6 PRIMARY HEALTH CARE SERVICES

OVERVIEW OF PRIMARY HEALTH CARE SERVICES

Certain activities are basic to patient care, including planning and delivering care to each patient, monitoring the patient to understand the results of the care, modifying care when necessary and completing the follow-up. Many medical, nursing, pharmaceutical, rehabilitative and other types of healthcare providers may carry out these activities. Each provider has a clear role in patient care. The patient, his/her family or other trained caregivers may carry out some of this care.

A plan for each patient is based on an assessment of needs. That care may be preventive, palliative, curative or rehabilitative and may include the use of medications, supportive therapies, or a combination of these approaches. A patient's illness or physical condition may require early attention, and should be "fast tracked", to prevent a long wait in the queue. Policies describing the recognition of such patients are available and procedures are in place to expedite early treatment.

It is essential that assessments are well-documented and can be easily retrieved from the patient's record. As part of assessing patient care needs, diagnostic tests may be required. The health facility has access to laboratory or radiography services. These facilities are available within an appropriate time frame.

A health facility should be able to provide some form of emergency care, depending on its mission and resources, and the needs of the community. Some patients may present at the health facility with respiratory or cardiac distress, while others may respond adversely to medications administered at the health facility. Survival depends on, inter alia, the early recognition of cardiopulmonary arrest, early activation of trained responders, early cardiopulmonary resuscitation and early defibrillation, when indicated. The level of emergency care and resuscitation to be provided must be clearly defined in written documents. Those items of equipment deemed to be necessary for resuscitation are listed and regular equipment checks are carried out. Individuals in patient care areas are responsible for checking resuscitation equipment every day, or after each use, whichever comes first. Records of these tests are maintained. Resuscitation equipment is accessible within one minute in all patient care areas.

Guidelines are available for the assessment and treatment of patients for each programme. Practice guidelines provide a means of improving quality and assist practitioners and patients in making healthcare decisions. Guidelines are found in the literature under many names, including practice parameters, practice guidelines, patient care protocols, standards of practice and health facility pathways. Regardless of the source, the scientific basis of guidelines should be reviewed and approved by the health facility leaders and health facility practitioners, before implementation. This ensures that they meet the criteria established by those leaders and are adapted to the community, patient needs, and health facility resources. Once implemented, guidelines are reviewed on a regular basis to ensure their continued relevance.

Every patient is offered the education he or she requires. All personnel within the health facility work collaboratively to provide education in a co-ordinated manner. Education is focused on the specific knowledge and skills the patient and his or her family will need to make decisions about care, participate in care, and continue care.
at home. Variables like educational literacy, beliefs and limitations are taken into account. Each health facility decides on the placement and format of educational assessment, planning and delivery of information in the patient's record. Education in areas that carry high risk to patients, is routinely provided by the health facility. Standardised materials and processes are used where possible. Learning occurs when attention is paid to the methods used to educate patients and their families. The health facility selects appropriate educational methods and people to provide the education. Staff collaboration helps to ensure that the information patients and families receive is comprehensive, consistent, and as effective as possible. Information provided by the health facility may include when to resume daily activities, preventive practices relevant to the patient's condition and, when appropriate, information on coping with disease or disability.
Standards

6.1 Organisation and co-ordination

6.1.1 The service is organised to provide a safe and effective service and is co-ordinated with other relevant services in the referral hospital and in the community.

6.1.1 Criteria

6.1.1.1 The lines of communication between the health facility, referral hospital and community services are clearly defined.

6.1.1.2 Relations are established, and contact is maintained with other relevant services and agencies, including both governmental and non-governmental agencies.

6.1.1.3 An on-call roster is available for after hour, weekend and holidays emergency coverage (e.g. for infectious diseases).

