Draft

Pakistan Standards

Primary Health Care Facility

PAKISTAN STANDARDS AND QUALITY CONTROL AUTHORITY,
STANDARDS DEVELOPMENT CENTRE,
Plot No. ST. 7A, Block-3, Scheme 36, Gulistan-e-Jauhar,
Karachi-Pakistan

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Foreword

Pakistan Standards and Quality Control Authority (PSQCA), under the Ministry of Science and Technology, is the national standardization body and performing its duties and functions in accordance with PSQCA Act No. VI of 1996. PSQCA is established to advise the Government on standardization policies, programme and activities to promote industrial efficiency and development, as well as for consumer protection. The main function of this Authority is to foster and promote standards and conformity assessment as a means of advancing the national economy, promoting industrial efficiency and development, ensuring the health and safety of the public, protecting the consumers, facilitating domestic and international trade and furthering international co-operation in relation to standards and conformity assessment.

The formulation and or adoption of Pakistan Standards is carried out in Technical Committees and endorsed by National Standards Committee which include PSQCA experts, intellectuals from related scientific institutions, technical experts from relevant production units and consumers. Effort is made to make sure Pakistan Standards safeguard national interests, public tendencies, and the views of all stakeholders such as producers, consumers, businessmen, specialized centers as well as government organizations are satisfied.

There is a felt need for quality improvement and management in health care delivery system so as to make the same more effective, economical and accountable. Isolated activities have been made but this is the first concentrated effort made so far to prepare comprehensive standards involving stakeholders from all provinces and regional areas for the healthcare services which are applicable in national context.

INTRODUCTION

This manual of standards for quality services in primary health care facilities has been developed under the auspices of the PSQCA. The standards provide a framework to assess the quality of care provided in public and private primary health facilities and to improve quality in a structured manner. In this way, they are a useful management tool for individual primary healthcare facilities to identify their strengths, gaps and areas for improvement and provide one mechanism for the Government to identify priority areas for overall improvements in the healthcare delivery system.

This standards manual is a first draft and PSQCA will lead a regular review and update of the standards. These primary healthcare standards are based on KP Standards for Primary Health Care developed and field tested by the Department of Health KP. The KP Standards for Primary Health Care Facilities are based on PHC Standards developed in the African context. To adjust these standards to the needs and the reality of KP, they were tested in a small number of public and private primary facilities in KP. After the initial testing, a first revised draft was prepared and discussed with experts drawn from, private, public and NGO organisations, Medical Associations, basic health units, rural health centres district and teaching hospitals, and other hospital support service areas by the Department of Health to ensure that these standards were relevant, important, understandable, measurable and achievable in Pakistani context.

The standards for quality services in secondary health care facilities developed by the PSQCA consist of the following two major sections:

Section 1:   Service Management
Section 2:   Service Provision

The standards and their criteria have been specifically developed for the Pakistan primary healthcare setting by the working groups. Each section consists of "**standards**" and "**measurable criteria**". Whereas "standards" are broad statements of the expected level of performance, the "measurable criteria" make the standards operational and provide details on structures and processes necessary to ensure high quality of care.

1   SCOPE

This Pakistan Standards prescribe the service management and service provision standards for primary healthcare facilities. Primary health care provides immediate and the first point of consultation and often continuing care for all patients. The services provided are mainly preventive, outpatient and basic inpatient. These facilities are coordinated with higher levels of the health system (secondary & tertiary care) that can provide more specialized care when needed.

2   NORMATIVE REFERENCES

1. PS: XXXX/xxxx (Pakistan Standards on Healthcare – Terms and Definitions, and abbreviations)
2. PS: XXXX/xxxx (Pakistan Standards on Secondary Healthcare Facilities)
3. PS: XXXX/xxxx (Pakistan Standards on Tertiary Healthcare Facilities)

3   TERMS AND DEFINITIONS, AND ABBREVIATIONS

For terms and definitions, please see PS: XXXX/xxxx Pakistan Standards on Healthcare – Terms and Definiations, and abbreviations

4.   REQUIREMENTS FOR SERVICE MANAGEMENT:

4.1   Primary Care Management Committee

A Primary Care Management Committee plans and manages its resources, supports the Service's processes and communicates decisions and information to relevant persons and organizations.

