Quality Improvement of Nursing Services In Federal Psychiatric Hospital, Calabar—Nigeria

Umoh, Edet O. (PhD); Endra, Michael; Otosi, Okosienen; Anake, Monday; Nkanga, Dominic; Unwana, Udomoh; Usani, Patrick; Ejoh, Vincent & Amu, Denis

Federal Neuro-Psychiatric Hospital, Calabar, Nigeria

Abstract: In Nursing, quality improvement is a systemic and continuous action that leads to measurable improvement of nursing care on special group of patients. It specifically aims at attaining a different performance level to improve quality by working towards achieving improved and better outcomes. This study was undertaken to assess quality improvement of nursing services in Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria. The researchers carried out an observational assessment using a quality appraisal checklist to vet and rate of nurses' performance in-line with the required standard of nursing practices in a psychiatric setting. The assessment covered six (6) aspects of nursing services including; nurses' routines, nurses' activities, maintenance of patients' right, nurses' general appearance, and maintenance of working tools. Data generated for the study were analyzed using descriptive statistics. Percentage scores were computed to assess and describe the level of performance of the nurses in each of the respective aspects of assessment. Findings of the study revealed that the nurses had very good performance in the maintenance of patients' right (93%) and other activities related to nursing care (82%). The nurses had good performance in the other three (3) aspects of assessment including nurses' general appearance (79%), maintenance of working tools (79%), and nurses' routine (72%). Comparing the overall performance of the nurses based the respective wards, the study revealed that Ward III had the best performance with a score of 93%, followed by Ward II (91%), Ward IV (89%), Ward V (87%), OPE (86%), Ward VI (85%), Ward VII (82%), OPE (79%) and Ward I (75%) respectively. However, the general rating of the assessed items revealed that nurses had poor performance in conducting nurses' review and maintenance of working tools and equipment; and fair performance in items including; handing/taking over of duty, patients and instrument; punctuality at work; cleanliness of working environment; documentation of events; and supervision of activities. On this note, the researchers recommended among other things that there should be continuous re-education of nursing staff by personnel in Continuous Education Unit and sponsorship of workshop, seminars and online education to update knowledge and efficiency.

Key words: Quality improvement, nursing process, psychiatric nursing and psychiatric patients

I. BACKGROUND

Among humans, efforts are also made by various institutions and organization to control human excesses and prevent mistake in their daily transactions. Likewise in recent psychiatry settings, efforts are geared at working the hospital from era of asylum where mentally ill were encased and beaten for eradication of the evil spirits responsible for their abnormal behaviors, to a scientific based center where they are ethically, morally, chemically and psychologically treated to reason within reality.

In line with achieving the missionary statement of Federal Psychiatric Hospital, Calabar, which states "To provide friendly, specialized, qualitative psychiatry and rehabilitative care for the mentally ill in their social environment which is centrally located and delivered by qualified professionals using the most modern equipment", the management required a line of operation arising from professional template outlining activities, norms and general practices. This aims at directing and instructing every care seeker or new practitioner on the regularities to further forestall overstay, wandering and uncertainty of their expectations with the system functioning as in a synergy. This generates to introduction of quality improvement in nursing, medicine, records, administration, social work, psychology, and other fields of specialty that collaborates service in clinical areas to promote patient's mental health.

According to WHO (2003), emphasis on quality is to ensure that limited resource is utilized effectively and efficiently to acquire best positive expected outcome. This should compel practitioners, service planners and policy makers in psychiatric setting to organize their current knowledge and technology into quality improvement of her services to patients, families and entire public.

Moreover, adoption of quality improvement in psychiatric nursing work towards preserving patient's dignity, providing clinical and non-clinical care to reduce impact of mental disorder, adopts intervention that assists mental patients to cope with their disabilities, utilize the scarce resource and ensures quality improvement promotes, prevents, treats and rehabilitates the mentally sick at primary, outpatient, inpatient and community facilities (WHO, 2003).

Quality improvement in nursing is known to be a systemic and continuous actions leading to measurable improvement of nursing care on special group of patients (TIMNA, 2011). Quality is concerned with how things are done in relation to organization's effectiveness, care outcome and level of patient's satisfaction. It is linked with institutions' approach to service delivery with underlying system of care. It aims at attaining a different performance level to improve quality,

changing for better and working towards improved results. According to Advances in Quality Improvement (AQI) (2001), quality improvement incorporates four principles like working as a system and process, having patient on the focus, participating as a team, and using data as a major tool.

From that footstool, quality improvement of nursing service in psychiatric hospital Calabar is measured at six settings: nurses' routines, nurses' activities, maintenance of patient's rights, maintenance of working tools, teaching and supervision of nursing students, and assessment of nurses' general appearance.

Nurses' routines are regular activities they carry out every shift to sustain the institution and keep their profession effective. Nursing and Midwifery Council of Nigeria (NMCN) (2015) stipulates that nurses on duty should observe as their routine, punctuality to work, physical handing and taking over of patients and equipments within the unit of their coverage. Nursing100.com observed that routines are relative to nursing specialty and desires of management an institution. However, there are basic activities like oral care, bathing, grooming, cleaning of environment, and assistant to the disable patients that nurses must ensure they are done irrespective of any shift to promote wellness and recovery of every patient.

In psychiatric settings, nursing activities are broad and various. Almost all the jobs designed for other care providers are nurses' roles so that where a nurse is; she remains a focal entity for the patient. Sharac, McCrone, Sabes-Figuera, Csipke, Wood & Wykes (2010), summarized nurses' activities into facilitation of social and emotional needs, administration of drugs and evaluation of patients. Other activities includes observation and documentation of patient's health status, attention to patients expressed problems and complaints, interpretation of health status, conduct of nurses review, organization of Consultants' rounds, use of nursing process and supervision of subordinates' duties.

