

SE06

PRIMARY HEALTHCARE (OUTPATIENT) SERVICES

The healthcare facility ensures an appropriate patient flow with adequate waiting areas and consultation rooms with a suitable size for safe and efficient service delivery. Sufficient resources are available for effective prevention of infection, such as hand washing stations, equipment for cleaning and sterilizing instruments, and personal protective equipment (PPE) for staff. The healthcare facility maintains appropriate stock levels of essential drugs and (emergency) supplies. Staff are orientated on protocols and follow clinical guidelines throughout the care process to maximize standardization and ensuring continuity of care for all patients. E.g. during triage, emergency care, rapid diagnostic testing (RDTs), diagnostics and treatment, as well as timely referral of patients.

The SafeCare standards cover the full range of clinical services and management functions for healthcare facilities in 13 Service Elements. These Service Elements contain a number of standards that relate to specific services or functions. The rationale of each standard is explained by the standard intent and gives you an idea what the standard really entails.

Each standard contains measurable elements, also called criteria. Measurable elements are related to specific processes, assets or documents (e.g. process for triage, resuscitation equipment or a job description for the lab manager). Compliance to each measurable element is assessed, and scores awarded are either Fully Compliant (FC), Partially Compliant (PC), Non-Compliant (NC) or Not Applicable (NA). The combined scores of the underlying measurable elements reflect the level of compliance to the whole standard.

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.

STANDARD INTENT:

Appropriate and adequate staffing is critical to patient care. This includes a qualified individual to direct or manage the outpatient services. It's the responsibility of each clinical unit leader to define staffing requirements and to ensure that qualifications of all primary care/outpatient staff, clinical and non-clinical, are in line with these requirements. An adequate number of staff is needed to cover for regular outpatient hours, and for after-hours in case (a limited) number of services are provided outside the regular hours of operation. For services which are not provided by the healthcare facility, patients need to be informed where to go in order to ensure continuity of care.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

In order to provide safe patient care, the lay-out of the healthcare facility should be logical and well-marked to allow patients to find their way easily. A designated area should be indicated for emergency care and should be accessible for stretchers and portable diagnostic imaging equipment, if available. There is a separate room for staff, to handover between shifts, write reports, put personal belongings and have nurse meetings, lunch etc.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

To provide patient safety and comfort in the waiting area, there should be enough opportunity to sit or lie down according to individual needs. It is crucial that areas are not congested and are well ventilated to reduce

the risk of infection transmission. Patient waiting areas contain posters that alert patients to the airborne transmission of infectious agents and provide other health education.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

To provide safe and organized care, the number of consultation rooms needs to be sufficient for the daily number of patients that visits the healthcare facility. The consultation rooms must offer enough privacy in order to ensure doctor/nurse-patient confidentiality and need to be sufficiently furnished and equipped to allow for adequate and timely patient assessments. Assessment equipment not in the consultaion rooms is available close by.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Hand hygiene is fundamental for proper infection prevention and control and thus handwashing facilities need to be available in all areas where

patients are assessed, in sanitary facilities and in all areas where staff manages contaminated material or infectious waste. Water, soap, disinfectants and hand drying facilities (e.g. paper towels) should be available in those areas. If no water and soap is available, a disinfectant agent (e.g. gel or sanitizer) should be used. Staff needs to be educated and reminded of proper handwashing and hand-disinfection methods.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Preventing transmission of infectious agents in healthcare settings requires the application of procedures and protocols referred to as “controls”. These are, in order of Infection Prevention and Control (IPC) effectiveness: managerial controls, environmental and engineering controls, and personal protective equipment (PPE). Although PPE is the most visible control used to prevent transmission, it must be used in conjunction with e.g. standardized work flows and organization of day-to-day activities, water and sanitation, hand hygiene infrastructure and waste management. The healthcare facility needs to identify those situations in which personal protective equipment such as masks, eye protection, gowns, or gloves are required and must provide training in their correct use. Also, the proper management of sharps, waste, laundry and soiled equipment can result in reduced infection risk, thus adequate equipment for disposal of contaminated material or infectious waste needs to be available, including guidelines on safe disposal.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Infection risk is minimized with proper cleaning, disinfection, and sterilization processes. There should be checklists for cleaning and disinfection of medical equipment (stethoscope, blood pressure cuffs etc.) and surfaces (examination benches, computer keyboards) and guidelines should be available for sterilization of surgical supplies. Cleaning, disinfection, and sterilization can take place in a sterilization area, which has adequate space to handle and store soiled, clean and sterile equipment/packs.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Infection risk in the delivery room is minimized with proper cleaning, disinfection, and sterilization processes, such as the cleaning and disinfection of medical equipment and delivery table and the sterilization of obstetrical supplies. An assessment is done on the availability of sterilization equipment and equipment for disposal of contaminated equipment and infectious waste. There should be a dedicated area for cleaning, disinfection,

