

HOSPITAL STAFF ROSTER – Jackson F. Doe Memorial Hospital

SHORT-FORM STAFF ROSTER

Q1: Facility ID	Q2: Facility Name		Q5: Result
Q3: Observer number	Q4a: Today's date (DD/MM/YYYY) __ __ / __ __ / __ __ __ __  Q4c: Is this a night shift? YES / NO	Q4b: Time the observation started (HH:MM) ____ : ____ AM/PM	<input type="checkbox"/> Interview done <input type="checkbox"/> Person in charge refused interview <input type="checkbox"/> Partially completed <input type="checkbox"/> Person in charge is out

**Observer:** THE NAMES ON THIS SURVEY COME FROM THE PREFILLED REGISTER OF STAFF OR FROM THE HR DIRECTOR ON THE FIRST DAY OF THE VISIT. ALL THE NAMES GIVEN AS WORKING AT THE HOSPITAL (IN A CLINICAL ROLE) SHOULD BE ON THIS SHEET. EACH DAY (AND ONCE FOR A NIGHT SHIFT) RECORD THE PRESENCE OF HEALTH WORKERS BY TICKING WHETHER THEY ARE PRESENT OR NOT FOR THAT DAY (OR SHIFT). IF CONSENT IS GIVEN IT REMAINS APPLICABLE FOR ALL SUBSEQUENT DAYS UNLESS IT IS REVOKED BY A HEALTH WORKER.

THE BEST WAY TO DO THIS IS TO GO TO EACH WARD AND ASK OR CHECK IF THE HEALTH WORKER IS PRESENT. YOU DO NOT NEED TO ASK IF THEY GIVE CONSENT IF THEY HAVE ALREADY GIVEN CONSENT ON A PREVIOUS DAY

AFTER FILLING THE LIST ASK **Are there any other clinical staff currently working in [WARD] not listed here?**

IF YES .....1 ADD HEALTH WORKER TO THE LIST NEXT TO AN ID THAT HAS NOT YET BEEN ASSIGNED AND RECORD WHETHER THEY GAVE CONSENT. IF THEY HAVE NOT GIVEN CONSENT, THEN YOU SHOULD PROCEED TO ASK THEM FOR THEIR CONSENT USING THE WRITTEN CONSENT FORM.







