Ministry of Health

SUPPORTIVE SUPERVISION MANUAL FOR BLOOD TRANSFUSION SERVICES IN KENYA

Kenya Tissue And Transplant Authority

DamuKE
The Kenya Blood Banking Management System

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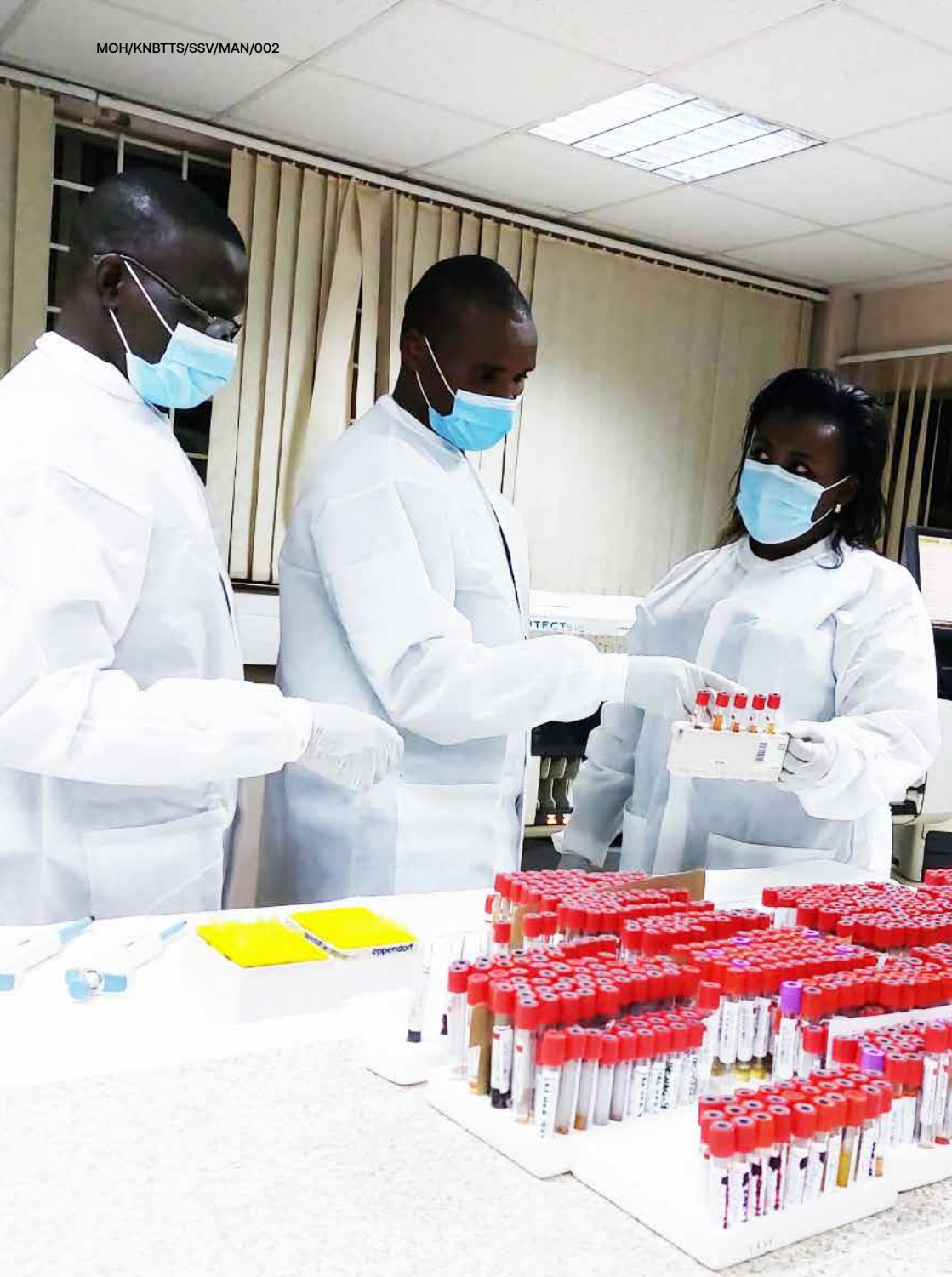
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ABBREVIATIONS

BCP	Blood Component Preparation
BMIS	Blood Management Information System
BTU	Blood Transfusion Unit
CBTC	County Blood Transfusion Coordinator
CECM	County Executive Committee Member
CDH	County Director of Health
CHMT	County Health Management Team
CMLC	County Medical Laboratory Coordinator
CoG	Council of Governors
EQA	External Quality Assurance
FCDRR	Facility Consumption Data Report and Request
FBO	Faith-Based Organization
GoK	Government of Kenya
ICT	Information and Communication Technology
IPC	Infection Prevention Committee
ISS	Integrated Support Supervision
KHIS2	Kenya Health Information -System
KBTTS	Kenya Blood Transfusion and Transplant Service
MoH	Ministry of Health
QA	Quality Assurance
OJT	On Job Training
RBTC	Regional Blood Transfusion Centre
RTA	Road Traffic Accidents
SOP	Standard Operating Procedure
SS	Supportive Supervision
TOT	Trainers Of Trainers
TTIs	Transfusion Transmitted Infection
TWG	Technical Working Group
UHC	Universal Health Coverage
WHA	World Health Coverage
WHO	World Health Organization

DEFINITION OF TERMS

Blood: A body fluid in the (human) circulatory system that is composed of cellular components suspended in plasma.