and sterilization which has adequate space to handle and store soiled, clean and sterile equipment/packs. Guidelines should be available and implemented correctly.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

When patients arrive at the healthcare facility it is frequently not known what care they need or how urgent and critical that need is. Thus, an evidence-based triage process is needed to separate out the true emergency patients (see 6.5 for emergency patients) from those with chronic or other non-life threatening needs. An evidence-based triage process, using physiologic-based criteria (e.g., blood pressure, respiration) is best to identify those with the most urgent need, identify these patients with a code or other way for all staff to know the urgency of their needs, and then staff can move them faster into the assessment and treatment process. The triage process can be contained in checklists, guidelines, protocols or other documents. Staff need to be trained on these documents and the criteria for the triage process to be consistent and move rapidly. There needs to be a triage tracking system to know if patients are triaged, assessed and treated in a timely process that meets their needs and good professional practices.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

The healthcare facility needs to identify staff members who are qualified to provide comprehensive assessments according to national guidelines. The day-to-day activities and responsibilities need to be reflected in job descriptions to ensure that staff members know what is expected. The healthcare facility needs to provide approved national or international clinical guidelines (some may be called protocols or pathways) to guide staff in the assessment and management of the most common communicable and non-communicable diseases and provide guidance as to what should be documented in the patient records to facilitate continuity of care. Patients and families need to understand the nature of their disease and the treatment options available and documentation of the information provided, helps to involve patients in their care. Adequate communication between healthcare staff and patients, in particular the follow-up instructions, can further be supported by using educational posters or leaflets.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

In order to provide adequate preventive care, healthcare staff needs to continuously inform and educate patients about prevention of disease. Non-communicable diseases such as diabetes and cardiovascular diseases are on the rise and managing risk factors before disease starts can decrease mortality rates. Screening for cancer is especially proven to be beneficial for cervix cancer and breast cancer, in certain age groups. Staff should be able to inform patients about screening in accordance with national guidelines. If screening is not provided in the healthcare facility patients should be adequately referred. Sexually transmitted infections (STI's) have a high prevalence but can be prevented with adequate information on protection and partner notification.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Rapid Diagnostic Tests (RDTs) are designed to obtain quick screening test result and are frequently used in point of care approaches. A range of rapid tests is available to screen for infectious diseases (e.g. HIV, Hepatitis, Malaria etc.), or for pregnancy (in urine), while other tests provide for example glucose and hemoglobin levels, using small portable devices. These tests can be used outside a laboratory setting, provided appropriate

safety precautions are adhered to. (e.g. handling sharps and infectious waste, sufficient PPE, etc.) The healthcare facility needs to ensure that staff members performing the tests are adequately trained and are guided by standard operating procedures (SOPs). For example, for accurate screening of HIV, national testing algorithms have been developed and should be followed. Whichever test or device is used, reliability of results is essential, thus national MOH regulations with regard to approved tests must be taken into account where applicable. Storage conditions are important as not adhering to manufactures instructions can reduce shelf life considerably. Verification of test results (internal control) is required for all tests/devices used on regular basis. In order to provide effective point of care services, sufficient staff needs to be trained in performing and interpreting tests, as well as recording and reporting of test results.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Malaria poses an immense burden on mortality and on health care in general. Adequate measures need to be taken to prevent, detect and treat cases of malaria. Prevention starts with patient education which is especially relevant for pregnant women and mothers of children under five, and should be intensified during rainy seasons. For all non-emergency malaria suspected cases, each clinical diagnosis needs to be confirmed with a laboratory test in order to avoid unnecessary treatment (minimizing poly-pharmacy). Point of care (RDT) malaria tests are available that are easy to use and provide reliable results. Malaria treatment should be in accordance to current national guidelines in order to treat malaria effectively and to prevent emergence of resistant malaria strains. The healthcare facility

should regularly monitor relevant medical personnel to ensure compliance to these guidelines.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