a. The Primary Care Management Committee includes representatives from local government, staff and users.
b. Clients/Users who are members of the committee are provided with information to enable them to contribute to the decisions of the health committee.
c. All members of the committee are oriented and trained in healthcare system, processes for running meetings and in basic management skills.
d. The committee meets regularly according to a set agenda that includes follow-up from the last meeting.
e. Minutes of meetings are kept for five years and are available at the facility.

f. An annual planning process results in an annual plan which is implemented and reviewed on a regular basis.

g. The annual plan includes goals, planned actions, staffing and financial and physical resources to implement the planned actions.

h. Monthly HMIS Reports are submitted to EDO Health and include progress against the annual plan, identify problems and make recommendations.

4.2 Client/Patient information

Client/Patient information is registered, coded, analyzed and used as a mechanism for monitoring and planning

a. Client/Patient registers are used, up to date, complete and accurate.

b. Written information in the registers includes dates, client/patient characteristics (name, sex, age and address), diagnosis and treatment (dosage, times/day, no of days) and follow-up in line with operating procedures.

    i. Registers used to document client/patient information include but are not limited to:

    ii. Health card (mother and child) which is maintained and used as a mechanism for informing the client/patient about their care;

    iii. Immunization card which is maintained and used as a mechanism for informing the client/patient about their care;

    iv. Register of expectant mothers and deliveries which is maintained and analyzed;

    v. OPD register.

c. A consistent disease coding system is used and analyzed

d. Analysis of the information is used by staff and results are fed back to the community.

4.3 Notifiable diseases

Notifiable diseases are reported promptly and appropriate action is taken to minimize the spread of the disease.

a. A list of notifiable diseases is available.

b. Notifiable diseases are reported within a specified time period, but no longer than 24 hours.

c. Procedures for managing notifiable diseases are based on infection control principles, are used and roles and responsibilities are clearly defined.

d. The ' Zero report' is completed and submitted weekly (for polio)

4.4 Provision of utility facilities and monitoring of equipment

The equipment and utilities are functional, meet the defined needs of planned services, and are properly maintained and used.

a. Equipment is registered, maintained, repaired and disposed of according to an equipment maintenance and replacement schedule.

b. The facility has functioning electricity and natural gas.

c. A backup generator in working condition and the budget for its maintenance and for its fuel are available.

d. A stretcher and at least two examination couches,

    i. are available

    ii. are clean with no visible dust, stains or blood, and

    iii. are covered with a clean, uniform Macintosh or a plastic sheet.

e. Each health worker providing curative services has the following functioning equipment:

    i. Thermometer

    ii. Stethoscope

    iii. BP machine

    iv. Screen for privacy

    v. Gloves, masks, apron

    vi. Torch.

f. The following additional functioning equipment is available in the facility and ready to use:

    i. Baby weighing scale, fetoscope, neonatal weighing scale, speculum

    ii. Refrigerator, stools, lantern or alternate lighting source such as solar lamps or torch, equipment for boiling/ sterilizer, timing device, stainless steel bowls, kidney bowls, dressing drum, gloves, masks, aprons

    iii. Adult weighing scale, nebuliser, suction machine, oxygen cylinder(?), x-ray viewer, suture set, needle safety box, resuscitation kit

    iv. ORS corner [including the following ORT equipment: water jug: 2 cups and 2 spoons]

    v. ENT diagnostic set

    vi. D&C set

g. Additional equipment, based on the defined needs of the planned services, is available and functioning.

4.5 Water supply

There is a reliable, clean and safe supply of water from a protected water source.

a. Running water (pipe) is available within the facility

OR there is a water tank within the facility
OR there is a protected water source within 200 metres of the facility: borehole, water tank or   protected spring (with tubing of water for outflow, concrete slab, drainage and the spring is at least 33 meters away from latrines/toilets) and temporary storage containers, e.g. jerry cans or drum.

b. A supply line and storage system keep water clean and free from contamination.

4.6   Waiting area
The waiting area is clean and protected.

a. The waiting area protects clients/patients from the sun, rain and extremes of temperature.

b. There are designated separate male and female waiting areas and toilets/latrines.

c. The waiting area has chairs or other seating arrangements.

d. The floor is swept or mopped and the area is clean of debris/ trash.

e. The walls and ceiling are intact with no broken masonry and are free from dirt and stains.