According to Ledesma-delgado & Mendes (2009), use of nursing process was nationally authorized for use by all nurses in every healthcare delivery setting. This was in line with the findings that it is educative and deepened in hospital context.

It is the duty of a nurse to protect and promote patients' rights in all settings. American Nurses Association (ANA) (2015) lists these rights as worth, dignity and regard. According to ANA (2019), psychiatric patients have right to be treated with respect and dignity, right for privacy protection, right to be served in accordance to expectation of their culture and age, right for protection from harm and injury, right to understand treatment, its alternatives and options, and obtain care irrespective of age, culture, age, race or illness type. Moreover, Citizen Commission on Human Right (2014) enlists over 25 rights to be granted to the mentally sick in psychiatry settings, but is disregarded by caregivers through influence of their societal practices.

Nurses working tools are twofold. One source is expected to be obtained by the nurse while the other is to be provided by the hospital management. Bettencourt (2014) identified 14 items among which are stethoscope, book, hand sanitizer, scissor and medical tape, thermometer, BP apparatus, watch with a second hand, and others. It is therefore mandatory of a nurse to ensure their functionality and availability.

Nursing education is made up of both theory and practical training hence classroom teaching alone is not enough. To enable nursing students acquire the skills, knowledge and attitude it is expedient that a qualified and practicing nurse with more years of experience in the clinical setting to direct, instruct and perform nursing activities in the present of students for them to see and imitate (Jamshidi, Molazem, Sherif, Torabizadeh & Kalyani, 2016). This is best done through orientation of students, teaching and guidance, enlightenment of norms during Consultants' rounds and reviews, and supervision of their activities during clinical experiences.

In natural setting, a cheerful countenance encourages conversation. Nursing Service Directorate (NSD) (2018) opined that the general appearance of a nurse has ability to impact on the safety of the service given to patients and can also influence public perception of the quality care rendered, and projects the level of professionalism practiced in the facility. For that reason they directed all nurses to dress and appear in a professional manner, if not face disciplinary action.

Sadly many health care professionals are yet to embrace quality as a necessity rather they desire something being imposed on them and this provoked the emphasis of quality improvement of psychiatric Nursing services in Federal Neuropsychiatric Hospital, Calabar, Nigeria.

It is on this premise that this study is conducted to ascertain whether nursing staff in the facility is in line with the expected regimen.

Statement of problem

It was observed with dismay that nursing activities are conducted in disarray as nurses are not found at their duty post, while some wards lack nursing coverage. Reports from most unit heads reveal that some duty nurses tendered medical excuses of obstetric basis and family issues since majority of the staff are of female gender. Indiscipline also prevails with poor attendance to scheduled role, leaving post before time without handing over and lodging unnecessary excuses to shelve responsibilities. Though several studies on quality improvement have been conducted in several areas, the researchers are unaware of anyone within the South South zone of Nigeria. This prompts the management to set Quality Improvement committee through nursing service department to raise a checklist or standard of operation to evaluate the worth of nursing service as it conforms to the contemporary practice in other healthcare facilities.

II. METHODOLOGY

The study was carried out using a descriptive cross sectional study design involving non-participatory observational assessment of the participants by 5 men committee of the Quality Improvement Committee of Federal Neuro-Psychiatric, Calabar. The population of study comprised of four hundred and fifty four (454) nursing staff: two hundred and seventy seven (277) Clinical Nurses and one hundred and seventy seven (177) Health Assistants from the seven (7) wards used for the study. An accidental sampling technique was adopted to select eligible participants from the respective ward for the assessment. The tool for data collection was a Rating Scale for Assessment of Quality Improvement of Nursing Services in Federal Psychiatric Hospital, Calabar (RSAQINS). Statistical analysis and presentation of data was performed using descriptive statistics involving charts, simple percentages, mean and standard deviation. Weighted mean score was computed to aid in decision making.

Table 1: Result of 2nd Quality Improvement Survey of Nursing Services in Federal Psychiatric Hospital, Calabar