Blood product: Any therapeutic substance derived from human blood, including whole blood, blood components and plasma-derived medicinal products.

Blood component: That part of a unit of human blood which is separated by physical or mechanical means such as packed red cells, fresh frozen plasma, platelet concentrates and administered based on specific indications.

Blood establishment: Any structure, facility or body that is responsible for any aspect of the collection, testing, processing, storage, release and/ or distribution of human blood or blood components when intended for transfusion or further industrial manufacturing. It encompasses the terms blood bank, 'blood centre', 'blood service'.

Haemovigilance: A set of organized surveillance procedures relating to serious adverse, unexpected events, near misses or reactions in donors or recipients, and the epidemiological follow-up of donors and blood recipients.

Transfusion: The process of infusing blood or blood components to a recipient.

FOREWORD

The Government of Kenya is investing in a well-coordinated and regulated system that ensures affordable, quality, and safe transfusion services are provided as per article 43 of the constitution of Kenya 2010. The Ministry of Health regards blood as a national resource of strategic importance and therefore must be availed where and when it is needed across the Republic of Kenya.

The Policy on Donation, Transfusion and Transplant of Human Derived Medical Products calls for the development of standards and guidelines within the transfusion services. This manual is designed to guide supervision across various sectors of the blood transfusion ecosystem including public, private and faith-based organizations (FBO).

This is expected to bring a standardized supervision approach in transfusing facilities and hence better service that meets the needs of all Kenyans.

We expect this will enhance the collaboration between the national and county governments as they conduct joint supervision facilities for better services for our Citizenry.

I believe this manual will give guidance on the supervision of blood services and guide on a standard approach.

Dr. Patrick Amoth, EBS
Ag. Director General for Health

ACKNOWLEDGEMENTS

The Ministry of Health (MOH) is committed to ensuring that there are structures within the transfusion services that enable equitable access of blood and blood products to all Kenyans.

To ensure quality services are offered and standardization is maintained, guidelines and manuals have been developed including the supervision manual as per the policy framework.

We hope this supervision manual will help in building the capacity of our biggest resource, the human resource for efficient service to our populace.

One of the principles of Universal Health Coverage (UHC) is based on the fact that all individuals need access to quality essential services. To offer quality transfusion services across the country there is a need to have standardization.

The supervision of the human resource for health and services is a critical step not only to ensuring the quality of services are offered but also supporting the workforce with the blood ecosystem to improve on their performance. This supervision manual shall guide the supervision process in Public, Private and Faith-Based Organizations (FBOs) and hence improved the quality of services.

On behalf the Ministry of Health (MOH), we acknowledge and sincerely appreciate the commitment by the developers, reviewers and validators of the Supervision Manual of Blood Transfusion Services in Kenya. Special mention to representatives from regulatory bodies, professional bodies, County Governments, Faith-Based organizations, the private sector and The Kenya Blood Transfusion and Transplant Services (KBTTS) staff for their role in the development of this manual.

Finally, we thank the World Bank for its financial support during the development of this manual.

Dr. Julius Ogato
Ag. Head, Directorate of Health Care Services

EXECUTIVE SUMMARY

The Ministry of Health through the The Kenya Blood Transfusion and Transplant Services (KBTTS) developed the first-ever Supervision Manual for Blood Service to provide minimum standards on supportive supervision programs and guidance for supportive supervision activities in the blood ecosystem.

The objectives for developing the manual include developing minimum standards, establishing an implementation framework and instituting a supportive supervision appraisal within the blood ecosystem.

The scope of this manual entails human resources, financing, infrastructure, process audit, documentation, supply chain management, equipment and infection prevention and control within the blood transfusion service. This manual is anchored to the constitution of Kenya 2010 and aligns to the Policy on Human Derived Medical Product Donation, Transfusion and Transplant, the National Standards for Blood transfusion in Kenya and other international jurisdictions.

The manual expounds on various types of supportive supervision, Supportive supervision process including steps involved, key areas of focus cover areas and the checklist. The manual is to be used by managers, supervisors, service providers and supportive supervision teams both at the national and county level for continuing quality improvement in the blood transfusion ecosystem.

Dr. Nduku Kilonzo, PhD, EBS
Head, Kenya Blood Transfusion and Transplant Service


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01.

INTRODUCTION

1.1 BACKGROUND

Supportive supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on problem identification and solving and; helping to optimize the allocation of resources, high standards, teamwork and better two-way communication (Marquez and Kean, 2002). This helps staff to improve their work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to enhance the knowledge and skills of healthcare staff. It targets monitoring performance towards goals, using data for decision-making, and depends upon regular follow-up with staff to ensure that new tasks are being implemented correctly (WHO, 2008).

The Kenya Blood Transfusion and Transplant Services (KBTTS) guidelines development includes the supportive supervision manual. These are anchored on the following documents:

(a) International standards ratified by World Health Organization (WHO) aligned to blood transfusion.

(b) World Health Assembly resolution (WHA 63.12).

