency Vehicle Access (i.e. roads, clear entrances/exits)?</p>	1	Y N	
<p>Are patient doors/cubicles operational and can open and close properly?</p>	1	Y N	<p>If the facility has more than three door/cubicles, the inspector should verify up to three of them, which must be selected randomly.</p>
<p>Is there adequate lighting provided throughout the facility, especially at stairs and other hazardous areas?</p>	1	Y N	<p>72 ft of foot candles of ambient light (lumens) Determine the Needed Lumens lumen is a unit of measurement of light. A lumen is a way of measuring how much light gets to what you want to light. To determine the needed lumens, you will need to multiply your room square footage by your room foot-candle</p>

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			<p>requirement.</p> <p>For example, a 100 square foot living room, which needs 10-20 foot-candles, will need 1,000-2,000 lumens. A 100 square foot dining room, which needs 30-40 foot-candles, will need 3,000-4,000 lumens.</p>
Are all corridors free from obstruction? Are they easily passable?	1	Y N	
Is there a minimum of 4 feet width of clearance unobstructed in the corridors?	1	Y N	Minimum of 4 ft or corridor to be inline with building code, whichever is greater.
Are floors free from protruding nails, holes and loose flooring?	1	Y N	
Do all stairways with four or more risers have a railing?	1	Y N NA	
Are steps on stairs and stairways designed or provided with surface treads that render them slip resistant?	1	Y N NA	
Is there "Authorized personnel only" signage in places where appropriate?	1	Y N	
Are grates or similar types of covers over floor openings designed that foot traffic or	1	Y N	Should be 2 inches. Commercial plumbing drains are measured in inches. They range in size from 2 to 6 inches, and are dependent upon the size of the hole in the floor,

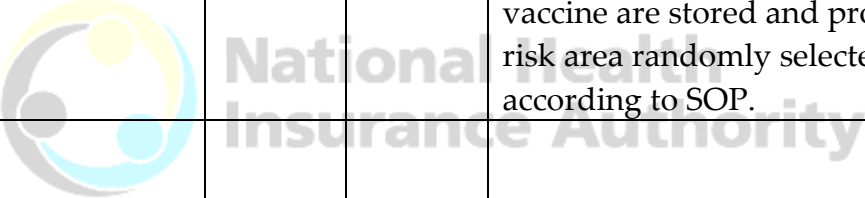
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equipment will not be affected by the grate spacing?			shower, or tub, as well as the pipes that fit into the space underneath it. For example, a 2 inch drain requires 3.14 inches of immediate connecting pipe.
Are doors that serve as exits designed and constructed so that the way of exit travel is obvious and direct?	1	Y N	
EQUIPMENT AND SUPPLIES MANAGEMENT			
Does the facility have an inventory listing of all equipment actualized once a year, including the date of purchase, brand, serial number and date of last service.	1	Y N	
Shelves used for storage of clean and sterile medical devices are at least: 25 cm (10 inches) off the floor 45 cm (18 inches) from the ceiling and sprinkler heads; and 5 cm (2 inches) from an outside (exterior) wall	1	Y N	
ENVIRONMENTAL SERVICES			

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Are all ceiling tiles intact and none missing? (Vents should be cleaned weekly or as needed).	1	Y N	Verification method: Visual inspection of two high-risk areas for patient infection (e.g., where medication or vaccine are stored and procedures room) and one no high-risk area randomly selected.
Are all ceiling tiles and fans clean and dust free?	1	Y N	Verification method: Visual inspection of two high-risk areas for patient infection (e.g., where medication or vaccine are stored and procedures room) and one nonhigh-risk area randomly selected, and review of a log of cleaning according to SOP.
Are all air condition filters/vents clean?	1	Y N	Verification method: Visual inspection of two high-risk areas for patient infection (e.g., where medication or vaccine are stored and procedures room) and one nonhigh-risk area randomly selected, and review of a log of cleaning according to SOP.
			
INFECTION PREVENTION & CONTROL			
Are food areas completely separated from clinical areas, and are non-designated food areas kept clear of food items?	1	Y N	Suggested methodology: The designated food area should be inspected, as well as the patient waiting area and a maximum of three clinical areas.
FIRE AND ELECTRICAL SAFETY			

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<p>Are smoke detectors installed, properly working and maintained?</p> <p>16.9.1.1 Nonferrous-type fire extinguishers shall be provided in MRI rooms and associated spaces. (Non-Metal PFE's)</p> <p>16.9.1.2 Class K fire extinguishers shall be provided for hazards where there is a potential for fires involving combustible cooking media (vegetable or animal oils and fats).</p> <p>16.9.1.3 Clean agent-or water mist-type fire extinguishers shall be provided in operating rooms.</p> <p>Is there a schedule for maintenance of smoke detector?</p>		<p>Y N</p>	<p>The facility should show a log filled out according to the schedule establishes by the clinic.</p> <p>If the facility has more than three smoke detector, the inspector should verify up to two of them, which must be selected randomly. The inspector should verify them by observation</p>
<p>Are all smoke detectors and sprinkler heads free of paint & dust?</p>	<p>1</p>	<p>Y N</p>	<p>If the facility has more than two smoke detector, the inspector should verify up to three of them, which must be selected randomly. The inspector should verify them by observation</p>
<p>Are all emergency, stairwell and exit doors unobstructed?</p>	<p>1</p>	<p>Y N</p>	<p>The inspector should verify them all, by observation.</p>

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Are “No smoking” signs posted at areas in which flammable gases or liquids are used or stored, as well as patient waiting areas?	1	Y N	
Are there adequate numbers and distribution of exits to allow prompt escape, in compliance with the Bahamas Building Code?	1	Y N	Building Code 540.5: 200 – 1000 person = 2 exits 1000 or more = 4 exits
Are exits unlocked and clearly Marked, according to SOP/building code?	1	Y N	
Are exits and exit routes equipped with emergency lighting, according to SOP/building code?	1	Y N	
Are walking paths void of electrical cords?	1	Y N	
Are electrical panels labelled and have functional latches and power switches (on/off)?	1	Y N	

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TECHNICAL ASSESSMENT (Necessary for implementation of the EHR)
Not scored. Does not affect eligibility for Registration.

ITEM TO BE CHECKED	SPECIFICATION
Network Speed	
ISP	
Is there a redundant ISP internet connectivity?	
Printer Specification	
Scanner Specification	
Additional medical devices (please list e.g. EKG)	
Number of <u>U</u> users	
Network Check Status (Takes ~2 hours to complete)	

