

1st Edition
Version 1.1

Primary Care Standards

Revise from Primary Care Standards Accreditation 1st Edition

The Healthcare Accreditation Institute (Public Organization)



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Preface

The service of primary Health care organizations involves medical and public health services at the initial level. This service is characterized by being easily and closely accessible to clients or the general public. The services comprehensively cover all aspects, including health promotion, disease control, disease prevention, diagnosis, medical treatment, and health rehabilitation. Furthermore, it is a service that provides attentive and continuous care, and also assists in coordinating patient referrals to other service units.

However, even though the complexity of the work in the primary level service may appear low, it is necessary to have a service standard that is clear, reliable, implementable, and variable, similar to other levels of healthcare organizations.

The Healthcare Accreditation Institute (Public Organization), the so-called brief as “HAI,” plays a role and has duties according to the Royal Decree establishing the Healthcare Accreditation Institute (Public Organization) B.E. 2552 (2009) and its amendment B.E. 2562 (2019). Its mission is to evaluate the development and accredit the quality of healthcare organizations—both those with admitted inpatients and those without—that are established by government agencies.

Recognizing the importance of primary health care organizations as the foundation of the country’s healthcare system, the Institute has continuously focused on developing this Primary Healthcare Organization Standards edition. This standard has undergone a process of implementation and comprehensive feedback gathering to serve as a clear guideline for quality development, alongside being an assessment criterion for accreditation. This will ultimately lead to the goal of establishing a standardized healthcare system, ensuring the public receives good and safe services.

HAI hopes that this edition of the Primary Healthcare Organization Standards will be used as a manual for all involved parties; for practitioners to use as a guideline for designing standard-compliant services, and for the Institute to use as a clear guideline for learning creation and assessment, thereby ensuring the public receives standardized services and maintains good health.

Healthcare Accreditation Institute (Public Organization)

December 2025

Primary Care Standards, 1st Edition Version 1.1

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Instruction for the Use of the Standards

Instruction for the Use of the Standards

This version of Primary Care Standards is prepared by category, with categories arranged into parts, sections, chapters, articles, and sub-articles, with the use of Arabic Numbers and Thai Alphabets to make it convenient to study and sort out the relationship between each section of the contents, as shown below.

1. **Part** such as **Part 2**
2. **Section** such as **Section 2.1**
3. **Chapter** such as **Chapter 2.1**
4. **Item** such as **Item 2.1 b**
5. **Sub-item** such as **Sub-item 2.1 b.1**: Must manage to meet the standards according to the requirements of **laws and relevant regulations**.

In case of the Item that contains a “Sub-item,” read the “Title of the Item” first, and then “the requirement defined in the Sub-item.”

For example, Sub-item 2.1 b.2 Information Service on the Eligibility for Health Coverage: **Must manage to meet the standards according to the requirements of laws and relevant regulations**.

6. **Footnote** is an additional description for the meaning of a word, a phrase or a sentence contained in the requirements of the standards, to make it easy to understand and ensure the clarity of how to take it to implement in practice.