(c) Article 43 of the Constitution of Kenya 2010.

(d) Universal Health Coverage (UHC) Sessional paper No.7 of 2021.

(e) Policy on Donation, Transfusion and Transplant of Human Derived Medical Product.

(f) National Standards for Blood transfusion in Kenya.

It is also in line with the Kenya Health Policy 2014–2030 that gives policy direction to ensure overall improvement of the health status in Kenya.

Although healthcare service delivery was devolved to the county governments, blood transfusion services remained a function of the national government.

1.2 Rationale

The Kenya Blood Transfusion and Transplant Services (KBTTS) was established by the Ministry of Health (MOH) in the year 2000 and mandated to collect, test, process and distribute safe blood and blood products to all transfusing health facilities in Kenya. However, over the years, there has not been existing structures to standardize supportive supervision across various sectors of the blood transfusion ecosystem including public, private and faith-based organizations (FBO).

1.3 Situational Analysis

KBTTS operates through six Regional Blood Transfusion Centres (RBTCs) namely Nairobi, Embu, Nakuru, Eldoret, Kisumu and Mombasa and 43 County/

satellite centres across 47 counties. Functionally all the six RBTCs conduct blood collections, testing, grouping, storage and distribution while satellites carry out blood collection and send samples to RBTCs for testing.

Supportive supervision conducted has been unstructured and not deliberate. The checklist used was only limited to public KBTTS sites excluding the private and faith-based sector engaged in blood transfusion services. The supervision was not structured, lacked inclusivity and did not inform feedback and corrective action for quality improvement. Thus, the need to guide supportive supervision on infrastructure and plant, equipment, service delivery, human resource, supply and commodity management, information systems and logistics.

1.4 Goal

To provide minimum standards on supportive supervision programs and guidance for supportive supervision activities in the whole blood transfusion ecosystem that promote quality improvement and efficiency to achieve the highest attainable standards of health.

1.5 Objectives

Broad objective: To set minimum standards that guide supportive supervision for the blood transfusion ecosystem in Kenya.

Specific objectives:

a. Develop minimum standards for the blood transfusion services supportive supervision program.

b. Establish an implementation framework for the supportive supervision program within the blood transfusion ecosystem.

c. To institute a supportive supervision appraisal mechanism to enhance quality service delivery.

1.6 Scope

This supportive supervision manual guides supervision across the blood transfusion ecosystem including human resources, financing, infrastructure, process audit, documentation, supply chain management, equipment and infection prevention and control. The manual is to be used by managers, supervisors, service providers and supportive supervision teams both at the national and county level for continuing quality improvement in the blood transfusion ecosystem.

1.7 Supportive Supervision Characteristics

Support supervision focuses on job performance evaluation and it is more of a facilitative process with the following key characteristics:

i. Focuses on problem-solving and monitoring supportive supervision performance objectives.

ii. Empower supervisees to improve their performance.

iii. Emphasizes teamwork, mentoring and collaboration.

iv. Provides feedback, recommendations and emphasize the two-way communication mechanism.

v. Encourages participatory decision-making by use of local data available.

vi. Identify key areas of performance improvement.

vii. Supportive supervision can be scheduled or in response to a need.

1.8 Types of Supportive Supervision

Supportive supervision is categorized into three broad categories; Integrated, technical and emergency.

1.8.1 Integrated

Integrated Supportive Supervision (ISSP) is carried out by multi-disciplinary teams which have expertise in data management, Component preparation, commodity, donor management, blood testing, logistics, quality management, systems strengthening, administration and biosafety. The supervisors need to have a broad understanding of all the different programs sections and offer integrated guidance.

Characteristics:

a. Periodic assessment of all the activities for which particular establishments or Blood transfusing unit is responsible.

b. Every activity should have been supervised at least once in one year.

c. Most effectively carried out by multi-disciplinary teams which have expertise in lab practice, quality management, administration and biosafety.

d. Enables the different supervisors to develop a broad understanding of all the different programs and offer integrated guidance.

e. Issue or problems not addressed are referred to the next follow up visits technical support.

1.8.2 Technical

Technical supportive supervision is program section-specific. Technical support may be identified during an integrated supportive supervision visit to an establishment or Blood transfusing units that needs specialist support.

Characteristics:

a. Specific programs sections may require section-specific supervision, such as component preparation, donor clinic management, turnaround time, Blood ABO Rh and TTIs testing.

b. A need for program-specific technical support may be identified during an integrated supportive supervision visit to establishments or Blood transfusing units.

c. Can provide needed specialist support.

1.8.3 Emergency

Supportive supervision to an establishment or Blood transfusing units that require support in the case of emergencies such as disasters.

Characteristics:

Supervisors may be required to provide support in the case of emergencies such as an outbreak or disaster.

The team may be adhoc depending on the expertise expected.

1.9 Method of Conducting Supportive Supervision

Through site visits to the supervisees' workplaces are the most commonly recognized mode of supervision, supportive supervision may be conducted in a variety of ways, each with its advantages and disadvantages.

Given the wide availability of cell phones, regular monitoring calls may be combined with establishments or Blood transfusing units visits to improve the effectiveness of supportive supervision. Supervisors can set routine phone calls with their supervisees to discuss topics that they would normally discuss during a face-to-face meeting. As much as possible, supervisors should use the supervision checklist as a guide even during routine monitoring calls.