S/NOS.	ITEMS	WARDS						
		Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7
1	NURSESROUTINES Handing/taking over of duty, patients and instruments	2/5	4/5	5/5	4/5	5/5	3/5	2/5
2	Punctuality at work	2/5	4/5	5/5	3/5	4/5	3/5	3/5
3	Cleanliness of working environment	¾	2/4	4/4	4/4	¾	¾	2/4
4	NURSES ACTIVITIES Documentation of events	3/5	4/5	5/5	5/5	4/5	3/5	2/5
5	Attention to patients' issues	5/5	5/5	5/5	5/5	5/5	4/5	5/5
6	Observation of patients' health status	5/5	5/5	4/5	4/5	5/5	4/5	4/5
7	Interpretation of patient's health status	½	2/2	2/2	2/2	2/2	2/2	2/2
8	Prompt invitation of needed service providers	4/5	5/5	4/5	5/5	3/5	5/5	5/5
9	Collaboration with other health providers	2/2	2/2	2/2	2/2	2/2	2/2	2/2
10	Conduction of nurses review	2/3	2/3	1/3	1/3	1/3	1/3	1/3
11	Participation in consultants' rounds	3/5	5/5	4/5	5/5	4/5	5/5	4/5
12	Use of nursing process	4/5	5/5	4/5	5/5	4/5	3/5	2/5
13	Continuity of care	4/5	4/5	5/5	5/5	4/5	5/5	5/5
14	Reporting	3/5	5/5	5/5	4/5	5/5	4/5	4/5
15	Supervision of activities	3/5	5/5	4/5	3/5	4/5	3/5	3/5
16	MAINTENANCE OF PATIENTS' RIGHTS Checking of patients' property	5/5	4/5	5/5	5/5	5/5	4/5	5/5
17	Sustenance of patients' privacy	5/5	5/5	5/5	5/5	3/5	5/5	4/5
18	Provision of patients' safety	4/5	5/5	5/5	4/5	5/5	5/5	5/5
19	Advocating for patients	5/5	4/5	4/5	5/5	5/5	5/5	5/5
20	Maintenance of electrical appliances	4/5	4/5	5/5	5/5	4/5	5/5	5/5
21	Patients' participation in care	5/5	5/5	5/5	5/5	5/5	5/5	5/5
22	Cooperation with patients' relatives	4/5	5/5	5/5	5/5	5/5	5/5	5/5
23	WORKING TOOLS Availability of working instruments and tools	4/5	3/5	4/5	2/5	2/5	2/5	2/5
24	Checking of functionality of working tools	4/5	5/5	4/5	5/5	5/5	5/5	5/5
25	Availability of stationeries	5/5	4/5	5/5	5/5	5/5	5/5	4/5
26	GENERAL APPEARANCEOF STAFF Physical outlook	2/5	5/5	5/5	5/5	5/5	5/5	5/5
27	Facial outlook	4/5	5/5	5/5	4/5	4/5	5/5	5/5
28	Uniformity of uniform	3/5	5/5	5/5	3/5	5/5	5/5	5/5
	TOTAL	100/131	118/131	121/131	115/131	113/131	111/131	106/131

Assessment Key

| Score Range (%)	Description
1 – 20	Very poor
21 – 40	Poor
41 – 60	Fair
61 – 80	Good
81 – 100	Very Good

Aspects of Assessment

1. Nursing Routines (NR)
2. Nursing Activities (NA)
3. Maintenance of Patient's Right (MPR)
4. Working Tools (WT)
5. General Appearance of Staff (GAS)

Performance of Nurses in Ward I

|	Routines	Nursing Activities	Maintenance of Patients' Rights	Working Tools	General Appearance
% Score	50	75	91	87	60
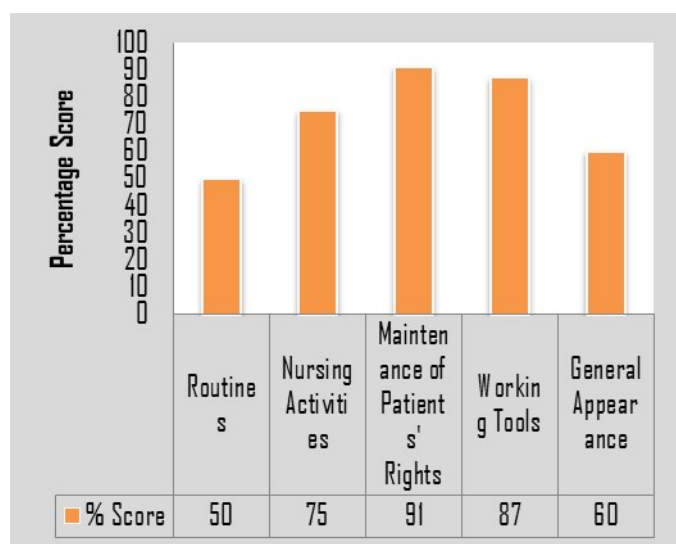
The bar chart above presents the summary of Nurses' performance in Ward I. It reveals that the Nurses had fair performance in Routines which include handing/taking over of duty, patients and instruments; as well as in general appearance (i.e. physical outlook, facial expression and uniformity of uniform). The Nurses had good performance in Nursing activities which include items such as documentation of events, attention to patients' issues, observation/interpretation of patients' health status, collaboration with other health providers, use of nursing process among others; while the Nurses had very good performance in maintenance of patients' right. Working tools in this Ward was very good, that is, the tools including stationeries were available and very functional.

Performance of Nurses in Ward II

	Routines	Nursing Activities	Maintenance of Patients' Rights	Working Tools	General Appearance
% Score	71	94	91	80	100
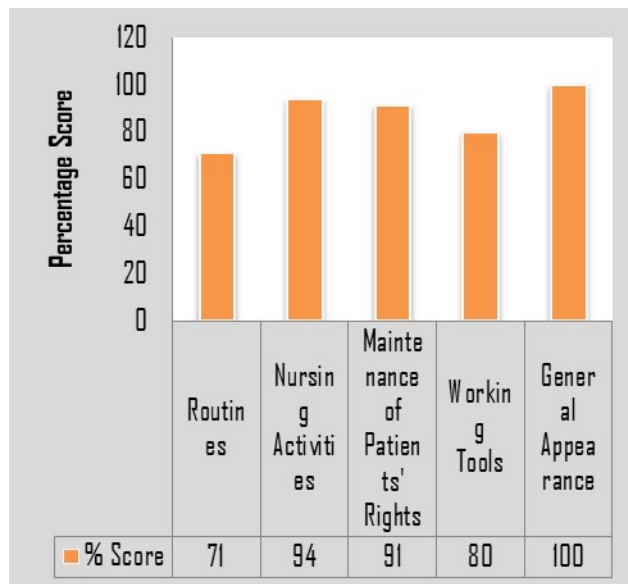
The performance of Nurses in Ward II is presented in the chart above. The bar chart shows that Nurses performance was very good in aspects including General appearance, nursing activities, and maintenance of patients' rights; and their performance in routines was good. Working tools in this Ward were available and in good condition.

