



NEST360 Health Facility Readiness Checklist

Hospital Name: _____ Date (dd/mm/yyyy): _____

Respondent's Name: _____ Assessor's Name _____

Respondent's Position: _____ Entered in REDCap? **YES** or **NO**

Instructions: The checklist is used to determine **the service readiness for small and sick newborn care at a facility** prior to installing NEST. The data collector should ask these questions of the respondent and record the answers below. In order to install NEST, 'YES' must be selected in the "Minimum standard met" column for every item. If a facility does not meet the minimum standards at the time of this survey, NEST installation will be delayed until all the minimum criteria are met at a future date. "Description" section provides additional information on the minimum criteria. It is not necessary to meet a threshold on these more detailed questions in order to install NEST.

Facility numbers

annual deliveries: _____ # annual neonatal unit admissions: _____ Neonatal unit capacity: _____

No.	Criteria	Minimum standard met?	Description
Infrastructure			
1.01	Is there a separate room for neonatal care?	<input type="radio"/> Yes <input type="radio"/> No	Areas available (<i>Select all that apply</i>) <input type="checkbox"/> High risk/acute area <input type="checkbox"/> Low risk/stable area <input type="checkbox"/> Separate room for those admitted from outside the facility <input type="checkbox"/> Separate room for infection isolation
1.02	Is there adequate space for new equipment?	<input type="radio"/> Yes <input type="radio"/> No	Describe the space. There should be enough space to add all the required equipment and still have enough space for guardians to sit by the cot and healthcare workers to care for babies.
1.03	Is there backup power for the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	Lighting covered (<i>Select one</i>) <input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None Outlets covered (<i>Select one</i>) <input type="radio"/> All <input type="radio"/> Some <input type="radio"/> None
1.04	Is there a water supply on the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	What type of water supply is there? (<i>Select all that apply</i>) <input type="checkbox"/> Uninterrupted piped water <input type="checkbox"/> Interrupted piped water <input type="checkbox"/> Reliable other water source <input type="checkbox"/> Unreliable other water source

Hospital Name: _____ Date (dd/mm/yyyy): _____

No.	Criteria	Minimum standard met?	Description
Medical Devices and Supplies			
1.06	Is there access to a biomed technician / engineer?	<input type="radio"/> Yes <input type="radio"/> No	Number providing maintenance on the neonatal unit
1.07	Are self-inflating bag and masks available?	<input type="radio"/> Yes <input type="radio"/> No	Number of bags
			Number of masks (size 1)
			Number of masks (size 0)
Human Resources			
1.08	Is there at least one nurse per shift providing care exclusively on the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	Number on neonatal unit today
			Number on neonatal unit last night
1.09	Is essential newborn care, including bag and mask resuscitation, in place and practiced?	<input type="radio"/> Yes <input type="radio"/> No	
Information Systems			
1.10	Are standard forms used in the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	Names of forms used:
1.12	Are standard registers used in the neonatal unit?	<input type="radio"/> Yes <input type="radio"/> No	Names of registers used:
Respectful Family- and Community-Centred Care			
1.13	Is there an accessible, functioning toilet facility for guardians?	<input type="radio"/> Yes <input type="radio"/> No	
1.14	Is there an accessible, functioning bathing facility for guardians?	<input type="radio"/> Yes <input type="radio"/> No	
NEST Readiness			
1.15	Is the facility ready for NEST installation?	<input type="radio"/> Yes <input type="radio"/> No	

Recommendations for the Facility

Comments