Regular meetings with staff also provide an opportunity to address supervision-related issues. For instance, during the establishments or Blood transfusing units in-charges meeting, the participants can be requested to bring with them monthly summary forms and even daily activity registers to address service delivery, operations and commodity data quality issues flagged during the regular establishments or blood transfusing units data review workshops/meetings. In some settings, health workers from the primary health care level collect their supplies and submit their reports in person at the sub-county hospital once a month. This interaction provides an opportunity to discuss supervision-related issues and can be used for OJT.

Table 1: Methods and Criteria of supportive supervision and their advantages/disadvantages

Method	Criteria for determining the type of supportive supervision to administer	Advantages	Disadvantages
Site visit to supervisee's workplace.	Considerable stock-outs of essential consumables based on Health Products Report (Tracer commodities) and commodity reporting capacity building needs. Capacity building/Training needs across all program sections. Failure to submit Service and commodity reports on BMIS/KHIS. Bottom 25% of the previous service and commodity SS visits based on the aggregate score in the scored SS checklist based on the available resources. Top 10% from the previous service and commodity SS visits based on the aggregate score in the scored SS checklist – to observe/ determine best practices. Infrastructure and Equipment - assess the establishments or Blood transfusing units infrastructure and equipment and report on the current status. BMIS- assess the service delivery reporting the BMIS compline as per the M & E guidelines.	Enables a supervisor to observe first-hand the practices and performance of establishments or Blood transfusing units' staff. On-the-Job Training (OJT) can be conducted immediately to address issues identified.	Time-consuming and expensive. May sometimes be rushed due to time constraints.

Method	Criteria for determining the type of supportive supervision to administer	Advantages	Disadvantages
	Staffing capacity building/ training needs. Quality Management Documents, Standard Operations Procedures, Guideline's utilization assessment. Assess data demand use.		
Regular monitoring phone calls/ Virtual meetings.	Failure to submit service and commodity reports in BMIS. Stockouts. Reported delayed Turnaround Time.	Not expensive. Can be used for remote monitoring and support even for hard-to-reach facilities. No significant additional resources are required as an advantage is taken of existing forums.	The supervisor is not able to observe practices and performance at the workplace.
Meetings.	Incomplete data in BMIS/ KHIS2 in monthly summary forms not reported. Good Practice supportive supervision.	Encourages open two-way communication and building team approaches that facilitate problem-solving.	Time-consuming, can be biased, distracting employees from their routine work.
When collecting supplies.	Commodity data quality issues identified, for instance, during the data review meetings: they may be requested to come with the DARs and monthly summary forms to the regular staff meetings or when they go to collect their supplies.	Can be used to address cross-cutting issues across many establishments and health facilities in one setting.	Might not be as effective in addressing performance as one on one interaction.

Method	Criteria for determining the type of supportive supervision to administer	Advantages	Disadvantages
	Minimum Maximum stock level setting. Haemovigilance reporting follow-ups.		
Internal Quality Audits.	Assess quality internal systems, good practices, generation of quality data.	Identify gaps – and perform quality improvement projects on non-performing key performance objectives. Cheap to perform as its conducted by internal identified and trained quality staff.	Time-consuming. It may be biased if the same workplace staff involved.
The program led to Supportive supervision.	Need to conduct focused supervision across their program areas it's intended to validate compliance of QMDs, SOPs and guidelines.	Focus on specific areas for immediate improvement. Compliance with Blood donation and Transfusion in KBTTS guidelines as well as Surveillances.	Biasness in focus areas.

The County Health Management Team (CHMT) should agree on broad criteria that guide which Establishments and health facilities receive in the various modes of supportive supervision. The following is a proposed guide that can be adopted and customized by the operations, commodity security, infrastructure, information systems, logistics, human resources and Capacity building Technical Working Groups (TWGs)


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SUPPORTIVE SUPERVISION PROCESS

2.1 Introduction

Support supervision is the process of fostering and reviewing staff performance according to the defined standards. It uses dialogue and constructive feedback to help service providers improve their performance in pursuit of quality improvement. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve the knowledge and skills of health staff. The chapter will cover; Steps, areas of focus, processes, monitoring and evaluation and recommendation.

2.2 Steps in the supportive supervision process

2.2.1 Setting up a supportive supervision system

The supportive supervision will involve the National and County Governments and will be guided the "3Rs" as stated below:

1) Right supervisors — Well trained supervisors in all areas of the blood ecosystem are key to imparting knowledge and skills to staff.

2) Right tools — have integrated supervision checklist and availability of training materials and job aids to update skills, SOPs, manuals, frameworks and guidelines.

3) Right resources — Adequate human resources, equipment, commodity, appropriate means of transport depends on the site visit location, per diems, time allocated for supervision and follow-up. Sufficient tools and instruments, time allocated for supervision and follow-up.

2.2.2 Planning Regular Supportive Supervision visits

The planning will be done in consultation with the two levels of Government. This will be an integral part of the annual / quarterly work planning exercise. There will be scheduled quarterly supervisory visits. In addition, adhoc visits may be organized based on priority and need.