4.7   Latrine facility
The facility has clean latrines or toilets.

a. Latrines or toilets exist within the facility or facility compound.

b. Staff and clients/patients have access to separate latrines or toilets which are clearly signed and are lockable from the inside.

c. The client/patient latrine or toilet is not locked from the outside.

d. The toilet bowl is clean and empty and/or the latrine slab is clean.

e. Soap and water are available at the washing point near the toilet(s)/ latrine(s)

4.8   Work area
The facility compound is clean and uses a rubbish pit for disposal of refuse and medical waste.

a. The compound is free from litter such as plastic bags, refuse and medical waste.

b. There is a rubbish pit within the compound (possibly a garbage bin in urban settings)

c. The pit (bin) is not overflowing and is properly used, i.e. rubbish is not disposed of anywhere else

d. Medical waste is disposed of in a functional covered pit, e.g. not accessible for children and animals, within the compound.

4.9   Operability of the procedures and guidelines

The staff work to written Operating Procedures for managing Primary Care services, written guidelines for management of clients/patients and written guidelines for common illnesses.

a. Standard Operating Procedures are used for managing the facility, finances, equipment, cleaning procedures, and stocks, e.g. equipment maintenance

b. National and Provincial Treatment Guidelines for the priority illnesses are available at the facility, form the basis of regular training for relevant staff and are followed in providing care to the patients/clients.

c. Where National and Provincial Treatment Guidelines are not available they are developed and used by the Primary Care service.

d.   Written guidelines for the management of clients/patients exist and are used, e.g. confidentiality, privacy, registration, recording and coding.

4.10   Availability of staff

Primary Care staff are available for service delivery during all official times.

a. An updated roster is kept of who is on duty at what time.

b. A qualified healthcare provider is available whenever the facility is open.

4.11   Staff

Staff are appointed, trained and evaluated in accordance with documented procedures, job descriptions and service needs.

a. Staff appointments are made in line with the required qualifications and experience for the job and the job description.

b. All staff are oriented to the Primary Care services and their specific positions through a documented induction programme.

c. The induction programme includes:

    i.   The Service's mission, values, goals and relevant planned actions for the year

    ii. Services provided

    iii. Roles and responsibilities

    iv. Relevant policies and procedures, including confidentiality

    v.   Use of equipment

    vi. Safety

    vii. Emergency preparedness

    viii. Quality improvement.

d. All staff have a copy of their job description that is kept current. The job description includes the responsibilities, accountabilities, tasks, performance measures and reporting relationships.

e. All staff have a copy of their conditions of employment.

f. Well-maintained and secure staff housing with all utilities is provided as per staff terms and conditions.

g. Staff performance is evaluated annually with the staff member against their job description and agreed targets and is used to identify strengths, areas for improvement and training needs.

h. Accurate and complete personnel records are kept at the facility.

i. Staff receive ongoing in-service training relevant to their job and the healthcare service and in areas such as health and safety, quality improvement and client/patient rights.

j. Documents guide the work of staff and cover staff appointments, performance evaluations, disciplinary procedures and terms and conditions of employment.

4.12 Health and safety

The health and safety of clients/patients, staff and visitors are protected.

a. The Service is designed to allow service delivery to be safe, accessible and respect clients'/patients' needs for privacy.

b. The Service is inspected annually by the Works and Services Department and declared safe.

c. A current Safety Certificate has been issued and is displayed in the facility.

d. Chemicals, drugs and equipment are stored safely.

e. Risks and hazards are identified and eliminated, isolated or minimized as appropriate.

f. Guidelines exist for major risks and hazards and are known to the staff.

g. Incidents, accidents and near misses are reported and analysed to identify causes and the analysis is used to improve systems and processes, e.g. needle stick injuries.

h. Staff are provided with and use protective equipment, e.g. gloves, aprons, masks.

i. Staff are trained in fire safety and other emergencies and drills are practised regularly.

j. Staff health is protected by the provision of immunization for infections such as Hepatitis A and B and influenza.

4.13 Client/Patient feedback

Client/Patient feedback is collected and used to improve services.

a. Clients/Patients have access to a culturally appropriate feedback mechanism, e.g. suggestion box, questionnaires, regular interviews with clients by an independent person.

b. Data collected on client/patient satisfaction with services and treatment is analyzed and used to improve services.