Performance of Nurses in Ward III

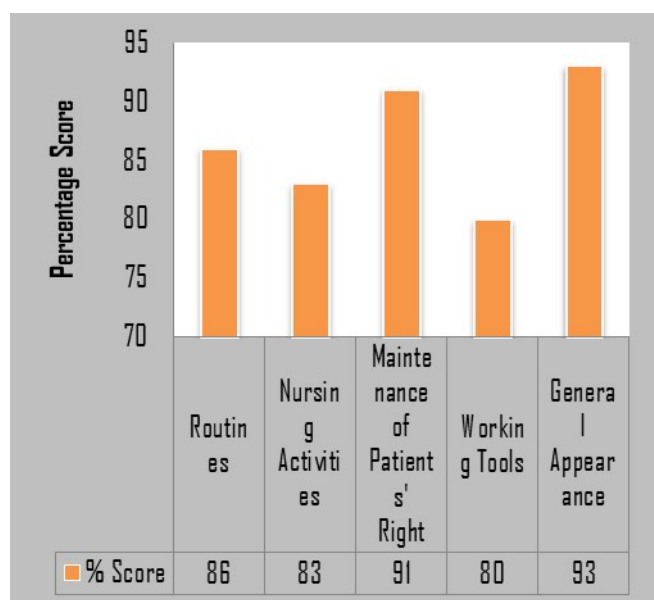|	Routines	Nursing Activities	Maintenance of Patients' Rights	Working Tools	General Appearance
% Score	100	86	97	87	100
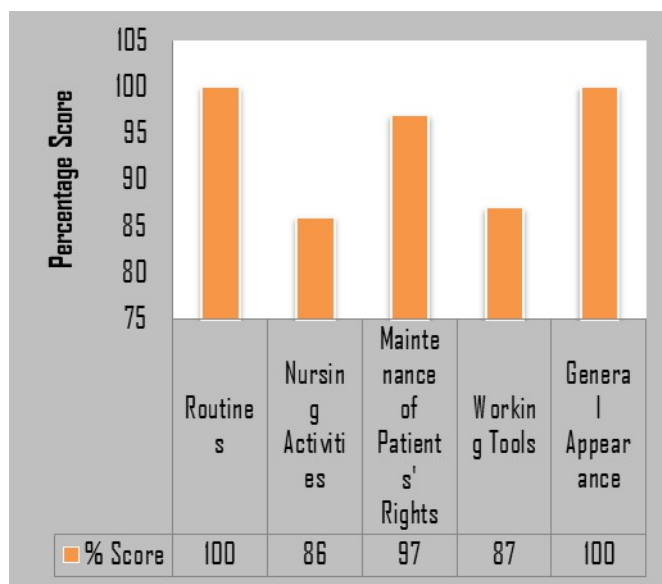
According to the chart above, Nurses in Ward III had very good performance in all aspects of the assessment. They were very good at routines, general appearance, maintaining patients' right, and carrying out nursing activities. Also, the working tools in the Ward were very good rated at 87%.

Performance of Nurses in Ward IV

	Routines	Nursing Activities	Maintenance of Patients' Right	Working Tools	General Appearance
% Score	79	88	97	80	80

In Ward IV, Nurses' performance in routines and their general appearance was good rated at 79 and 80% respectively; while their performance in maintaining patients' right and carrying out nursing activities was very good rated 88 and 97% respectively. The status of working tools in the Ward was adjudged good as the equipments and stationeries were available and functional.

Performance of Nurses in Ward V

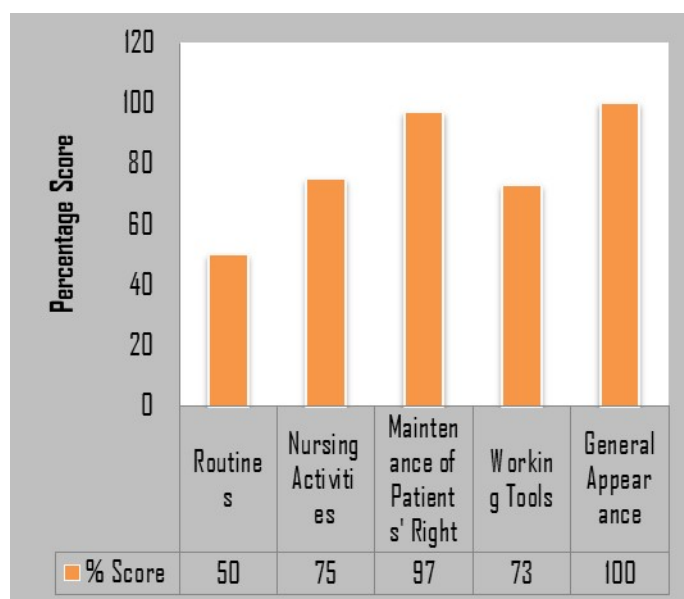|	Routines	Nursing Activities	Maintenance of Patients' Right	Working Tools	General Appearance
% Score	86	83	91	80	93

The bar chart above shows that Nurses in Ward V had very good performance in all aspects of the assessment. These include routines (86%), nursing activities (83%), maintenance of patients' right (91%) and general appearance (93%). Working tools in the Ward were available and in good working condition.