The plan includes:

a. Review of existing data on supportive supervision and other related data on blood transfusion services in the Country.

b. Where to visit.

c. When to visit.

d. Objectives to cover during the visit.

e. A formal letter is sent to the Council of Governors (CoG) and copied to the County Director of Health (CDH) two weeks before the visit.

2.2.3 Conducting a supervisory visit

Steps to be followed during a supervisory visit to the establishment/BTU. The supervisory team will:

a. Pay a courtesy call to the County Health Management Team.

b. Pay a courtesy call to the establishment/BTU in charge.

c. Supervisory team proceeds to the site.

d. Supervision will take the form of interview, observation and review of related documentation by use of the standardized checklist.

e. Problem identification, solving and feedback.

f. Success/good practices or gaps identified and interventions made to address them and feedback back.

g. Cascade the good practices learnt.

h. On the job training: involves six steps;

   i. Explaining the skill or activity to be learned.

   ii. Demonstrating the skill or activity using a practical model.

   iii. Participants practice the demonstrated skill or activity.

   iv. Reviewing the practice session and giving constructive feedback.

   v. Practicing the skill or activity with clients under a trainer's guidance.

   vi. Evaluating the participant's ability to perform the skill according to the standardized procedure, if possible, as outlined in the competency-based checklist.

   vii. Documenting the results on supervision.

2.2.4 Follow up

The supervisor will plan for follow-up, to include the following:

a. Acting on issues you agreed to work on.

b. Involving health workers in the planning process and working with them to develop checklists, job aids, monitoring tools.

c. Discuss equipment supply and delivery problems with higher levels.

d. Review monthly reports and establish regular communication with supervised staff to see if recommendations are being implemented.

e. Identify career growth or leadership opportunities for the personal development of supervised health staff.

Support supervision and On Job Training (OJT) will largely aim at assessing gaps and improving performance and management in the blood eco-system.

2.3 Key areas of focus during support supervision.

2.3.1 Human Resources

This section in the tool captures relevant Human resource data to inform the assessment, on the adequacy of staff for the management of Blood Transfusion across the various pertinent departments including Donor management services, testing/screening, Blood Component Preparation (BCP), sorting, dispatch, crossmatch and another relevant cadre responsible for Blood Transfusion at the establishment/BTU. The data obtained gives a measure of adherence to appropriate staffing norms for the management of Blood Transfusion at facilities.

2.3.2 Storage

The aim is to identify adequate secure space and cold storage capacity. Although storage way takes time to be tackled. Feedback to the national and county level, partners and other stakeholders may be important to advocate for resource allocation and mobilization to improve status.

2.3.3 Infrastructure and plants

The aim is to identify infrastructure and plants constraints such as adequate secure space and cold storage, incinerators generators and others. Although infrastructure constraints may prove more challenging to address, they should nevertheless be identified to provide an entry point for the problem to be tackled. Feedback to the county level, partners and other stakeholders may be important to advocate for resource allocation and mobilization to improve status.

2.3.4 Equipment

The supervisory team shall establish the functionality status of the equipment. Equipment involved in processing, testing and banking of blood and blood products require scheduled servicing as per recommended schedule. Quality assurance must be observed and practised as per quality guidelines to ensure quality in blood transfusion service

2.3.5 Process Audits

The audit process is to ensure quality is maintained from blood donor recruitment to the point of transfusion. The aim supervision visit is to ensure that quality protocols including SOPs, checklists, job aids and guidelines are adhered to.

2.3.6 Information / record keeping/ documentation

The objective of documentation in blood transfusion services is to ensure that prescribed records (forms) and registers on the blood ecosystem exist, are in the proper use and are up to date. Again, service providers should be sensitized and updated on the importance of accurate and comprehensive documentation. During the visit, the support supervision team shall assess the availability and effective use of records and registers used in testing, processing and storage of blood and blood products.

2.3.7 Cold chain

The supervision team will assess maintenance of the cold chain during blood movement from the donor's vein in establishments to patient vin at the BTUs.

2.3.8 Supply chain Management

The purpose of the supportive supervision is to establish the availability of the essential commodities and equipment that support quality blood transfusion services at the site under supervision.

2.3.9 Infection Prevention and Control (IPC) and Waste Management

The supervision team shall check that the site under supervision adhere to approved standards of IPC and waste management protocols and; has an adequate supply of IPC and Waste Management supply and equipment.

2.4. Before Supportive Supervision

The following should be undertaken by the supportive supervision team before the supportive supervisory visit.

1. Involve a multi-disciplinary team drawn from National, Regional and County.
2. Assemble the teams for supportive supervision.
3. Inform the site teams to be visited
4. Review previous reports -to identify areas or issues to be addressed during the visit.
5. Prepare logistics in terms of resources.
6. Prepare on concerns that are most critical and should be addressed during the visit, Supportive Supervision checklist and relevant job aids.
7. During county visits inform the Council of Governors, County Executive Committee Member (CEC) for health and County Director of Health (CDH).

2.5 During Supportive Supervision Procedure

1. Report to the County health department office for a courtesy call to the County Director for Health (CDH) and County blood transfusion Coordinator (CBTC) – will guide the team to the site.

