

Directorate General of Private
Health Establishments
Department of Auditing and
Quality Management



المديرية العامة للمؤسسات
الصحية الخاصة
دائرة التقييم وضبط الجودة

Regular Audit Form

Medical & Dental Clinics – Polyclinics – Centres

Facility Details

Name of Facility: Branch:
License Number:
Governorate: Wilayate: Village:
Line Phone: Mobile: Fax:
Web Address: E.mail:

Auditing Details

Type of Regular Auditing: ☐ Central OR Regional ☐ 1st ☐ 2nd ☐ 3rd
Type of Regional Auditing: ☐ Announced ☐ Not Announced
Date: Time:

Abbreviations:

M: it means that facility has met that subject / criterion fully.

PM: it means the subject / criterion is partially met.

NM: it means that particular subject / criterion is not met at all.

NA: it means that particular subject / criterion is not applicable to that facility

Please make comments upon the criteria that are PM and NM.



1. Building Management

No.	Subject	M	PM	NM	NA	Comments
1.1	The building is suitable for scope of work and operates as per MoH regulations					
1.2	The outside environment of the facility including the entrance and stair of the building is acceptable and kept clean & out of obstacles					
1.3	All physical spaces meet the minimum dimension requirements for the relevant Services					
1.4	License of facility is valid and displayed					
1.5	Facility maintenance program is in place and well maintained					
1.6	Cooling/lighting/ventilation are well maintained					
1.7	Housekeeping program is in place					
1.8	All areas are labelled with appropriate signage					
1.9	A valid civil defence certificate is available.					
1.10	Fire exits marked/lighted and unobstructed					
1.11	Fire equipment available/checked/working properly					

Plan of Correction

No.	Type of Violation / Deviation from the Standards	Responsible Person	How it is to be corrected	Time Frame	What is the mechanism to be in place to prevent the re-occurrence
1-					
2-					
3-					
4-					
5-					



2. Human Resources Management

No.	Subject	M	PM	NM	NA	Comments
2.1	All licenses of healthcare professionals are valid and displayed					
2.2	List of healthcare professionals working at facility is available					
2.3	Adequate number of staff is available for each speciality and at each duty					
2.4	The healthcare professionals are working as per specialities licensed for					
2.5	All staff are wearing the professional dress and badges					
2.6	All healthcare professionals got valid BLS certificates					
2.7	All physicians got valid ACLS certificates					
2.8	All paediatricians got valid PALS certificates					
2.9	All healthcare professionals maintained CME logbook					
2.10	All contracts between healthcare professionals and facility's administration are available					

Plan of Correction

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1-					
2-					
3-					
4-					
5-					



3. Equipment Management

No.	Subject	M	PM	NM	NA	Comments
3.1	List of non-medical & medical equipments and devices is fulfilling. For Dental please refer to Appendix I					
3.2	Preventative maintenance of equipment as per manufacturer's instructions /documented/signed by supervisor					
3.3	Equipments are checked on scheduled basis & results documented/signed by supervisor					
3.4	Out of service equipments are clearly marked					
3.5	Household refrigerators not used for storage of reagents /vaccines etc.					

Plan of Correction

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1-					
2-					
3-					
4-					
5-					
6-					
7-					
8-					
9-					
10-					



4. Medical Records (manual & electronic records)

No.	Subject	M	PM	NM	NA	Comments
4.1	Patients' register is available and maintained					
4.2	Patients' files are available for all patients					
4.3	Patients are identified by unique numbers					
4.4	Patients' files are kept in secure manner/confidentiality of patient information is maintained					
4.5	Medical records policy available at the facility					
4.6	Patient care is documented as per the medical records policy					
4.7	Patients referral policy is available at the facility					
4.8	Patients referral forms are available					
4.9	Patient referral process in place with documentation maintained					
4.10	The facility has developed clearly defined informed consent policy and procedure for general and specific healthcare procedures					
4.11	Copies of sick leave certificates are maintained in chronological order					
4.12	Clinic Attendance form available					
4.13	Notification forms of communicable diseases are available and used according to MOH policy					
4.14	All statistical forms requested by MoH are available					
4.15	The facility complies with MoH policy by sending their statistical data on monthly basis and copies of them are maintained					

Plan of Correction

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5. Medications

No.	Subject	M	PM	NM	NA	Comments
5.1	The list of emergency medications is fulfil with registration book					
5.2	Other medications are appropriate for scope of service Note :Please Refer to appendix III for Dental Clinics					
5.3	Medication practices comply with staff license (check patients' files)					
5.4	Medications are stored according to temperature regulations					
5.5	Ensure that the facility is not displayed, retain and dispense drugs without MoH licensing					
5.6	Ensure that the facility is not dispensing free samples drugs to their patients					
5.7	Competency program for staff on medication usage/practices is attended					
5.8	Medications are documented appropriately on patients' files					
5.9	Policies/procedures in place for management of medications/signed off by staff					
5.10	There is system in place for revising the expiry date of medication					
5.11	Date of opening is labelled at all solutions and medications (if opened)					
5.12	The temperature of refrigerator is maintained					