6.1.1.4 Arrangements are in place to ensure that adequate referral services are available.

6.1.1.5 Radiology services are available for the level of care provided.

6.1.1.6 Laboratory services are available for the level of care provided.

6.1.1.7 Ultrasound services are available for the level of care provided.

6.1.1.8 There is an organised process for referring patients.

6.2 Facilities and equipment

6.2.1 The required furniture and equipment are available and functioning appropriately.

Intent of 6.2.1
In order to provide safe patient care, each unit requires adequate resources. The building is appropriate for a healthcare facility in terms of size and layout. There is a separate room for the handover between shifts, writing of reports and nurse meetings. PA (A3.10.8)
An assessment is made as to whether the facility has the required furniture and equipment. Facilities will be required to complete an inventory of their furniture and equipment based on the standard lists and to report the percentage of total items they have in stock relative to the total recommended.
The physical facilities required include adequate office accommodation for the personnel. Cleaning equipment is safely stored in a room or cupboard, used expressly for this purpose. Toilet facilities are adequate for the patients and the personnel. Lighting and ventilation meet the needs.

6.2.1 Criteria

6.2.1.1 Patient and staff accommodation in the outpatient service is adequate for the personnel to provide patient care.

6.2.1.2 The lay-out of the facility allows for effective flow of patient care.
6.2.1.3 The required furniture and equipment is available in accordance with established lists and is functioning properly.

6.2.1.4 Stretchers and wheel chairs are available and are functioning properly.

6.2.1.5 Oxygen supplies (oxygen cylinders or air enrichers) meet the patient needs.

6.2.1.6 Where there are no piped oxygen installations, there is a documented procedure for ensuring that cylinder pressures (i.e. contents) are constantly monitored while patients are receiving oxygen.

6.2.1.7 Oxygen cylinders are stored in accordance with local safety standards.

6.2.1.8 Suction supplies meet the patient care needs.

6.2.1.9 There is a separate room for the personnel to handover between shifts, write reports, hold meetings, etc.

6.2.1.10 Separate sanitary facilities are provided for the personnel.

6.2.1.11 Hand washing facilities, including water, soap and towels, are available.

6.2.1.12 OPD facilities and waiting rooms are clean, well ventilated, well maintained and ensure privacy.

6.2.1.13 The consultation rooms are clean, well ventilated, well maintained and adequately equipped.

6.3 **Assessment of patients**

6.3.1 *The initial assessment of patients takes place at the point of first contact, to ensure that their needs are met.*

Intent of 6.3.1

Matching patient needs to the healthcare facility's mission and resources depends on obtaining information on the patient's needs and condition through screening at the first point of contact.

The screening assessment leads to an understanding of the type of preventive, palliative, curative and rehabilitative services needed by the patient. This information is used to determine the most appropriate setting(s) required to meet the patient's most urgent needs. Thus, admission to the health facility and/or referral to another setting may be required to meet the patient's needs.

The patient's needs may have been determined by a physician or other health facility before they entered the health facility. If the patient's needs were not determined prior to entry, those needs are identified through a triage process, screening assessment, or medical history and physical examination. Diagnostic testing may also be required to:

- determine the patient's needs;
- determine whether the health facility has the appropriate resources to treat the patient; or
- establish whether the patient should be referred or transferred to another setting for care.
6.3.1 Criteria

6.3.1.1 There is a system, which includes patient identification, for initiating screening at the point of first contact.

6.3.1.2 The screening assessment leads to an understanding of the types of preventive, palliative, curative and rehabilitative services needed by the patient.

6.3.1.3 There is a system for ensuring that patients are seen within the shortest possible time.

6.3.1.4 Patients who require early attention are identified (e.g. the very frail or ill, or women in an advanced stage of pregnancy).

6.3.1.5 There is a system for "fast tracking" patients requiring early attention.

6.3.1.6 Waiting times are monitored as part of the organisation’s quality management and improvement programme and kept to the minimum.

6.3.2 All patients cared for by the health facility have their healthcare needs identified through a comprehensive assessment process.

Intent of 6.3.2
When a patient enters a health facility, the specific information required and the procedures for obtaining and documenting it, depend on the patient's needs and on the setting in which care is being provided.

The health facility defines, in writing, the scope and content of assessments to be performed by each clinical discipline within its scope of practice and applicable laws and regulations.

The health facility determines the time frame for completing assessments. This may vary in the different settings within the health facility. When an assessment is partially or entirely completed outside the health facility, the findings are verified on admission to the health facility.

These findings are used throughout the care process to evaluate patient progress and understand the need for reassessment. It is essential that assessments are well-documented and that they can be easily retrieved from the patient’s record.