2. Meet the establishment/BTU in charge and get the go-ahead to proceed with the activity.

3. Meet with the supervisee at the establishment/BTU, make the necessary introductions & explain the purpose of the visit.

4. For efficiency, the team may split up into different sections as per need. For example, storage, inventory records, management information systems (MIS records).

5. Ensure that all the relevant sections of the checklist are comprehensively completed.

6. Conduct On Job Training (OJT) as necessary during the support supervision e.g. on filling out inventory records, laboratory management information system (LMIS) forms etc.

7. At the end of the activity, conduct a feedback and debriefing meeting with the establishment/BTU in charge, the supervisee and other relevant establishment/BTU staff to:

    a. Review action points from the previous Support Supervision (SS) visit if applicable.

    b. Provide a summary of the main findings and key recommendations from the current visit.

    c. Jointly with the establishment/ BTU staff, identify and document on the checklist 3 – 5 action points, timelines and responsible persons to address the gaps identified.

8. If using a hard copy checklist, have the establishment/BTU staff and the SS team sign the checklist and make copies for the establishment/ BTU and the SS team.

2.6. After Supportive Supervision

For hard copy checklists

a. Fill in the electronic version of the checklist (Excel or Mobile device-based).

b. Review for completeness and accuracy.

c. Submit through the prescribed channels for aggregation and archiving.

NOTE:

1. Scoring aggregation and analysis of the SS data should be done for the various section to identify scores for each establishment/BTU in each section and the aggregate score. This process is automated in the Excel file.

2. Sub-county and county scores can also be derived by aggregating scores for each establishment/ BTU. This however requires pooling of the data from individual establishment/BTU in an external database. When this is done, the following outputs can be derived from the SS data:

c. Cross-sectional analyses including a list of facilities and/or Sub counties ranked by average overall score as well as scores for each area.

d. Longitudinal analysis of performance over time in individual facilities, sub-counties and counties.

The worst performing facilities shall be noted and prioritized for the subsequent round of supportive supervisory visits by the agreed-upon criteria.

Summary findings from SS shall be presented and discussed during the TWG meetings as well as other forums as appropriate within the county. Follow up actions by the CBT team members may be assigned as necessary.

After supportive supervision, recognition and capacity building needs will be addressed as outlined in the action plan.

2.7 Feedback and Monitoring of establishment/BTU Performance Mechanisms

Feedback is critical, and the teams should work out modalities for ensuring timely feedback to both facilities and the CHMT on the activity. This will help promote and build their own for the activities including tracking progress and follow-up. It should be noted that it is important to track the performance of selected facilities over time. This then will enable supervisors/TOTS to identify poor performing facilities and implement specific strategies. Facilities that have good commodity practices can be used as model sites or mentorship sites to share skills and lessons learnt with other sites. Follow up visits stipulating timelines should be part of the next steps for the mentorship/OJT team.

Preliminaries for Supportive supervision follow-up.

The respective CHMT members should be engaged to plan for the activity in good time and this includes the Sub-counties where the target facilities are situated. The following details are critical before carrying out the activity that should be shared among the teams;

1. Name of selected sub-county.
2. Names of the selected facilities.
3. Names of Supervisors/ ToT/ Champions.
4. Scheduled dates including the itineraries of the visit in each of the facilities.
5. Concept budgets.

The technical or team lead will then compile a master planner which will then act as a reference and reporting guideline for this activity.

2.8 Commendation action plan.

Commendations are valuable referrals that employees earn through achievement. These may take various forms such as verbal appreciation, letters of recommendation, certificates of recognition, sponsorship to training or conferences, gift trophies etc. They often remain on record and help to make an employee's application for a promotion or a new job highly competitive.

2.8.1 Recognition Plan

The recognition plan is designed to ensure the team is well-motivated and to direct their energies in a manner that sufficiently aligns their actions with the team goal. The following activities have been identified as possible ways to recognize good performance from supportive supervision:

Table 3: Recognition of performance after supportive supervision

Recognition activities requiring no cost	Recognition activities requiring low Cost
Verbal appreciation during meetings	Certificates award
Appreciation letters	Rotating trophy
Standing ovation	Low-cost gifts – pens, caps, cups, notebooks
Appearance on notice boards/ employee of the month	Meeting refreshments
Positive feedback for supervisors/ co-workers	Sponsorship to conferences, short courses
Nomination to lead tasks/ appointments to key committees	Inclusion to author publications on success stories
	Appreciation text messages

SUPPORT SUPERVISION CHECKLIST FOR BLOOD ESTABLISHMENTS

Supportive supervision Team **Date** _____

	Name	Designation	Affiliation	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Part I: Basic Information on the Blood Establishment

Name of Establishment					
MFL Code					
Establishment level					
Sub-county					
County					
Physical address					
P.o Box					
Establishments Mobile Contact					
Establishments email					
Program Partners					
Establishment Ownership	**Government**	**Faith-based**	**Private**	Other	

Supervisee team

	Designation	Mobile Number
Establishments in charge (Name)		
BTS in charge (Name)		
Human resource (provide a list)		
Supervisee (Name)		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Part II: Blood Establishment staffing

Number of laboratory staff: _____

Number of Nurses: _____

Number of clinicians (specify): _____

Number of Records Officers

Number of Non-Technical staff Specify): _____

Support Staff: _____

Part III: Legal Entity

Is the Establishment registered with the PPB? **Yes** ☐ **No** ☐
(Obtain a copy)
Is the Establishment registered/Licensed by KMLTTB? **Yes** ☐ **No** ☐
(Obtain a copy)

Do the establishments have the following input/ resources?

