

2012

THE CLINICAL WALK THROUGH TOOL CODE: B34A

H4+ SUPPORT FOR HIGH BURDEN COUNTRIES

COUNTRY TOOL SET TO INFORM COSTED STRATEGIES ON HUMAN RESOURCES FOR
HEALTHCARE (HRH) FOR MATERNAL AND NEWBORN HEALTH



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COUNTRY INFORMATION					
COUNTRY NAME					
PARTICIPANTS/STAKEHOLDERS INVOLVED IN COMPLETING THE TOOL	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">NAME</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">ROLE TITLE</td> <td style="padding: 5px;"></td> </tr> </table>	NAME		ROLE TITLE	
NAME					
ROLE TITLE					

SECTION 1. BACKGROUND BACKGROUND INFORMATION FOR THE FACILITY

NAME OF FACILITATOR/DATA COLLECTOR:	
FACILITY ID:	
FACILITY NAME:	
REGION:	
WOREDA:	
FACILITY TYPE:	<input type="radio"/> HEALTH CENTRE <input type="radio"/> HOSPITAL
DATE OF DATA COLLECTION	
CATCHMENT AREA AND TYPE OF POPULATION SERVED (RURAL/VILLAGES/TOWNS ETC.)	
WHAT ARE THE OPENING TIMES (TIME OF DAY AND DAYS OF THE WEEK)	WORKING HOURS _____ to _____ WEEK DAYS WORKING HOURS _____ to _____ WEEK ENDS DOES THE FACILITY PROVIDE REASONING/EMERGENCY HOURS ALL 24 HOURS?
TYPE OF MNH SERVICES PROVIDED	<input type="radio"/> ANC <input type="radio"/> LABOUR AND DELIVERY <input type="radio"/> POST NATAL CARE <input type="radio"/> COMPREHENSIVE ABORTION CARE IF YES WHICH ARE CAC SERVICES <input type="radio"/> MEDICAL ABORTION <input type="radio"/> MVA <input type="radio"/> MRTALIC CURATAGE <input type="radio"/> FAMILY PLANNING

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WHICH OF THE FOLLOWING PROVIDED IN PRECEDING 3 MONTHS? TICK ALL THAT APPLY	<input type="checkbox"/> Parenteral (IV, IM) antibiotics <input type="checkbox"/> Parenteral (IV, IM) anticonvulsants <input type="checkbox"/> Parenteral (IV, IM) oxytocics <input type="checkbox"/> MRP (Manual removal of placenta) <input type="checkbox"/> RRP (Removal of retained products, ex. Manual Vacuum Aspiration) <input type="checkbox"/> Assisted vaginal delivery (with vacuum extractor or forceps) <input type="checkbox"/> Neonatal resuscitation with bag and mask <input type="checkbox"/> Cesarean delivery <input type="checkbox"/> Blood transfusion
MNH SERVICE PAYMENT RECEIVED AND FOR WHAT SERVICES	
TOTAL NUMBER OF BIRTHS ATTENDED IN THE LAST 3 MONTHS	
NUMBER OF HEALTH WORKER AT THE FACILITY	MIDWIFES _____ NURSES _____ HEALTH OFFICERS _____ GENERAL PRACTITIONERS _____ GYNECOLOGIST AND OBSTETRICIAN _____ OTHERS HEALTH CADRE _____ TOTAL _____
WHICH CADRES WORK IN THE FACILITY AND WHO PROVIDES THE MNH CARE (LABOUR AND DELIVERY) MOST OF THE TIME IN PAST 3 MONTHS	MIDWIFES _____ NURSES _____ HEALTH OFFICERS _____ GENERAL PRACTITIONERS _____ GYNECOLOGIST AND OBSTETRICIAN _____

NOTES: Please start the walk through from the beginning of the gate or entrance to the health facility. If there are changes to how it is available or functioning at different times of the day, please state clearly in the comments.