Performance of Nurses in Ward VI

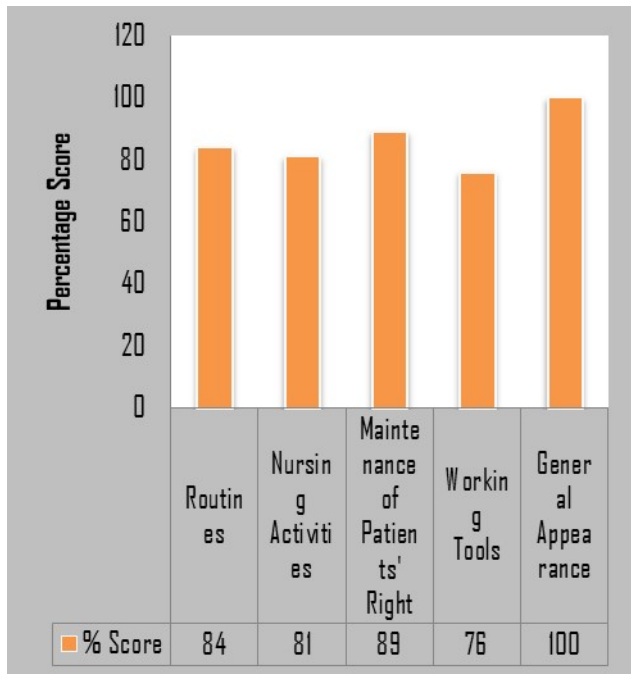|	Routines	Nursing Activities	Maintenance of Patients' Right	Working Tools	General Appearance
% Score	64	79	97	80	100

The percentage scores of Nurses in Ward VII shows that they had good performance in their general appearance and maintenance of patients' right, while their performance in routines and general nursing activities was good. The working equipments and tools in this Ward were available and in good working condition.

Nurses Performance in Ward VII

	Routines	Nursing Activities	Maintenance of Patients' Right	Working Tools	General Appearance
% Score	50	75	97	73	100

The Bar Chart above shows that Nurses in Ward VII had very good performance in their General appearance and in maintaining patients' right; good performance in nursing activities; and perform fairly in routines. The working tools in this Ward were somewhat good and rated 73%.
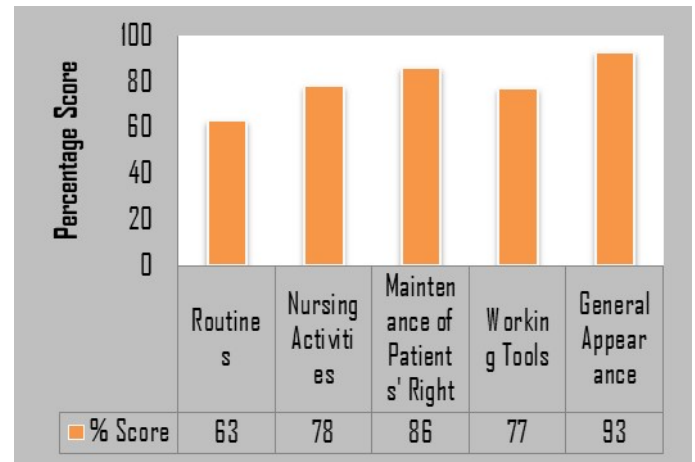
Performance of Nurses in Outpatient Emergency (OPE)

	Routines	Nursing Activities	Maintenance of Patients' Right	Working Tools	General Appearance
% Score	84	81	89	76	100

In the Outpatient Emergency, the Nurses had very good performance in all aspects of the assessment including routines, nursing activities, maintenance of patients' right and
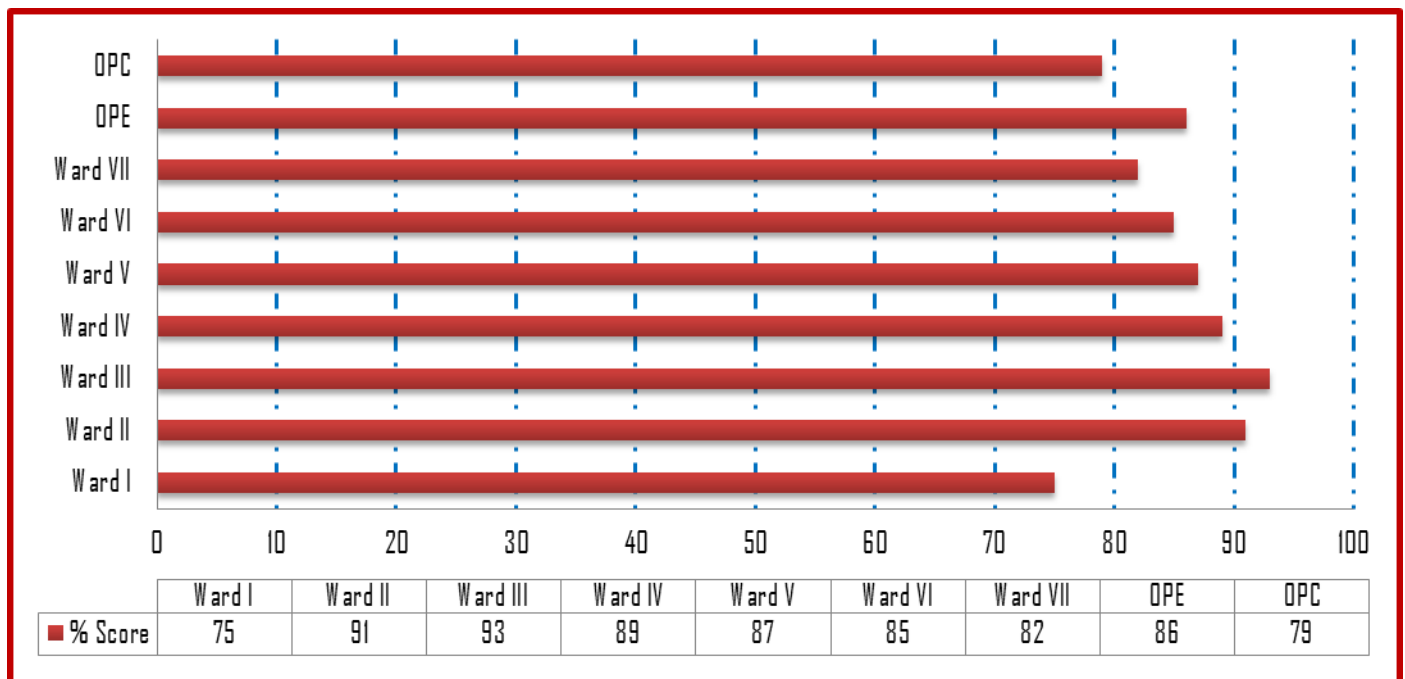
general appearance. However, the working tools in this ward were somewhat good and rated at 76%.