Item	Yes	No	Remarks
Infrastructure			
Adequate space (Waiting Bay, bleeding room, recovery room, washroom, testing labs, refreshment, Apheresis collection room, disability friendly)			
Cold storage rooms			
Compressor			
Store			
Incinerator			
Equipment			
Blood pressure machine			
HB machine			
Weighing scale			
Thermometer			
Furniture (seats, table)			
Clock timer			
Furniture (Donor couch)			
Tonquette & squeezer			
Blood mixer			
Cooler box & ice packs			
Refrigerator			
Freezers			
Dry ice			
Incinerator			
Cold room			
Generator			
Battery Fridges			
KPLC Power			
Refrigerator thermometer			

Item	Yes	No	Remarks
Transfusion transmitted infection tester			
Blood grouping machine			
Centrifuge			
Refrigerated Centrifuge			
Slides			
Distiller			
Pipettes			
Tube sealer			
Platelet agitator			
Apheresis machine			
Plasma extractors			
Water bath			
Digital balance			
Computer			
Printer			
Commodities (Consumables)			
Blood bags			
Vacutainers (EDTA, Plain)			
Serviette			
Cotton wool			
Adhesive tape (strapping)			
Alcohol swab			
TTI Reagents			
Grouping reagents			
HB CUVETTE			
Tourniquet			
Batteries for the bp machines			
Copper sulphate			
Masks			
Gloves			
Hand sanitiser			

Item	Yes	No	Remarks
Normal saline			
Safety boxes/ sharps containers			
Dustbin liners (colour coded)			
Dustbins (colour coded)			
Stationery: Printing paper			
Registers (clinic register)			
Stickers/ Labels			
Pens			
Blood donor card			
Printer toner/cartridge			
Files			
Thermal roll paper			
Human Resource			
Lab Technologist (s)			
Lab Technicians (s)			
Clerk (s)			
Support staff			
Receptionist			
Public relation officer			
Nurse			
Driver			
Counsellor			
Documents & Records			
SOPs			
Policy			
Checklists			
Job aids			
Lab Register			
Donor Register			
Clinic Register			
Master equipment inventory			

Item	Yes	No	Remarks
Equipment maintenance forms			
Daily stock form			
Donor questionnaire forms			
Dispatch register			
Component preparation register			
Sample tracking forms			
Sample shipment forms			
Staff files			

Quality of services

Methodology of assessment

1. Observation of services
2. Interview of service providers
3. Review of Documentation

Assess the following:

1. Customer satisfaction survey report (most recent quarterly report)
2. Timeliness of services
3. Internal audit report
4. External quality assurance report
5. Internal quality control report
6. Monthly and quarterly Report
7. Equipment inventory status
8. Equipment maintenance and service report
9. Infection prevention and control
10. Waste management

Findings

Recommendations

Assessment team **Name**

Signature

County blood transfusion officer

Establishments in charge

Establishment's stamp

SCORING SYSTEM

Minimum standard met - Critical- Mandatory as per the standard as stipulated by BTS- Must be 100% & 75% non-critical requirements	Yes
Minimum standard not met (The standard as stipulated by BTS)	No

Classification	Requirement	Total 'YES'	Total 'NO'	Score	% Score	Comment
Critical requirements	Must score 100%			No. of 'YES'__ x 100 No. of YES + No. of NO		
Non-critical requirements	Must score≥75%			No. of 'YES' x 100 No. of YES + No. of NO		

CHECKLIST FOR SUPERVISORY VISITS TO BLOOD TRANSFUSION UNITS (BTU)

Supportive supervision Team **Date** _____

	Name	Designation	Affiliation	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Part I: Basic Information on the Blood Transfusion Unit

Name of BTU				
MFL Code				
Establishment level				
Sub-county				
County				
Physical address				
P.O Box				
BTU Mobile Contact				
BTU email				
Program Partners				
BTU Ownership	Government	Faith-based	Private	Other

Supervisee team

	Designation	Mobile Number
BTU in charge (Name)		
BTU in charge (Name)		
Human resource (provide a list)		
Supervisee (Name)		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Part II: BTU Staff establishment

9. Number of laboratory staff: _____
10. Number of Nurses: _____

11. Number of clinicians (specify): _____
12. Number of records officers: _____
13. Number of Non-Technical staff Specify): _____
14. Support Staff: _____

Part III: Legal Entity

Is the BTU registered/licensed with the KMPDU? **Yes** ☐ **No** ☐ (Obtain a copy)

Is the BTU registered/licensed by KMLTTB? **Yes** ☐ **No** ☐ (Obtain a copy)