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SECTION 2. CLINICAL WALK THROUGH

(Write in codes for available and functioning:

- 1 - Available and functional
- 2 - Available and not functional
- 3 - Not available

	Available and functioning (use codes 1 to 3)	Who is working there and Comments
Gate (where they arrive)		
Wheel chair, trolley or stretcher		
Person to transfer patient		
Emergency Evaluation Area/Triage Area		
Emergency drugs & IV solutions		
BP apparatus, stethoscope, thermometer		
Sterile gloves		
Oxygen cylinder w. facemask, cylinder carrier and key		
Examination table with privacy		
Waiting room with seats for relatives		

Comments:

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(Write in numbers: 1 - Available and functional / 2 - Available and not functional / 3 - Not available)

	Available and functioning (use codes 1, 2, or 3)	Who is working there and Comments
Labor/Delivery Room		
Sufficient sterilized delivery sets		
Sterilized gloves, gowns,		
Clean linen sets and gauze		
Sterilized forceps set		
Vacuum extractor		
Laceration repair pack		
Suction apparatus with suction tube		
Oxygen cylinder w. facemask, cylinder carrier and key		
Light		
Emergency drugs (within expiration limits Anti convulsant –Magnisum salphate Oxctocic drugs)		
Antiseptics		
BP apparatus, stethoscope, thermometer		
IV fluids, stands, needles, cannulae		
Personal Protective Equipments (Apron, Google, Mask, Cape, Boot)		
Mucus extractor for neonates		
Delivery table with lithotomy stirrup		
Baby weighing scale		
Ambu bag for newborn		
Bucket for decontamination		
Sharps disposal container		
24-hour running water		
Wash basin with elbow or knee tap		
Scrub brushes and soap		
Wall clock		

(if there are other areas where delivery takes place, please complete a check for those areas too.)

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(Write in numbers: 1 - Available and functional / 2 - Available and not functional / 3 - Not available)

	Available and functioning (use codes 1, 2, or 3)	Who is working there and Comments
Operation Theatre		
Sufficient sets of sterilized cesarean delivery instruments		
Sterilized suction tubing and nozzle		
OT lamp with spare bulbs		
Suction machine		
Emergency drugs, with list showing quantity and expiration dates		
Resuscitator/ambu bag		
Laryngoscope with battery cells and spare bulbs		
Endotracheal tubes		
Anesthesia machine with spare cylinders of oxygen and nitrous oxide		
Anesthetic agents, with list showing quantity		
Spinal needles, epidural kits		
Antiseptics for skin preparation		
Suture materials, with list showing quantity		
IV stands, fluids, needles and cannulae		
BP apparatus, stethoscope, thermometer		
Sterilized gloves, gowns, gauze		
Sterilized linen packs		
Stretcher or trolley		
Maternity Wards		
Emergency drugs		
BP apparatus, stethoscope, thermometer		
IV stands, fluids, needles and cannulae		
Oxygen cylinder with facemask, cylinder carrier and key		
Sharps disposal containers/rubbish bins		
Beds with mattress covered with clean rubber sheet, bed sheets and pillow		
Side table or bedside locker		
Bench or chair for attendant		

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(Write in numbers: 1 - Available and functional / 2 - Available and not functional / 3 - Not available)

	Available and functioning (use codes 1, 2, or 3)	Who is working there and Comments
Laboratory/Blood Bank		
Blood type and cross matching		
Blood collection items and bags		
reagents for screening syphilis, hepatitis, HIV and others		
Centrifuge and test tubes		
Microscope		
Register for recording events		
Refrigerator		
Autoclave Room		
Autoclave machine with temperature and pressure gauges		
Supply of indicator paper		
Reliable and safe electric connection or supply of kerosene oil/gas		
Table with marked areas indicating sterile and non sterile areas		

Additional Comments regarding walk through

Thank you for your cooperation and time

END OF QUESTIONNAIRE

Acknowledgement: This assessment tool has been adapted from the Gill *et al.* (2005). A tool for assessing 'readiness' in emergency obstetric care: The room-by-room 'walk-through'. *International Journal of Gynecology and Obstetrics* (2005) 89, 191–199 (<http://www.figo.org/files/figo-corp/docs/AMDDPages0505-03.pdf>). These are to be used as part of the H4+ Support for High Burden Countries.