Performance of Nurses in Outpatient Clinic (OPC)

	Routines	Nursing Activities	Maintenance of Patients' Right	Working Tools	General Appearance
% Score	63	78	86	77	93

The bar char above shows that Nurses in the Outpatient Clinic had good performance in routines and general nursing activities; and had very good performance in maintenance of patients' right and general appearance. The working tools in this Ward were fairly good and rate at 77%.

Overall Performance of Nurses by Wards

|	Ward I	Ward II	Ward III	Ward IV	Ward V	Ward VI	Ward VII	OPE	OPC
% Score	75	91	93	89	87	85	82	86	79

The overall performance of Nurses in the seven Wards and in the Outpatient Emergency and Outpatient Clinic, are presented in the above Bar Chart. Accordingly, the chart

reveals that Nurses in Ward III had the best overall performance and rated at 93%, followed by Ward II (92%), Ward IV (89%), Ward V (87%), OPE (86%), Ward VI (85%), Ward VII (82%), OPC (79%), and Ward I (75%) respectively.

Overall Performance Based On the Aspects of Assessment

	Routine	Nurses Activities	Maintenance of Patients' Right	General Appearance	Working Tools
■ % Score	72	82	93	79	79
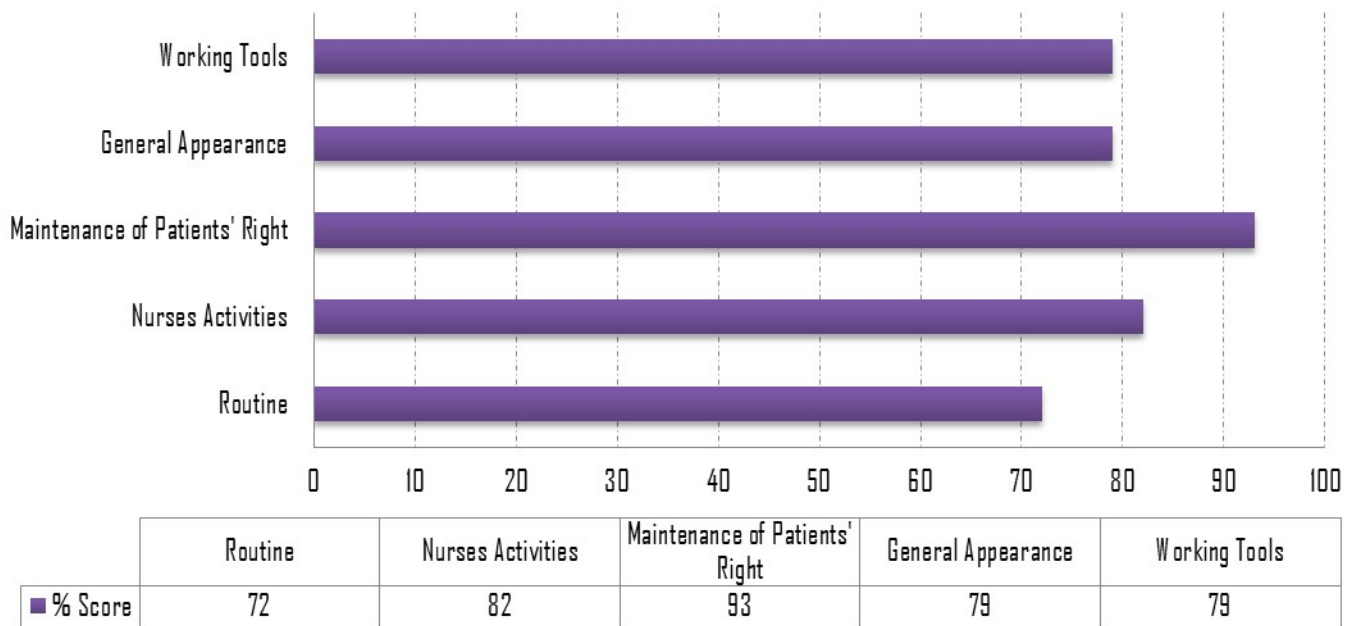
In general, Nurses in all the Wards and Clinics had very good performance in maintenance of patients' right and in general nursing activities, and had good performance in routine and general appearance respectively. The overall rating of tools and equipment's in the Wards was 79% showing that the tools were available and functional.