Part IV: Blood storage

15. Does the laboratory have a dedicated refrigerator for storage of blood only (**Yes)(No)**
16. Are the temperatures monitored thrice a day and recorded? **(Yes) (No)**
17. Is there a thermometer inside the fridge? **(Yes) (No)**
18. Does the Blood bank separate the available stock and the quarantined stock**(Yes)(No)**
19. Does the Blood bank separate cross-matched and uncross-matched units? (**Yes)No)**
20. Are all the available units stored according to the blood groups? (**Yes) (No)**
21. Are the units arranged according to FEFO? **(Yes) (No)**
22. Are the door pockets empty? (should be empty) **(Yes) (No)**
23. Does the fridge door close tightly? (verify by conducting the paper test) **(Yes) (No**)

Total Yes in part IV_____ **Out of 9**

Score Judgement (tick one): Excellent (9) Good (7-8) Fair (6-5) Bad (4-0)

Part V: Other Equipment and Supplies

24. Is there a water bath? **(Yes) (No)**

25. And can the temperatures be maintained at 37^{0}C **(Yes) (No)**

26. Is there a centrifuge in the lab? **(Yes) (No)**

27. Is the centrifuge working properly? **(Yes) (No)**

28. Are all reagents for grouping and cross match (Anti A, anti-B, anti D, AHG, Normal saline) available and viable **(Yes) (No)**

If No, please comment. _____

29. Are pipettes and tubes readily available? **(Yes) (No)**

If No please comment: _____

Total Yes in part V: _____ out 6

Score Judgement (tick one): Excellent (6) Good (4-5) Fair (3) Bad (0-2)

Part VI: Records

30. Has the blood bank calculated its monthly blood needs? **(Yes) (No)**

31. Is there a bloodstock ledger? **(Yes) (No)**

32. Do the inventory records match with the physical stock? **(Yes) (No)**

33. Is the consumption of each blood group analyzed on monthly basis **(Yes) (No)**

34. Does the laboratory issue group-specific units **(Yes) (No)**

35. If no, count the number of atypical transfusions in the last 3 Months

36. Are the units cross-matched and issued according to FEFO for each blood group (Check records for the last 3 months)? **(Yes) (No)**

37. Cross matched units are kept for less than 48 hours **(Yes) (No)**

38. The 30-minute rule is observed at all times **(Yes) (No)**

39. Does the laboratory record transfusion reactions? **(Yes) (No)**

40. Are there records of investigation of transfusion reactions? **(Yes) (No)**

Total Yes in part VI _____ out of 10

Score Judgement (tick one): Excellent (10) Good (9-7) Fair (6-5) Bad (4-0)

Part VII: Procedures, Manuals and tools

41. Does the Laboratory have an SOP for a Crossmatch? **(Yes) (No)**

42. Does the Laboratory have a copy of the Haemovigilance Manual, Standard and Policy Guideline for KBTTS? **(Yes) (No)**

43. If No, please give details: _____
_____
_____
_____

44. Does the laboratory have a copy of KBTTS client handbooks? (Electronic or manual) **(Yes) (No)**

45. Does the laboratory have blood requisition vouchers? **(Yes) (No)**

a. Does the laboratory have the required Haemovigilance tools? **(Yes) (No)**
b. Crossmatch Register
c. Ward Register
d. Haemovigilance Reporting Tool
e. Transfusion Reaction Register
f. Blood Requisition Form 1
g. Blood Request / Issue / Receipt Voucher

If No, please give details: _____
_____
_____
_____

Part VIII: Other Issues

46. Blood for transfusion comes from RBTCs or County/Satellites only **(Yes) (No)**

47. Does the BTU conduct family replacement donations? **(Yes) (No)**

If Yes please give details: _____
_____
_____
_____

Is there a Hospital Transfusion committee? (Check evidence of meeting in the last three months) **(Yes) (No)**
Do you submit monthly Haemovigilance reports? (Check evidence of monthly reports submitted) **(Yes) (No)**

48. What informs the decision to request blood?

49. _____
_____
_____
_____
_____

50. How are blood units disposed?

_____
_____
_____

Summary of findings

_____
_____
_____

Recommendations/Action Items

List of reviewers

Name	Affiliation
1. Dr. Stella Kanyi	Kenya Medical Practitioners and Dentist Board Council (KMPDC)
2. Dr. Winnie Kanyi	County Director of Health (CDH) Muranga County
3. Ms. Gladys Afandi	Nursing Council of Kenya
4. Mr. Samuel Asandi	Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB)
5. Mr. Dennis Mbithi	National Nurses Association of Kenya (NNAK)
6. Ms. Aisha Mukami Daffala	Supreme Council of Kenya Muslims (SUPKEM)
7. Ms. Risper Nyawira	County Blood Transfusion Coordinator (CBTC), Laikipia
8. Mr. Henry Nyakundi	Kenya Health Profession Oversight Authority (KHPOA)
9. Ms. Suleka Mohammed	County Blood Transfusion Coordinator (CBTC), Mandera
10. Mr. Thomas Rotich	KBTTS
11. Mr. Patrick Wambua	KBTTS
12. Mr. Samuel Kibonge	KBTTS
13. Mr. Geofrey Monari	KBTTS (Team Lead)
14. Dr. Evelynn Chege	KBTTS (Overall Coordinator)

Kenya Tissue And
Transplant Authority

DamuKE
The Kenya Blood Banking Management System

Kenya Blood Transfusion and Transplant Service
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