6.3.2 Criteria

6.3.2.1 Policies and procedures for assessing patients on arrival and during ongoing care are implemented.

6.3.2.2 Written procedures ensure that assessments are performed within appropriate time frames.

6.3.2.3 Patient assessments are conducted by staff members who have been identified as competent to do so.

6.3.2.4 Policies and procedures guide the care of high-risk patients and the provision of high-risk services.

6.3.2.5 Current clinical guidelines relevant to the organisation’s patients and services are used to standardise care processes.
6.4 Emergency care

6.4.1 The health facility provides emergency treatment and care.

6.4.1 Criteria

6.4.1.1 Written guidelines for providing primary emergency services are available and are followed.

6.4.1.2 Guidelines for paediatric emergency triage, assessment and treatment (ETAT) are available and are followed.

6.4.1.3 Information on cases and the outcome of emergency treatment are recorded in a register/logbook.

6.4.1.4 Case reviews are undertaken to assess the quality of treatment and care of patients requiring emergency care.

6.4.1.5 The service is organised in terms of personnel, facilities, equipment, and procedures, to evaluate, manage, stabilise and transfer patients with emergency conditions.

6.4.2 The health facility provides resuscitation in accordance with organisational policy.

6.4.2 Criteria

6.4.2.1 The health facility has a policy on resuscitation, which includes the level at which resuscitation is provided, by whom, and training and equipment requirements.

6.4.2.2 The availability of resuscitation equipment and medicines with clear instructions for use is specified in the organisation's policy on resuscitation.

6.4.2.3 The personnel are trained in resuscitation and records are kept of their attendance at such training.

6.4.2.4 Equipment for early cardiopulmonary resuscitation is available within one minute in each area of the facility.

6.4.2.5 Equipment for early cardiopulmonary resuscitation includes at least a CPR board, oral airways, an Ambu bag or equivalent, endotracheal tubes and laryngoscopes.

6.4.2.6 Where early defibrillation is indicated, there is a defibrillator and an ECG machine.

6.4.2.7 The resuscitation equipment is available in adult and paediatric sizes.

6.4.2.8 There is a drug tray or trolley with appropriate facilities for intravenous therapy, insertion of naso-gastric tubing and drug administration (including paediatric sizes).

6.4.2.9 The drugs available in accordance with a specified list, include those for cardiac and respiratory arrest, coma, fits and states of shock (including paediatric doses), and plasma expanders.
6.4.2.10 A designated person checks and documents that resuscitation equipment and drugs are checked every day, or immediately after use (whichever is the sooner), by those who have been given this responsibility.

6.4.2.11 Records of these checks are kept, with reports on problems experienced, advice given, and any remedial action taken.

6.4.3 The clinic/health centre has access to ambulance/emergency medical services.

Intent of 6.4.3
A comprehensive response and deployment plan addresses the location of facilities and the distribution of vehicles, personnel and other resources. These should be deployed in a way that optimises their use and provides uniform care across the area served.

6.4.3 Criteria

6.4.3.1 The organisation has a written response and deployment plan including the identification of response areas and the availability of response units.

6.4.3.2 There is an effective system for facilitating communication between the personnel of the healthcare facility, the ambulance service and the receiving organisations.

6.4.3.3 Response time standards are monitored against national laws, regulations, policies or guidelines.

6.4.3.4 The individuals who provide patient care in the ambulance services have the required training and experience.

6.4.3.5 Medical transport/ ambulance vehicles are clean.

6.4.3.6 The ambulances are fully equipped to deal with obstetric emergencies.

6.5 Continuity of care

6.5.1 There are mechanisms for holding patients for observation.

6.5.1 Criteria

6.5.1.1 Policies and procedures for holding patients for observation are implemented.

6.5.1.2 Bedside facilities (bedside table/locker, chair/bench) are available.

6.5.1.3 Each patient has access to a nurse call system at all times.

6.5.1.3 Each bed space is provided with adequate lighting.

6.5.1.4 Ward screens are available to ensure privacy.

6.5.1.5 Patients have access to ablution facilities.
6.5.1.6 Processes are implemented to provide patients with access to food and water.

6.5.1.7 Personnel are allocated to record regular observations of the patient’s condition.

6.5.2 The health facility designs and carries out processes for providing continuity of patient care services.

6.5.2 Criteria

6.5.2.1 Arrangements are in place to ensure that adequate referral services are available.

6.5.2.2 Referrals outside the facility are to specific individuals and/or agencies in the patient’s home community wherever possible.