Performance Rating in the 28 Items Used In the Assessment of Wards
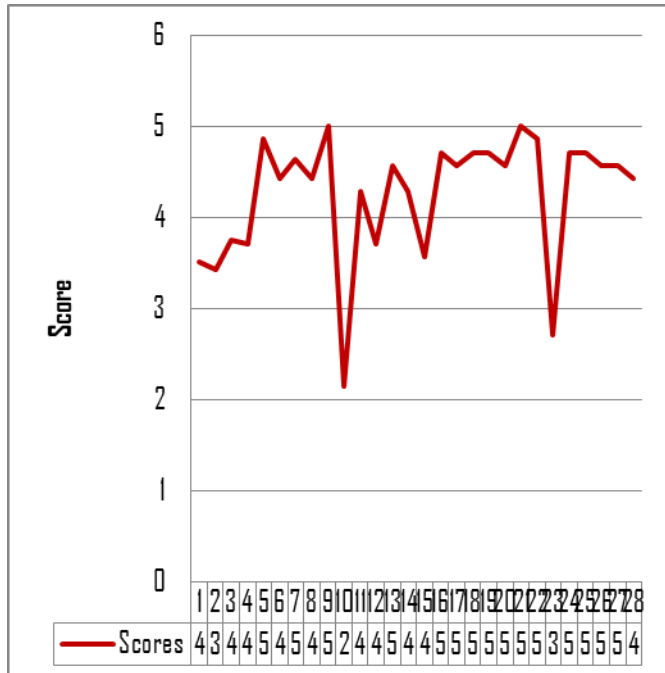
The line chart above shows that the Nurses had poor performance in conduction of Nurses Review (Item 10) and working tools and equipment were inadequate (i.e. Item 23 rated poor). The Nurses overall performance in items 1, 2, 3, 4, 12 and 15 was fair; and their performance in rest of the items were good and very good respectively.

IV. RECOMMENDATION

Based on the above result, the following recommendations are suggested to further improve nursing services in the institution:

1. Continuous education of nurses on the need to conduct nurses review on every evening duty prior to consultants' review
2. Return of Nurses, Doctors and Health Assistants from Civid-19 scale down
3. Return of Nurses' Head of Units Daily meetings to resume discussions on clinical issues arising from each units
4. Dialogue with management staff to obtain needed working equipments for clinical to arrest emergency situations like oxygen cylinder and giving set, lifesaving drugs and stationeries
5. Breakdown half walls of ward one for easy view of patients at distance.
6. Provision of steady power supply to enhance effective nursing care.

A Template to Measure Quality Improvement Of Nursing Services At Outpatient Emergency (OPE) And Outpatient Clinic (OPC) In Federal Psychiatric Hospital, Calabar

S/NOS.	ITEMS	SCORES	S/NOS.	ITEMS	SCORES
1	NURSES ROUTINES Handing/taking over of duty, patients and instruments	5/5	1	NURSES ROUTINES Punctuality to work at 8.30 am	3/5
2	Punctuality at work	5/5	2	On the job schedule	3/5
3	Cleanliness of working environment	¾	3	Cleanliness of the work environment	2/4
4	Cleanliness of patients	3/5	4	Orderliness of the working environment	4/5
5	NURSES ACTIVITIES Reception of patients	5/5	5	NURSES ACTIVITIES Organization of working tools	4/5
6	Clarking of patients history	4/5	6	Organization of clients for check up	5/5
7	Documentation of events and procedures	5/5	7	Organization of health talk at 8.30-9.00 to available clients	1/5
8	Attention to patient's issues	3/5	8	Registration cases	5/5
9	Observation of patient's health status	4/5	9	Daily reporting	2/5
10	Interpretation of patient's health status	2/2	10	Registration of injections	4/5
11	Alertness of concerned health providers	4/5	11	Weekly reporting of cases	2/5
12	Collaboration with other health providers	3/5	12	Maintenance of consulting room	4/5
13	Use of nursing process	4/5	13	Observation of vital signs	4/5
14	Continuity of care	5/5	14	Alertness of nurses to resolve critical issues	5/5
15	Reporting	3/5	15	Clarking of clients complaints	4/5
16	Supervision of activities	4/5	16	Examination of clients complaints	4/5
17	MAINTENANCE OF PATIENTS' RIGHTS Checking of patients' property	5/5	17	Administration of drugs	4/5
			18	Collaboration with other Healthcare providers	5/5
			19	Infection control	5/5
			20	Supervision of staff on duty	4/5
			21	MAINTENANCE OF PATIENTS' RIGHTS Reception of clients	5/5
18	Maintenance of patient's possession	2/5	22	Ability to tolerate client's condition	4/5
19	Sustenance of patient's privacy	4/5	23	Counseling of client and family members	4/5
20	Provision of patient's safety	5/5	24	Advocating for patients	4/5
21	Advocating for patient	5/5	25	Relationship with clients family and members	5/5
22	Involvement of patient to participate in his or her care	5/5	26	Involvement of family into clients' care	3/5
23	Cooperation with patients' relatives	5/5	27	Provision of privacy	5/5
24	WORKING TOOLS Maintenance of working instruments	5/5	28	WORKING TOOLS Organization of patient's file	3/5
			29	Availability of stationeries	3/5
25	Availability of working instrument or tools	2/5	30	Maintenance of working instruments	5/5
26	Report of state of working tools	4/5	31	Availability of working instrument or tools	3/5
27	Checking of functionality of working tools	5/5	32	Report of state of working tools	5/5
28	Availability of stationeries	3/5	33	Maintenance of electrical appliances	4/5

	GENERAL APPEARANCEOF STAFF			GENERAL APPEARANCEOF STAFF	
29	Physical outlook	5/5	34	Physical outlook	5/5
30	Facial outlook	5/5	35	Facial outlook	5/5
31	Uniformity of uniform	5/5	36	Uniformity of uniform	4/5
	TOTAL	127/151			141/179