The healthcare facility should determine which treatments are offered in the treatment and minor surgery room in order to ensure the required furniture, equipment and supplies are available to accommodate for this. In addition, staff qualifications need to match the treatments provided in order to avoid that staff members are operating outside their scope of practice. The healthcare facility should provide protocols on the most frequent treatments, how to ensure supplies are readily available inside the treatment and minor surgery room, and how to clean, disinfect and sterilize materials before re-use. Staff needs to be orientated to these to ensure a standardized approach for safe, efficient and effective care delivery.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

When patients are under observation it must be clear at all times who is responsible for the nursing care of the patient and who is the treating clinician. Larger healthcare facilities will have duty rosters to ensure staff is allocated to the observation area. Patients under observation should be able to alert nursing/medical staff at all times and nursing/medical staff should respond to these signals appropriately and in a timely manner. The healthcare facility needs to ensure that sufficient equipment to monitor vital signs is available for the staff responsible for patient care during observation, and that sufficient measures have been put in place for assuring privacy for patients.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

When a cardiac or respiratory arrest occurs, the immediate initiation of chest compressions or respiratory support may mean the difference between life and death or, at the very least, may help avoid potentially serious brain damage. Essential to providing these critical interventions is the quick availability of standardized medical technology, medications for resuscitation, and staff properly trained in resuscitation. Monitoring the outcome of each resuscitated patient creates awareness of service provision and serves as a trigger to implement improvements when and where needed.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

When the healthcare facility is not able to meet the needs of the patient with an emergency condition and the patient requires transfer to a higher level of care, the transferring healthcare facility must provide stabilizing treatment within its capacity prior to transport. The healthcare facility therefore needs to be aware which emergencies occur often, apart from CPR, like seizures, states of shock, severe dehydration, severe asthma, an unconscious patient, etc. and determine the level of care that can be offered on-site prior to referral. Protocols need to be provided by the healthcare facility to guide staff in timely and appropriate identification and management of these cases. The interventions provided to patients and their response until referral should be recorded, so that outcomes can be monitored and interventions altered or improved where needed.

MEASURABLE ELEMENTS:

- 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.**

STANDARD INTENT:

In order to be prepared to deal with emergencies, the healthcare facility should have an emergency tray or trolley readily available in a central place. National guidelines can apply as to which drugs and equipment are needed or allowed on an emergency trolley. Relevant SOPs and checklists need to be available to guide the staff in emergency care processes. A designated staff member should be allocated to physically check that required supplies are adequately available on the tray or trolley at all times.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

If oxygen therapy is delivered, the healthcare facility needs to ensure it is done appropriately, including putting in place safety precautions for storage of oxygen. There are several ways of delivering oxygen (piped, by cylinder or by oxygen concentrator), and staff members administering oxygen to patients are qualified and orientated on specific guidelines describing when and how to use oxygen. Pulse oximetry is recommended when considering oxygen therapy.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

There are various referral options for the different types of patients. For example, up-referral to higher level healthcare facilities and down-referrals to lower level healthcare facilities. The healthcare facility maintains a list of appropriate referral facilities. Protocols describing the lines of communication and which activities should take place when referring a patient should be provided to the staff for guidance. E.g. calling the referral healthcare facility to announce the patient, or ensuring referral forms are correct and completely filled out. It is important that the referral healthcare facility has all relevant information to ensure continuity of care and that a copy of the referral letter is available on-site for future reference.