4.14 Complaint handling

Clients/Patients have the right to complain about services and treatment and their complaints are investigated in a fair and timely manner.

a. Clients/Patients are informed of their right to express their concerns or complain either verbally or in writing.

b. A documented process which is fair and timely is used for collecting, reporting and investigating complaints.

c. Clients/Patients are informed of the progress of the investigation at regular intervals and are informed of the outcome.

4.15 Continual improvement

The Service identifies opportunities to continuously improve its processes and services, makes improvements and evaluates their effectiveness.

d. Performance indicators for priority diseases and key processes are measured, reported and used for continuous improvement.

e. Performance data from activities such as audits, complaints, incident reports, satisfaction surveys and risk assessments are collected, analysed and used to identify improvement opportunities. This is coordinated by the quality group.

f. Improvements are planned, appropriate action is taken, the effectiveness of the action is evaluated and the results are fed back to staff and clients/patients.

g. All relevant legal requirements are identified and compliance is monitored.

5. REQUIREMENTS FOR SERVICE PROVISION

5.1 Accessibility to health services

The facility and the services provided are easily accessible to the catchment area population

a. The facility is located within 5 km of the patient.

b. Costs involved in using the services are addressed in the annual plan and steps are taken to minimize costs, such as fees, drugs, lost income, and transportation costs.

c. Major obstacles affecting access for clients/patients to the facility and its services are addressed in the annual plan and steps are taken to minimize them, e.g.

    i. The attitude of employees working at the facility;

    ii. The perception of the need and utility of health care by the community;

    iii. Cultural constraints on clients about using the facility and its services.

5.2 Accessibility to the information

A list of available services and applicable fees is posted where the clients/patients can see them.

a. A poster with listed services, opening times and emergency contacts during closing times is displayed in a prominent place where the clients/patients can see it. The text is in an understandable format, e.g. local or national language.

b. A list with all fees and possible exemptions is displayed in a prominent area where the clients/patients can see it. The text is in an understandable format, e.g. local or national language.

5.3 Behaviour with client/patient and their attendant

Clients/Patients and their attendants are received in a friendly and respectful manner irrespective of their sex, age, race, religion or physical appearance

a. Clients/Patients are treated in a kind, patient and respectful manner at all stages from registration through to end of service.

b. The healthcare provider uses open ended questions (why, who, what, when, how) to obtain information from clients/patients.

c. The healthcare provider listens carefully to what the clients/patients say and does not jump to conclusions.

d. The healthcare provider explains to the client/patient the diagnosis, care management, and follow-up.

e. The healthcare provider takes feedback from the client/patient to ensure the client/ patient understands the message communicated.

5.4 Priority on service provision

Providers give priority to extremely sick clients/patients and those of extreme age (early newborns and elderly).

  a. A system using the time of arrival recorded on the registration chit is used to prioritize clients/patients.

  b. The order prioritizes extremely sick clients/patients first, those of extreme ages (elderly and babies) second and then others.

  c. Extremely sick clients/patients are seen by the healthcare provider within five minutes, and those of extreme ages within 15 minutes.

5.5 Emergency cases

Providers use a defined process for referring emergency cases.

  a. SOPs exist for identification of types of clients/patients who need to be referred.

  b. A referral form provides sufficient information to allow continuity of care.

  c. When possible transportation to the referral facility is provided.

  d. In other cases, the Service provides some type of assistance for moving a sick client/patient to a referral facility such as communication to the next level, or arranging community transport.

  e. A copy of the referral form is kept at the facility.

5.6 Dealing with non-priority patient

Non-priority clients/patients wait no more than one hour after arrival at the facility before being seen by the provider.

  a. A system is used to prioritize the order in which non-priority clients/patients are seen on a first-come first-serve basis.

  b. Waiting times are no more than one hour and are monitored.

  c. Waiting times are analyzed and results used to improve services.

5.7 Privacy

The privacy of patients/clients is ensured during consultation and examination.

  a. Consultations and examinations are held behind curtains/screens at all times.

  b. Healthcare providers ensure privacy at the time of consultation.

