SE06 - Primary Healthcare (Outpatient) Services

6.1 - Management and staffing

6.1.1 - The primary care/outpatient healthcare facility has an adequate number and appropriate type of staff to meet patient needs.

6.1.1.1 - The number of staff members corresponds with the patient needs.

6.1.1.2 - A qualified staff member is responsible for managing the primary healthcare services.

6.1.1.3 - An on-call roster is available for after hours, weekend and holidays, and emergency coverage. Facilities without 24/7 care, display where to go for after hour services.

6.1.1.4 - For primary healthcare services not provided in the healthcare facility, there is a referral mechanism.

6.2 - Infrastructure and supplies

6.2.1 - The infrastructure/layout is adequate for providing safe care to patients.

6.2.1.1 - The lay-out of the healthcare facility allows for effective flow of patients.

6.2.1.2 - Designated spaces meet the needs of staff for clinical and non-clinical functions.

6.2.1.3 - A designated area has been indicated for emergency care.

6.2.1.4 - The waiting area is sufficient for the number of patients and services provided.

6.2.2 - The patient waiting areas are adequate and safe.

6.2.2.1 - The waiting areas are well ventilated, well maintained, tidy, clean, and not congested.

6.2.2.2 - There are enough chairs/benches for the waiting patients.

6.2.2.3 - Stretchers and wheel chairs are available and are functioning properly.

6.2.2.4 - Patient education material is displayed in waiting areas.

6.2.3 - The consultation rooms are adequate to provide safe patient care.

6.2.3.1 - The (number of) consultation rooms are adequate for the number of patients seen and are organized and clean.

6.2.3.2 - The consultation rooms are sufficiently furnished.

6.2.3.3 - Equipment for conducting assessments is available within close proximity of the consultation room.

6.2.3.4 - Each consultation room provides adequate privacy for patients.

6.3 - Infection prevention and control (IPC)

6.3.1 - Handwashing and sanitary facilities are adequate for patients and staff.

6.3.1.1 - Adequate handwashing facilities, including water, soap and (paper) towels, or alternatives e.g. gel or sanitizers are available.

6.3.1.2 - Posters on hand-hygiene are displayed at handwashing facilities.

6.3.1.3 - Sanitary facilities for staff and patients are available.

6.3.1.4 - The sanitary facilities are in working order and are clean.

6.3.2 - Staff and patients are guided in the prevention of person to person transmission of infections.

6.3.2.1 - Adequate PPE is available for staff (gloves, gowns, etc.) and staff can explain how and when to use these.

6.3.2.2 - Assets for disposal of contaminated materials (e.g. infectious laundry) or infectious waste are available and used properly.

6.3.2.3 - Patients are informed on infection prevention (e.g. posters on handwashing and coughing).

6.3.2.4 - Staff can explain guidelines and implementation is observed.

6.3.3 - Staff is guided in cleaning, disinfection and sterilization procedures to prevent infections.

6.3.3.1 - There is (access to) sterilization equipment (autoclave or equivalent) which is functional and sufficient for the workload.

6.3.3.2 - Adequate materials for proper handling of contaminated materials and disposal of infectious waste (e.g. body fluids, contaminated linen) are available.

6.3.3.3 - There is a document to guide staff in processing of contaminated materials and infectious waste.

6.3.3.4 - Staff implements correct wrapping, handling and checking sterility of packs.

6.3.4 - Where midwifery services are provided, staff is guided in disinfection and sterilization procedures to prevent infections.

6.3.4.1 - Staff wrap, handle and store sterile packs according to guidelines.

6.3.4.2 - There is sufficient storage capacity for sterile packs which is well ventilated.

6.3.4.3 - Adequate materials for proper handling of contaminated materials and disposal of infectious waste are available. (e.g. body fluids, contaminated linen).

6.3.4.4 - There is a guideline for the processing of contaminated materials and infectious waste.

6.4 - Care processes and guiding documents

6.4.1 - There is a standardized process for triaging patients at the point of first contact.

6.4.1.1 - The triage process is guided by documents such as checklists/protocols/guidelines.

6.4.1.2 - Designated, qualified staff members are responsible for patient identification, and the triage of patients as they enter the healthcare facility.

6.4.1.3 - The triage process identifies patients who need immediate attention and how to fast track them.

6.4.1.4 - There is a system in place to record triage findings, waiting times and other information to ensure that patients are seen within acceptable time frames and professional standards.