MEASURABLE ELEMENTS:

- 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.**

STANDARD INTENT:

The healthcare facility needs to identify in what situations referral patients should be transported by ambulance and what staff accompany the patient. Communication between the personnel of the healthcare facility, the ambulance service, the drivers and the receiving organizations is critical and a system or process (flowchart) is in place. In order to ensure timeliness, ambulance response time is monitored. The ambulance needs to be clean and properly stocked to deal with obstetric and cardiopulmonary emergencies, as well as trauma. The ambulance staff are qualified for the job to ensure appropriate care is provided at all times once on route.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

A reliable family planning and reproductive health service is based on education of patients as an integral component of the service. Different contraceptive methods should be available and stock-outs of contraceptives should be prevented at all times. The service should be provided by qualified staff, with emphasis on training particularly on inserting intra-uterine devices (IUD's), if this is provided on-site. The healthcare facility needs to provide guidance for staff in safe service provision, for example, clear indicators when and where to refer, templates to facilitate patient education, or standard checklists to facilitate correct record-keeping.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Qualified staff is required to offer antenatal care services. A plan for each pregnant individual should be based on an assessment of needs. Measurements during follow-up need to be documented and should be easily retrievable from the patient's record. PMTCT must be supported for all patients that are ignorant about their status. Pregnant women should be informed on adequate nutrition during pregnancy and need to be prepared for delivery and breastfeeding. The frequency of follow-up visits should be clearly indicated. Country-specific clinical guidelines and protocols should be available to guide the staff in providing up-to-date treatment of complications during pregnancies and side effects of treatment with regard to the fetus.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

In order to provide safe obstetrical care, each delivery room requires adequate resources, such as a good delivery table and sufficient standard obstetric equipment. The delivery room should be adequate in terms of space, lighting, ventilation and privacy. Basic safety measures with regard to infection prevention should be in place for disposing of placentas. Where there is legislation regarding the disposal of human tissue, the necessary measures are taken, particularly in relation to religious and customary practices.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Maternal mortality is an important cause of death in many countries. Timely recording of observations during labor enables midwifery staff to intervene during prolonged labor and timely manage obstetric complications. Management includes timely referring patients who need higher-level care/ caesarian sections. Midwifery services should be carried out by qualified midwifery staff and evidence-based guidelines need to be readily available for staff with the aim of reducing maternal and neonatal mortality and morbidity.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

As many as 10% of all new-born infants need some intervention at birth. Although certain episodes of fetal asphyxia cannot be prevented, a prompt and skilled resuscitation may prevent lifelong adverse conditions. Adequate neonatal equipment should be readily available and staff needs to be trained in assessing neonates, recording and interpreting Apgar ratings and providing resuscitation. Newborns are identified and kept safe.

MEASURABLE ELEMENTS:

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.

STANDARD INTENT:

Guidelines on postnatal and post-delivery care need to be provided by the healthcare facility to guide staff in the following important areas. Firstly, conducting routine follow-up of the mother and newborn after delivery, including adequate vaccinations. Secondly, infants born to HIV positive mothers should be followed up and education on breastfeeding should be provided to mothers. Thirdly, management of post-delivery and postnatal emergencies such as a postpartum bleeding, jaundice and sepsis of the

neonate. Lastly, staff needs to be guided on which information needs to be recorded, where and how. The use of templates is likely to increase the level of correct and complete record keeping. Routine follow-up usually takes place in mother and child clinics, or postpartum care clinics and focuses on counselling and preventive care. However, it is also possible that a woman or newborns presents with an acute postpartum complication at a healthcare facility that does not offer routine postpartum services. Every primary care facility needs to be able to recognize postpartum problems and either manage them or refer appropriately.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Immunization is usually coordinated through country wide programs. Therefore, the country specific immunization programs and related requirements are leading in any immunization activities performed in the healthcare facility. In order to provide safe vaccine services, a continuous supply of vaccines and adequate equipment to keep vaccines under recommended storage temperatures should be available. Furthermore, national guidelines on vaccination (also for HIV+ children, if different) should be available to guide staff on how to handle vaccines effectively (easily destroyed by heat and rendered ineffective) and safely (appropriate disposal of used sharp syringes). In addition, staff needs guidance on recordkeeping vaccinations on tally sheets and on the Child-Health immunization cards, as well as how to educate mothers/child-caretakers about: A. possible side effects of each of the given vaccines, B. bringing the cards along with them when taking children to any healthcare facility, C. returning the child for the next immunization date as indicated on the card, etc.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