5.8

All clients/patients receive appropriate assessment, diagnosis, plan of care, treatment and care management, and follow-up

a. The registration chit is completed promptly for all clients/patients.

b. The time the client/patient arrives is documented on the registration chit and monitored

c. Basic assessment is undertaken and includes temperature, blood pressure, and symptom identification.

d. Basic assessment for children under five includes weight, immunization status, temperature, level of consciousness and symptom identification.

e. A client/patient history is taken and documented.

f. Treatment and care management is provided in accordance with the assessment, test results, diagnosis and care management guidelines.

g. Referrals to other services are made when required.

h. Appointments for future care are made.

i. Results of previous care are used in follow-up visits.

5.9

National and Provincial Treatment guidelines are available and used for those services listed as offered.

a. Healthcare providers provide technically correct services according to guidelines for but not limited to the following areas:

    i. First Aid and Emergency care, Injury management, minor surgical procedures

    ii. IMCI, ANC, Delivery, PNC, Family planning

    iii. Malaria, TB & DOTS, HIV/ AIDS VCT, STD, Diarrhoea, Polio, Hepatitis, HIV/AIDS, Measles, ARI, Hypertension, Diabetes, Anaemia, Common skin problems, EPI

    iv. Dental care.

b. Staff are trained to follow these guidelines.

c. Justification is available for variations from the guidelines.

5.10

All children who visit the facility have their weight plotted correctly on their health card and have their immunization status checked.

a. All under five children coming to the facility are weighed.

b. Weight is accurately plotted on the child's health card and follow-up action taken based on the plot.

c. Immunization status is checked and missing immunizations given

d. Weight and vaccination information are given to the parent/carer.

5.11

Healthcare providers regularly educate their clients on health issues in a way that is easy to understand.

a. Healthcare providers conduct group health education sessions at least four times a month.

b. Healthcare providers use the following materials during client/patient counselling/education sessions: posters, family planning material, brochures, leaflets, flipcharts and cue cards.

c. Health education messages (posters and charts with pictures and minimal text) are visibly posted in prominent areas within the facility.

d. Health education written material is available for clients/patients to read and take home.

5.12

Clients/Patients are given accurate information about their medication regime to enable them to manage it.

a. The healthcare provider/dispenser instructs clients/patients about the medication, the amount of medication to take, what time to the day it should be taken and for how long it should be taken.

b. The healthcare provider/dispenser checks that the client/patient understands the instructions.

5.13

Staff follow correct aseptic techniques and wash their hands between clients/patients.

a. Health workers perform the following aseptic procedures in line with SOPs or guidelines: wound dressing, suturing, catheterization, injections, intravenous infusion and dental extraction.

b. Soap (where possible liquid soap) and water or antiseptic gel are available at the washing point(s) in or near the consulting/examination room(s) and a clean hand towel or alternate is available.

c. Hand washing instructions are posted above the washing point(s).

d. Healthcare providers wash their hands between clients/patients and between procedures.

5.14

Rational prescribing is practised to minimize the risk of drug resistance, ensure appropriate treatment and enable cost-effective care.

a. An essential drug list is available and followed.

b. Good prescribing practice guidelines for antibiotics are available and followed.

c. The probable diagnosis is written on the prescription.

d. If the diagnosis changes as a result of follow-up assessment or test results the prescription is reviewed.

5.15

Essential drugs and supplies are available at all times during open hours.

a. Stock cards are up to date and correspond to physical stock.

b. There is a stock of the essential drugs.

c. There is a process for checking date of expiry.

d.   No expired drugs are in stock.

5.16   Cold chain vaccine

The cold-chain for vaccines is maintained

a. A Cold Chain procedure for vaccines is used and includes clear directions on the following practices.

   i. Vaccine stock management including vaccine storage, potency, stock quantities, stock records, and arrival report

   ii. Equipment for vaccine transport and storage

   iii. Maintenance of equipment

   iv. Control and monitoring of temperature

   v. Cold chain during immunization sessions

   vi. Syringes, needles and sterilization and

   vii. Breakdown of equipment and emergency actions to minimize risks.

5.17   Single use item

Items for single use are not reused.

a. Disposal systems and processes for single-use items are available and used.

5.18

Sharps and needles are used and disposed of safely.

a. Labelled needle safety boxes are available in the examination, injection and dressing rooms.

b. Staff safely disposes of sharp objects and needles in the containers provided.

Bibliography

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