6.4.2 - Assessments in consultation rooms lead to identification of patient's healthcare needs.

6.4.2.1 - Designated, qualified staff members are responsible for conducting patient assessments.

6.4.2.2 - There are national or international clinical guidelines in each consultation room which guide staff in assessing and treating patients.

6.4.2.3 - Relevant information regarding the disease and treatment is given to patients and families in an understandable manner and is supported by educational aid/posters.

6.4.2.4 - Staff can explain how follow up instructions are provided.

6.4.3 - Patients are educated on prevention of communicable and non-communicable diseases.

6.4.3.1 - There is a guideline for sexual transmitted infections (STI) screening, and staff educates patients on prevention, including partner notification.

6.4.3.2 - There is a guideline for prevention of diabetes and cardiovascular disease and staff educates patients on prevention practices including lifestyle changes.

6.4.3.3 - There is a guideline for cancer screening and staff educates patients on when, how and what to screen.

6.4.3.4 - Evidence of patient education and appropriate referral is observed.

6.4.4 - Staff is guided in the appropriate use of rapid diagnostic tests (RDTs) and point of care devices.

6.4.4.1 - There are SOPs guiding staff in performing RDTs.

6.4.4.2 - The point of care tests are in accordance with the MOH regulations (e.g. national algorithm).

6.4.4.3 - Test kits are correctly stored, are verified, and test results validated using appropriate internal controls, and validation results are recorded.

6.4.4.4 - Test results are recorded and authorized (signed and dated) in appropriate registers and patient's files.

6.4.5 - There is a program for preventing and treating malaria.

6.4.5.1 - Malaria diagnostics are available through microscopy and/or RDT malaria tests.

6.4.5.2 - There is a document which guides staff in recognizing emergency cases or complications of malaria, including the required follow-up actions (e.g. referral).

6.4.5.3 - Malaria medication is in stock and in compliance with current national guidelines.

6.4.5.4 - Staff educates patients on malaria prevention and treatment.

6.4.6 - There are adequate resources and guidelines to provide safe care in the treatment and minor surgery room.

6.4.6.1 - Appropriate equipment and materials for the services provided in the treatment room/minor surgery room are available.

6.4.6.2 - Designated, qualified staff members are responsible for procedures in the treatment room/minor surgery room.

6.4.6.3 - The healthcare facility has identified which kind of procedures they offer and protocols/guidelines for specific procedures are available.

6.4.6.4 - Staff can explain relevant guidelines.

6.4.7 - There are adequate resources to provide safe care for patients under observation.

6.4.7.1 - Sufficient equipment for monitoring vital signs is available.

6.4.7.2 - It is clear who is responsible for patients under observation.

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

6.4.7.4 - There is appropriate privacy for patients under observation.

6.5 - Emergency services

6.5.1 - Staff is guided in the provision of cardiopulmonary resuscitation.

6.5.1.1 - Staff is trained in resuscitation and records are kept of their attendance of such training.

6.5.1.2 - The healthcare facility has a resuscitation guideline.

6.5.1.3 - All applicable cardiopulmonary resuscitation equipment is available and functioning.

6.5.1.4 - Outcomes of incidents of resuscitation are discussed and recorded in a logbook to improve service provision.

6.5.2 - Staff is guided in the provision of other emergency services.

6.5.2.1 - Guidelines are available to recognize and manage common or life threatening emergencies.

6.5.2.2 - The healthcare facility has listed which emergencies occur often and which level of care can be provided, or which pre-referral treatment can be given.

6.5.2.3 - Guidelines are available for pediatric emergency triage, assessment and treatment (ETAT).

6.5.2.4 - Implementation of guidelines and outcomes are discussed and reviewed to improve service provision.

6.5.3 - Equipment, drugs and other supplies are readily available to manage emergencies.

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

6.5.3.2 - The drugs available are in accordance with a specified list, and include those for coma, fits and states of shock (including pediatric doses), and plasma expanders.

6.5.3.3 - There is a document guiding staff in the usage of emergency equipment and drugs.

6.5.3.4 - A designated staff member maintains the required supplies and ensures that emergency materials and drugs are not expired.

6.5.4 - Staff is guided in the safe administration of oxygen.

6.5.4.1 - Oxygen supplies (oxygen cylinders or air enrichers) meet the patient care needs and are stored in accordance with local safety standards.