In order to provide adequate monitoring of pediatric growth and nutritional status, adequate equipment and guidelines for monitoring growth should be available. All children under 5 who are treated for illness must be evaluated for malnutrition as well. The fastest way is using Mid-Upper Arm Circumference (MUAC), the most accurate way is doing a weight for height. There must be a guideline that includes when action is needed and what should be done. Mothers should be educated on adequate nutrition for their child and how to wean off breastfeeding.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Dehydration is an important cause of death in children under 5 years of age. It can be relatively easily treated using the ABC schedule for dehydration and oral or IV rehydration fluids. All healthcare facilities should therefore

provide Oral Rehydration Service (ORS) by assuring sufficient resources are available and staff is guided in counselling and educating care takers. Furthermore, guidelines on common childhood illnesses, including oral health should be available to guide staff for effective service provision.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

In-country regulations determine when healthcare facilities are allowed to provide TB treatment. For example, if the healthcare facility needs to be accredited by a National TB Program. In order to provide safe TB care, the healthcare facility needs an infection control plan which includes early detection of TB cases and prompt airborne precautions; sufficient space and ventilation; and adequate ways to collect sputum. Also, adequate treatment guidelines that are in line with approved TB regimes in the country, should be available. An uninterrupted supply of medicine is of utmost importance to maximize treatment effect for the individual patient, and to minimize development of resistant TB.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Where VCT (Voluntary Counselling and Testing) and/or PITC (Provider-Initiated Testing and Counselling) is performed, national guidelines must be available to guide staff through national testing algorithm and counselling sessions. All staff conducting the tests and counselling sessions must be qualified to do so and trained on the procedures. The infrastructural requirements have to be sufficient in order to provide privacy and confidentiality and the required materials for VCT and PITC activities have to be available.

MEASURABLE ELEMENTS:

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.

STANDARD INTENT:

In-country regulations determine if healthcare facilities need to obtain permission from national bodies in order to provide ART treatment. To ensure safe service delivery, current national treatment guidelines that are in line with approved ART regimes in the country, should be available at the healthcare facility. In addition, PEP (Post-Exposure Prophylaxis) guidelines should be available in order to respond timely and correctly in case of occupational injuries (staff) or sexual assault (patients). It is important that assessments of patients and treatment provided is documented to ensure

effective communication between healthcare providers, especially when it comes to HIV+ obstetric patients.

MEASURABLE ELEMENTS:

- 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.**

STANDARD INTENT:

Despite the burden of mental and substance (drug) abuse disorders there is often a lack of awareness and adequate support for mental health services. Qualified staff members are required to manage the mental health service and should be able to consult mental health experts (psychiatrist or psychologist) when needed. Guidelines on mental health, including counselling, should be provided by the healthcare facility to guide staff on effective service provision.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

In-country education systems determine which specific resources, staff and training is required to offer dental care services. Even though dental services are often basic at primary care level, qualified staff is required to ensure safe practices. The healthcare facility should have an adequate lay-out and minimum equipment and medication for simple tooth filling and extractions, including adequate antibiotic prophylaxis when required. Guidelines for oral assessment and treatment, including appropriate record keeping should be available to guide staff in safe service provision.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

To prevent infection transmission in the dental area, barrier techniques and adequate cleaning and disinfection procedures should be followed. Protocols should also be in place to ensure that equipment requiring sterilization are processed timely and correctly. The patient and staff should be protected to radiation in the case radiographic equipment is used within the dental department.

MEASURABLE ELEMENTS:

- 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.

STANDARD INTENT:

Outreach is an activity of providing services to populations who might not otherwise have access to those services. Outreach has an educational role, e.g. raising the awareness of existing services, health promotion, education on malaria prevention, etc. Home based care service is offered to ensure continuation of care and the healthcare facility should plan accordingly to reach the required patients in the community.

MEASURABLE ELEMENTS:

- 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.