6.5.2.3 There are written guidelines for referring emergency patients.

6.5.2.4 Patients and, as appropriate their families, are given follow-up instructions, which are provided in an understandable form and manner.

6.5.2.5 A copy of the referral letter is available in the patient's record.

6.6 Reproductive health

6.6.1 A contraceptive service is provided to meet the needs of families in the community.

Intent 6.6.1

Every patient is offered access to contraceptive services and education on reproductive health. All personnel are trained to recognise and meet the specific needs of adolescents and youth. All personnel in the health facility work collaboratively to provide education in a co-ordinated manner. Education is focused on the specific knowledge and skills the patient will need to make decisions on the use of contraceptive methods. Variables like educational literacy, beliefs and limitations are taken into account. Standardised materials and processes are used where possible. Data is collected (e.g. logbook), analysed and used to provide relevant information for improving the service, e.g. the number of contraceptives/condoms used per month.

6.6.1 Criteria

6.6.1.1 Guidelines for providing contraceptive services are available and are followed.

6.6.1.2 The personnel show evidence of education for and competence in providing a contraceptive service.

6.6.1.3 A range of most frequently prescribed contraceptive methods is provided, including injectable hormonal contraceptives, oral hormonal contraceptives, barrier methods and emergency contraceptives.

6.6.1.4 The personnel who are authorised to insert intra-uterine contraceptive devices show evidence of current training and competence in the procedure.
6.6.1.5 A record of the chosen method for each patient is available.

6.6.1.6 Guidelines regarding the advice to be given to patients on sterilisation are available and are followed.

6.6.1.7 Guidelines regarding the advice to be given to patients on termination of pregnancy are available and are followed (TOP).

6.6.1.8 Guidelines for administering post-coital contraceptives are available and are followed.

6.6.1.9 Condoms are freely available from strategically placed condom dispensers.

6.6.1.10 Guidelines for PEP in the case of sexual violence are available and are followed.

6.6.2 **An effective antenatal service is provided.**

Intent 6.6.2
A plan for each patient is based on an assessment of needs. The organisation defines, in writing, the scope and content of assessments to be performed by each clinical discipline within its scope of practice and applicable laws and regulations. These findings will include the diagnosis of pregnancy and the measurements during follow up, which may include weight, blood pressure, oedema, protein in urine, fever and activity of the foetus. It is essential that assessments are documented well and can be easily retrieved from the patient's record. The frequency of follow up visits should be clearly indicated. Country-specific clinical guidelines and protocols are available to ensure up to date treatment of complications during pregnancies and side effects of treatment with regard to the foetus. National guidelines must be used if available.

6.6.2 Criteria

6.6.2.1 Guidelines for routine tests, observations and examinations to be conducted on pregnant women are available and are followed.

6.6.2.2 The personnel show evidence of education and competence in the provision of antenatal care.

6.6.2.3 Policies cover the screening for syphilis and treatment according to the result.

6.6.2.4 All tests, observations and examinations are recorded.

6.6.2.5 Guidelines for referring patients with complicated pregnancies to specialist services are available and are followed.

6.6.2.6 Guidelines for educating pregnant women in preparation for breast feeding are available and are followed.

6.6.2.7 Guidelines for caring for HIV-positive obstetric patients are available and are followed.

6.6.3 **Where midwifery services are provided, there are adequate resources to ensure safe and effective care.**
6.6.3 Criteria

6.6.3.1 Guidelines for the provision of midwifery services are available and are followed.

6.6.3.2 Guidelines (such as Emergency Obstetric Care) are used to reduce the number of maternal deaths in the labour ward.

6.6.3.3 A registered/professional nurse with midwife training/experience is present at every birth.

6.6.3.4 At least one person who is competent in the management of maternal and neonatal emergencies is available for consultation at all times.

6.6.3.5 Guidelines for managing labour are available and are followed.

6.6.3.6 Observations during labour are recorded on a partograph.

6.6.3.7 Guidelines for the active management of the third stage of labour, including post-partum bleeding are available and are followed.