6.5.4.2 - There are guidelines that guide staff on when and how to use and administer oxygen.

6.5.4.3 - Cylinder pressures (i.e. contents) are constantly monitored while patients are receiving oxygen.

6.5.4.4 - Oxygen is administered by qualified staff who are trained on guidelines.

6.5.5 - The healthcare facility follows adequate referral processes for enabling continuity of patient care.

6.5.5.1 - The healthcare facility has prepared a list of appropriate referral facilities for patients in need of (specialized) services not provided at the healthcare facility.

6.5.5.2 - There are protocols defining the situations in which patients are referred.

6.5.5.3 - There is an established process for referring patients for emergency surgical procedures, including caesarian section, when appropriate.

6.5.5.4 - A copy of the referral letter or a reference of referral is available in the patient's record.

6.5.6 - The healthcare facility provides or has access to ambulance services for emergency referrals.

6.5.6.1 - Medical transport/ ambulance vehicles that are used by the healthcare facility are clean, in good condition and are adequately equipped.

6.5.6.2 - The individuals who provide patient care in the ambulance service, have the required training and experience.

6.5.6.3 - There is a flowchart which guides staff in ambulance related communication steps.

6.5.6.4 - Ambulance related activities are monitored and recorded (logbook).

6.6 - Mother and child care

6.6.1 - Where family planning services are provided, sufficient guidance and supplies are available for safe service delivery.

6.6.1.1 - Frequently used contraceptive methods are available.

6.6.1.2 - Qualified staff members provide the contraceptive service.

6.6.1.3 - The chosen method for each patient is recorded.

6.6.1.4 - There is a document/checklist to guide staff in the provision of contraceptive services.

6.6.2 - Where antenatal service is provided, sufficient guidance and supplies are available for safe service delivery.

6.6.2.1 - There is a document/checklist to guide staff in routine tests, observations and examinations to be conducted on pregnant women, and findings are recorded in the patient file.

6.6.2.2 - Qualified staff members provide the antenatal service.

6.6.2.3 - There is a document/checklist guiding staff in counselling pregnant women on adequate nutrition and selfcare during pregnancy, preparation for delivery, family planning and breastfeeding.

6.6.2.4 - There are guidelines for managing complicated pregnancies.

6.6.3 - Where midwifery services are provided, adequate infrastructure and sufficient equipment for safe delivery are in place.

6.6.3.1 - The delivery room has adequate space and privacy and it's furnished with a suitably positioned delivery table, which allows for use in the Trendelenburg or lithotomy positions.

6.6.3.2 - The delivery room has adequate lighting, including an angle-poise lamp, and sufficient ventilation.

6.6.3.3 - Standard surgical/obstetric equipment is available, clean and in good condition

6.6.3.4 - There is a system for disposing safely of placentas.

6.6.4 - Where midwifery services are provided, staff is adequately guided to ensure safe services for mother and child.

6.6.4.1 - Observations during labor are recorded (and signed) on a partograph.

6.6.4.2 - A registered professional with midwifery training is present at every birth.

6.6.4.3 - There is a document guiding staff in reducing the number of maternal deaths in the labor ward.

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

6.6.5 - Where midwifery services are provided, there are adequate resources for neonatal care and resuscitation.

6.6.5.1 - Neonatal resuscitation equipment and instruments are available and in a good condition.

6.6.5.2 - There is a guideline on neonatal resuscitation and staff is trained in neonatal resuscitation.

6.6.5.3 - There is a system to identify (tag) newborns and to protect them from unauthorized visitors to the maternity ward.

6.6.5.4 - An Apgar-rating is recorded (and signed) for each new-born baby and staff can explain the score.

6.6.6. - Staff use guidelines to ensure appropriate postnatal services to mother and child.

6.6.6.1 - Guidelines for postnatal care for mother and baby (including emergency care and vaccination) are available.

6.6.6.2 - There is a document which guides staff in providing information on breastfeeding (and options for HIV positive mothers).

6.6.6.3 - There is a document which guides staff in follow-up testing of infants born to mothers with HIV infection.

6.6.6.4 - All tests, results, observations, examinations and information regarding postnatal services provided are recorded and signed.

6.6.7 - Immunization services, when provided, are done in accordance with national guidelines.

6.6.7.1 - Immunizations provided are recorded on child's vaccination card and next appointments are scheduled.