Plan of Correction

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4-					
5-					



6. Infection Control

No	Subject		M		PM		NM		NA		Comments
6.1	Infection control manual is available										
6.2	A valid contract with waste transportation company is available										
6.3	Staff sign for housekeeping duties is maintained										
6.4	Good hand hygiene and cleaning practices are followed										
6.5	On entering the patient environment does it smell pleasant?										
6.6	The corridors are clutter free										
6.7	The environment is clean and free of dust and debris and/ or in good decorative order	High surfaces									
		Low surfaces									
		Windows									
		Walls									
		Doors									
		Work station equipment is visibly clean (eg. phones, computer keyboards)									
		Curtains and blinds									
		Fans									
		Furniture									
		Lights (incl. fittings, switches)									
		Air conditioners									
6.8	Consultation , Treatment and Observation Rooms	They are clean, free from dust and spillage and clutter free									
		They are in good decorative order, shelves, cupboards, worktops, floors are clean and intact.									
		They are free from inappropriate items of equipment									
		All clinical or patient equipment are clean and free from dust, spills etc,									
		Mattress, Pillows & Curtains are clean and free from stains									
		Hand washing facilities are available in all rooms including liquid soap and paper towels									



No	Subject		M	PM	NM	NA	Comments
6.9	Waste bins	Are available in all rooms					
		Foot operated					
		In good working order					
		labeled appropriately for clinical waste (check bag)					
		labeled appropriately for general waste (check bag)					
		Not more than 2/3rds full					
6.10	Sharp pins	Have not been over filled above the manufacturer's guideline and are free of protruding sharps					
		Have been assembled correctly, dated and signed					
		Once full the sharps bin is sealed and locked bins are stored in a locked room , cupboard or container, away from public access					
6.11	Safe sharps disposal and practices are followed						
6.12	Autoclave (B Class)	Available and working well					
		Used appropriately					
		The sterilized equipments are stored appropriately					
		Regular maintenance of the autoclave is documented					
6.13	Instruments should be packed and sealed before sterilization[Sterilized instruments should not be kept exposed]						
6.14	Date of sterilization recorded on the sealed packet						
6.15	There is an identified storage for clean and sterile equipment						
6.16	Personnel protective equipment is available (mask, goggles, gown & gloves)						
6.17	All stock/equipment are stored above floor level						
6.18	Check for temperature records of medicine fridge (ie. when storing vaccines, insulin, etc). Fridge must be locked. Drugs must not be left out of fridge & unattended						
6.19	Check appropriate versions of posters are available for guidance on:	hand washing					
		waste disposal					
		sharps injury					
		antimicrobial prescribing					



6.20	Linen	Valid contract with approved laundry for cleaning the linens is available									
		Clean linen stored in a designated area									
		Clean linen free from stains and in a good state of repair (randomly check linen)									
		Clean linen storage is clean, free from dust and free from inappropriate items.									
		Used linen is Segregated in appropriate colour coded bags according to policy									
		Put in linen bags that are less than 2/3 full and capable of being secured									
		Stored in a secure place prior to disposal									
6.21	Toilets	All surfaces of toilets are clean									
		Floors including edges and corners are free of dust and grit									
		are uncluttered and not used for storing inappropriate equipment or items.									
		A foot operated labeled waste disposal bin is available to dispose of used paper towels									
		The bin is clean, free from spillages inside and out and in a good state of repair									
		Non-clinical hand washing facilities are available									
		Toilet seats are clean and ready for use (check underneath)									
		Appropriate cleaning materials are readily available for staff to clean the baths between uses.									

Please Refer to Appendix II for Extra Measures Related to Infection Control in Dental Clinics

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7-					



7. Clinical Practices

No.	Subject	M	PM	NM	NA	Comments
7.1	Doctors/Nurses/Technicians working according to their professional licensing					
7.2	Clinical practice observed and performed satisfactorily (please observe their practice from the time patient enters the facility until the end) Please Refer to Appendix IV for Dental Practice					
7.3	Observe Doctor / Nurse conducting a procedure, ensure aseptic technique					
7.4	Process in place to ensure that all healthcare professionals have plan for continuous professional education					
7.5	Process in place to list the procedures that the physician is allowed to do					
7.6	Clinical practice guidelines in place					
7.7	Healthcare is appropriately documented at patients' files by physicians and other healthcare professionals.					
7.8	Patient privacy and confidentiality are maintained all over the facility					
7.9	Each staff member receives ongoing in- service and other education and training to maintain or advance his or her skills and knowledge.					
7.10	Medical & Nursing Code of Ethics are available					
7.11	The Medical & Dental Practice Bylaw is available					
7.12	Primary Healthcare Manuals, General Nursing & Midwifery Manuals are available					
7.13	Nursing documentation at the treatment room (for all kinds of procedures including injections given) on patient's file is maintained					
7.14	Physicians instructions are documented in patients' files and ordered to the nurses in writing (not by verbal)					

Note: Please Refer to Audit Checklist Appendix V for Dental Lab



8. Complaints Management

No.	Subject	M	PM	NM	NA	Comments
8.1	Patient's rights and responsibilities displayed at different locations of facility					
8.2	Fees of healthcare services are displayed to the clients					
8.3	Complaint policy available at the facility					
8.4	There is responsible /designate staff to manage the complaint at facility					
8.5	Complaint procedure is posted at the facility					
8.6	The healthcare staff aware about the complaint system/ policy and the policy is followed by them					

Plan of Correction

For sections: Clinical Practices & Complaints Management

No.	Type of Violation / Deviation from the Standards	Responsible Person	How it is to be corrected	Time Frame	What is the mechanism to be in place to prevent the re-occurrence
1-					
2-					
3-					
4-					
5-					
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7-					
8-					
9-					
10-					



Name of Medical Director _____ Signature _____

Name of Nurse In-Charge _____ Signature _____

Auditing Team

Name

Designation

Signature

1- _____

2- _____

3- _____

4- _____

5- _____

6- _____

7- _____