6.6.3.8 There is a system for disposing safely of placentas.

6.6.3.9 Information on cases and the outcome of deliveries are recorded in a register/log book.

6.6.3.10 There is an established process for conducting vacuum extractions or for referring patients who need vacuum extractions.

6.6.3.11 There is an established process for conducting Caesarean sections or for referring patients who need Caesarean sections.

6.6.4 Equipment for delivering babies is safe and adequate.

6.6.4 Criteria

6.6.4.1 There is a delivery room with adequate lighting, including an anglepoise lamp, and ventilation.

6.6.4.2 The delivery room is furnished with a suitably positioned delivery table, which allows for use in the Trendelenburg or lithotomy positions.

6.6.4.3 Standard surgical/obstetric equipment is supplied in accordance with an approved list.

6.6.5 An effective post-delivery neonatal service is provided.

6.6.5 Criteria

6.6.5.1 Guidelines for neonatal resuscitation are available and are followed.

6.6.5.2 Resuscitation equipment is available, including suction apparatus and oxygen, paediatric manual ventilator and masks for new-borns.

6.6.5.3 Standard neonatal equipment is supplied in accordance with an approved list.
6.6.5.4 An Apgar rating is recorded for each newborn baby.
6.6.5.5 Policies and procedures guide the identification of newborn babies.
6.6.5.6 There are established security systems for protecting newborn babies.
6.6.5.7 There is an established programme for vaccinating newborn babies following delivery and prior to discharge.

6.6.6 An effective post-natal service is provided

6.6.6 Criteria
6.6.6.1 Guidelines for post-natal care are available and are followed.
6.6.6.2 The personnel show evidence of education for and competence providing post-natal care.
6.6.6.3 All tests, observations and examinations are recorded.
6.6.6.4 Guidelines for referring patients with post-natal complications to specialist services are available and are followed.
6.6.6.5 Policies address the issues of breastfeeding (transmission risk) and its alternatives and the provision of breast milk substitutes in accordance with guidelines.
6.6.6.6 Policies address the follow-up testing of infants born to mothers with HIV infection in accordance with guidelines.

6.7 Child health

6.7.1 The health facility provides immunisation in accordance with National Guidelines.

6.7.1 Criteria
6.7.1.1 Guidelines for providing an immunisation programme are available and are followed.
6.7.1.2 The facility manager reviews the coverage and practice of immunisation, the vaccine supply and maintenance of the cold chain.
6.7.1.3 Guidelines for immunising HIV-positive children are implemented.

6.7.2 Services are provided to promote the health and growth of children.

6.7.2 Criteria
6.7.2.1 Guidelines for measuring the growth and development of children and referring them appropriately where growth or development are delayed and the Integrated Management of Childhood Illnesses (IMCI) manual are available and are followed.
6.7.2.2 The child health chart is completed after each visit.
6.7.2.3 Guidelines for hearing tests for children are available and are followed.
6.7.2.4 A programme promoting breastfeeding is followed.
6.7.2.5 Children with nutritional deficiency disorders are identified, managed or appropriately referred.
6.7.2.6 There is an oral rehydration service, which includes counselling.
6.7.2.7 The health facility is adolescent- and youth-friendly, and meets the specific healthcare needs of these groups in accordance with national guidelines.

6.8 Communicable disease management

6.8.1 There is a programme for preventing and treating diarrhoeal diseases.

6.8.1 Criteria

6.8.1.1 Guidelines for preventing and treating diarrhoeal infections are available and are followed.
6.8.1.2 There are protocols for stool collection, where appropriate.
6.8.1.3 There are guidelines and resources for treating dehydration.

6.8.2 There is a programme for preventing and treating sexually transmitted infections.

6.8.2 Criteria

6.8.2.1 Guidelines for managing sexually transmitted infections are available and are followed.
6.8.2.2 Guidelines relating to syphilis serology results are available and are followed.
6.8.2.3 There is a policy on the tracing of partners/contacts of patients with sexually transmitted infections (STIs).
6.8.2.4 Provider initiated testing and counselling (PITC) is performed according to set methodologies defined in prevailing guidelines.