6.6.7.2 - There is a document which guides staff in providing immunizations in accordance with national guidelines.

6.6.7.3 - There is an uninterrupted supply of vaccines for which cold-chain and expiry checks are recorded.

6.6.7.4 - There is a dedicated vaccine fridge and temperature logs are kept current.

6.6.8 - Services are provided to monitor the growth of children.

6.6.8.1 - There are guidelines for monitoring child growth and the child health chart is completed and signed after each visit.

6.6.8.2 - Equipment for monitoring growth is available and operational.

6.6.8.3 - Children with nutritional deficiencies are identified, managed or appropriately referred.

6.6.8.4 - There are guidelines for educating mothers on weaning off breastfeeding and adequate under-5 nutrition.

6.6.9 - Services are provided to promote the health of children.

6.6.9.1 - Health education about dehydration and oral rehydration is provided to parents.

6.6.9.2 - There is a document which guides staff in integrated management of childhood illnesses (IMCI).

6.6.9.3 - Oral rehydration commodities are available to meet the patient needs.

6.6.9.4 - Guidelines for oral health for children are available.

6.7 - TB and HIV services

6.7.1 - When TB services are provided, staff is guided appropriately for effective service provision.

6.7.1.1 - TB treatment complies with (current) national guidelines.

6.7.1.2 - There is an uninterrupted supply of TB medicine in the healthcare facility.

6.7.1.3 - For each individual who is suspected to have TB, HIV diagnosis is also performed.

6.7.1.4 - The healthcare facility has a TB infection control plan, including a system for early detection (coughing) and collection of sputum.

6.7.2 - When VCT/PITC services are provided, guidance and resources are appropriate for effective service provision.

6.7.2.1 - Materials to provide VCT/PITC services are available.

6.7.2.2 - All staff performing HIV testing and counselling activities are qualified and properly trained.

6.7.2.3 - The set-up for VCT/PITC services allows for sufficient privacy/confidentiality for patients.

6.7.2.4 - There is a document which guides staff through national testing algorithm and counselling sessions.

6.7.3 - When ART services are provided, staff is guided appropriately for effective service provision.

6.7.3.1 - Antiretroviral therapy (ART) complies with (current) national guidelines.

6.7.3.2 - Guidelines for PEP (for patients AND staff) and appropriate ART are available.

6.7.3.3 - There are documents which guide staff in provision of appropriate care for HIV-positive obstetric patients.

6.7.3.4 - There is a process that ensures that patients, who are on ART, are monitored.

6.8 - Mental health

6.8.1 - When mental health services are provided, this is done in a coordinated manner.

6.8.1.1 - There is access to mental health expertise, when required (psychiatrist or psychologist.)

6.8.1.2 - All examinations, tests and medications regarding mental health are recorded and signed in the patient file.

6.8.1.3 - Qualified staff manage the mental health service.

6.8.1.4 - There are documents to guide staff in the provision of mental health services.

6.9 - Dental health

6.9.1 - There are adequate resources to provide effective dental services.

6.9.1.1 - There is a qualified dental practitioner/oral hygienist consistent with the services provided.

6.9.1.2 - There is a designated dental area with sufficient dental equipment to meet the patient needs.

6.9.1.3 - Sufficient medication and supplies for local anesthesia are available, and regular expiry checks are recorded.

6.9.1.4 - Assessment, treatment and patient education provided are recorded in the patient file.

6.9.2 - Staff is guided in measures to prevent infection for safe dental services.

6.9.2.1 - There is a document which guides staff in appropriate cleaning and disinfection processes in the dental area.

6.9.2.2 - There is a document which guides staff in the correct use of sterilizing equipment.

6.9.2.3 - Sufficient and appropriate Personal Protective Equipment (PPE) is available.

6.9.2.4 - Appropriate shielding is present and appropriate protective clothing is worn when dental radiography services are provided.

6.10 - Outreach and home based care services

6.10.1 - When outreach and/or home based care services are provided, this is done in a coordinated manner.

6.10.1.1 - Home based care records are kept for each patient and include the type of care, medication and services provided.

6.10.1.2 - The healthcare facility has prepared a planning/schedule to ensure it reaches the whole community they serve during outreach activities.

6.10.1.3 - Staff, transport and resources are available to provide the outreach and/or home based care services.

6.10.1.4 - Health promotion and education are in line with the national objectives or policies and records are kept for topics and area covered for outreach.