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RATING SCALE FOR QUALITY IMPROVEMENT OF NURSING SERVICES IN FEDERAL PSYCHIATRIC HOSPITAL, CALABAR

NURSES ROUTINES

1. Handing/taking over of duty, patients and instruments

5	4	3	2	1
Both staff met and discussed	Both staff met and did not discuss	The oncoming staff was late	Staff on ground left before the arrival of the oncoming staff	They did not sight themselves

2. Punctuality at work

5	4	3	2	1
Coming at least 5 minutes before time	Late but put a call through and respects the terms of the call	Did not call and at least 30 minutes late	Staff on ground left before the arrival of the incoming staff	Did not show up and no call or excuse

3. Cleanliness of working environment

4	3	2	1
Clean and without offensive smell	Not clean but efforts are being made to clean the place	Inadequate effort	Dirty and nothing was being done

NURSES ACTIVITIES
4. Documentation of events and procedure

Procedures and events for documentation

- ➢ Vital sign charts for Temperature, Pulse, Respiration and Blood Pressure (TPR)
- ➢ Treatment/medication chart
- ➢ Nursing Process and Care Plan booklet
- ➢ Incident report book
- ➢ Summaries of Doctors' review book
- ➢ Suicide chart
- ➢ Fluid balance chart
- ➢ General ward report book

≥5	4	3	2	1

5. Attention to patients' issues

5	4	3	2
Prompt	Delayed for minutes	30 to 60 minutes delay	Ignored

6. Observation of patient's health status

Parameters of observation:

> Direct monitoring (obtrusive)
> Indirect monitoring (unobtrusive)
> Physiological status (TPR)

5	4	3	2	1
All 3 done adequately	2 done adequately	2 done but only one is done adequately	Only one done and it is adequate	None done

7. Interpretation of patient's health status

2	1
Adequate	Inadequate

8. Prompt invitation of needed service providers

5	4	3	2
Knows and invite promptly	Knows and delay invitation	Knows and did not invite	Don't know at all

9. Collaboration with other health providers

2	1
Collaborated	No collaboration

10. Conduction of Nurses Review

3	2	1
Well conducted	Poorly conducted	Not conducted

11. Participating in Consultants' rounds

5	4	3	2	1
Stayed and summarize report	Stayed but without report	Stepped out without good reason	Did not attend at all	Did not prepare the rounds venue and did not show up

12. Use of nursing process

5	4	3	2	1
Utilized fully		Partially utilized		Not used at all

13. Continuity of care

5	4	3	2	1
Continued			Not continued	

14. Reporting

5	4	3	2	1
Proper reporting		Inadequate reporting		Non reporting

15. Supervision of activities

5	4	3	2	1
Prompt on eyes on	Represented and eyes on	Present without putting eyes on anything		Not available at all

MAINTENANCE OF PATIENTS' RIGHTS

16. Checking of patients' property

5	4	3	2	1
Checked thoroughly on admission			Not checked or poorly done	

17. Sustenance of patients' privacy

5	4	3	2	1
Privacy maintained			Privacy not maintained	

18. Provision of patients' safety

Parameters of safety:

➢ Manned locked doors
➢ Non assess to drugs
➢ Adequate scrutiny of all edibles
➢ Direct observation of patients
➢ Availability of all staff on duty

5	4	3	2	1
5/5	4/5	3/5	2/5	1/5

19. Advocating for patients

5	4	3	2	1
Patients' need met or adequate steps already made to address it			Patients' need not met or inadequate effort put in	

20. Maintenance of electrical appliances

Maintenance of appliances is measured under:

➢ All appliance being switched off when not in use
➢ Absence of naked electric wires, socket and junction boxes. If there, any adequate step taken to correct it
➢ Reporting of non-functional appliances

5	4	3	2	1
3/3		2/3		1/3

21. Patients' participation in care

5	4	3	2	1
Patient encouraged to participate in care			Patient not encouraged to participate in care	

22. Cooperation with patients' relatives

5	4	3	2	1
Appropriate reception that is humane enough			In appropriate reception	

WORKING TOOLS

23. Availability of working instruments and tools

The following tools are expected to be in each ward/unit:

➢ Thermometer
➢ Sphygmomanometer
➢ Weighing scale
➢ Stethoscope
➢ Suctioning machine
➢ Oxygen delivery kit

5	4	3	2	1
6/6	5/6	4/6	3-2/6	1/6

24. Checking of functionality of working tools

5	4	3	2	1
Adequate action taken			Action not taken or inadequate action taken	

25. Availability of stationeries

5	4	3	2	1
When not available adequate action taken			Not available or no adequate action taken	

TEACHING AND SUPERVISION OF STUDENTS

26. Orientation of students

5	4	3	2	1
Orientation given from the staff to student (post basic students)			Not given	

27. Teaching and guidance of students

5	4	3	2	1
Adequately done			Not done	

28. Organization of students for rounds and reviews

5	4	3	2	1
Proper information and teaching given regarding conducts and expectations during rounds			Not or improperly done	

29. Supervision of students

5	4	3	2	1
Adequate supervision			Not supervised or inadequate supervision	

GENERAL APPEARNACE OF THE STAFF

30. Physical outlook

5	4	3	2	1
Okey			Not okey	

31. Facial outlook

5	4	3	2	1
Receptive			Not receptive	

32. Uniformity of uniform

Uniformity is assessed in term of:

➢ Shirt/gown
➢ Trousers
➢ Shoe

5	4	3	2	1
3/3		2/3		1/3