6.8.3 There is a programme for preventing and treating tuberculosis.

6.8.3 Criteria

6.8.3.1 There is a system for sputum microscopy.
6.8.3.2 The outcomes of sputum testing are monitored.
6.8.3.3 Tuberculosis (TB) treatment accords with current guidelines.
6.8.3.4 There is an uninterrupted medicine supply for TB treatment.
6.8.3.5 The facility has a TB infection control management plan that is implemented.
6.8.3.6 The principles of directly observed treatment are adhered to.
6.8.3.7 Policies and procedures relate to community support of the directly observed TB treatment and are implemented.
6.8.3.8 Supporters (community or family) of the directly observed TB treatment are provided with appropriate training.
6.8.3.9 Patients with positive tuberculosis test results are counselled and provided with HIV testing.
6.8.3.10 Provider initiated testing and counselling (PITC) is carried out according to set methodologies defined in prevailing guidelines.

6.8.4 There is a programme for the preventing and treating malaria.

6.8.4 Criteria
6.8.4.1 Malaria treatment accords with current guidelines.
6.8.4.2 There is a system for testing for malaria.
6.8.4.3 There is an uninterrupted medicine supply for malaria treatment.
6.8.4.4 Oral and intravenous medication for malaria treatment is available.
6.8.4.5 There is a mechanism for referring patients with complications of malaria.

6.9 HIV infection and AIDS management

6.9.1 Management of HIV infection and AIDS accords with approved guidelines.

6.9.1 Criteria
6.9.1.1 Guidelines for preventing, caring for and treating patients with HIV infection and AIDS are available and are followed.
6.9.1.2 There is a monitoring system that complies with national reporting requirements.
6.9.1.3 Facility infrastructure and equipment for VCT implementation are present.
6.9.1.4 Voluntary counselling and testing (VCT) is performed according to set methodologies defined in prevailing guidelines.
6.9.1.5 Provider initiated testing and counselling (PITC) is carried out according to set methodologies defined in prevailing guidelines.

6.9.1.6 VCT and/or PITC results are available on the day of testing.

6.9.1.7 There is an established system for encouraging partner notification.

6.9.1.8 Antiretroviral therapy (ART) is administered in accordance with prevailing guidelines.

6.10 Cancer screening

6.10.1 A cancer screening and prevention programme is available.

6.10.1 Criteria

6.10.1.1 Guidelines for providing breast and cervical cancer prevention programmes are available and are followed.

6.10.1.2 There are policies and procedures for the taking of Papanicolaou (Pap) smears, and dealing with the results.

6.11 General primary care

6.11.1 The healthcare facility provides general primary care.

6.11.1 Criteria

6.11.1.1 Guidelines for assessing and treating patients with chronic non-communicable diseases (e.g. hypertension, diabetes, cardio-vascular, etc) are available and are followed.

6.11.1.2 Appropriate equipment is available for conducting the assessments.

6.11.1.3 Patients are provided with the necessary aids, as appropriate to their needs.

6.11.1.4 Equipment and materials for the provision of wound care are provided.

6.11.1.5 Wound care procedures/guidelines/standard operating procedures (SOP) are available and are followed.

6.11.2 The healthcare facility provides care and treatment for mental disorders, within its capabilities.

6.11.2 Criteria

6.11.2.1 Guidelines, including mental health legislation, for assessing and treating patients attending the mental health service are available and are followed.
6.11.2.2 There is access to mental health expertise, when required (a psychiatrist or psychologist, as appropriate).

6.11.3 The health facility provides preventive and promotive programmes for oral health, and curative services as appropriate to meet the needs of the community.

6.11.3 Criteria

6.11.3.1 Guidelines for oral health assessment, education and treatment are available and are followed.

6.11.3.2 Where there is an oral hygienist, he/she is competent to conduct oral examinations and to provide oral hygiene, in accordance with current documented guidelines.

6.11.3.3 Medicines are available for dental use.

6.11.3.4 Materials are available for local anaesthesia.

6.11.3.5 The dental service works with the infection control personnel in the health facility to ensure that infection control policies and procedures are implemented.

6.12 Community-based home care

6.12.1 Caregivers identify the needs of patients for home care, according to the following criteria.

6.12.1 Criteria

6.12.1.1 Each patient referred for home care has a full assessment to identify his/her needs for home care.

6.12.1.2 Personnel, transport and resources are available to provide the service.

6.12.1.3 Homecare records are kept for each patient and include the type of care, medication and services provided.