Instruction for the Use of the Standards

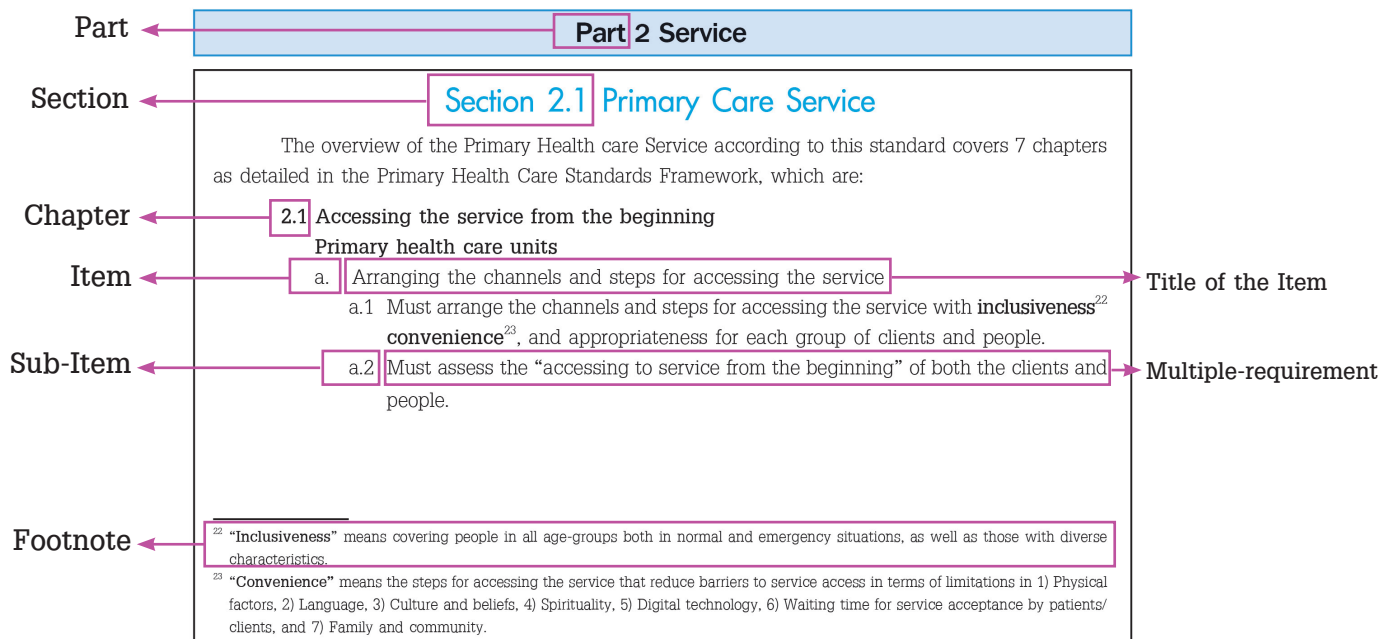


Figure 1 Classification of the sections in this Standards

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The Concept employed in the Development of Primary Care Standards

With reference to the nature of significant tasks of healthcare organizations that render primary care service to people which feature a diverse range including the thorough and comprehensive care from the beginning, harmoniously with health promotion, disease control and prevention, examination and diagnosis, treatment and care procedures and rehabilitation, and that are rendered attentively and continuously with the connection and collaboration with other agencies and networks at all levels, safe, efficient and able to yield desirable outcomes;

Therefore, the first edition of Primary Care Standards is developed based on the Standards defined by The International Society for Quality in Health Care External Evaluation Association (ISQuaEEA) that emphasizes patient safety, the continuity of quality improvement, and the employment of people-centered scheme, and also based on other key quality issues prescribed in the Primary Care System Act, B.E. 2562 (2019), featuring the following specific characteristics.

Objective of Primary Care Standards Development

Objective of Primary Care Standards Development

1. Promote good connection among collaborative network members for pursuing quality improvement together.
2. Define Primary Care Standards in a holistic scheme to ensure thoroughness and comprehensiveness.
3. Emphasize the prevention and solution for a health problem from the initial period of the issue by employing the approach of “promote health rather than cure” as the guideline for practice.
4. Promote learning to ensure the improvement of service to meet the standards in line with national contexts.
5. Create the self-identity of the Primary Care Service of Thailand.

This is intended to enable personnel to carry out their duties with efficiency and effectiveness, thereby ultimately benefiting service recipients and the public.

Definition

Definition

In this Standards:

“Primary Health Care Organization” means a healthcare organization that does not admit a patient to stay in its setting, and that has been registered as a “primary care unit” or “primary care network” by virtue of the Primary Care Act, B.E. 2562 (2019) or the National Health Security Act.

“Primary Health Care Service” means a medical and public health service rendered with an aim to address the health issues of people and clients in the catchment area and in a holistic approach by providing care from the beginning and continuously thereafter, harmoniously with health promotion, disease control and prevention, examination and diagnosis, treatment and care procedures and rehabilitation, with an appropriate relation with family, community and medical and public health servicing bodies at secondary and tertiary levels, both in public and private sectors.

The Framework of Primary Care Standards

This version of Primary Care Standards is prepared by classifying the contents into sections and steps including 3 parts as follows.

Part 1: Management

The content comprises 6 chapters.

Part 2: Primary Care Services

Section 2.1: Primary Health Care Services

The content comprises 7 chapters.

Section 2.2: Primary Public Health Services

The content comprises 2 chapters.

Section 2.3: Service Support

The content comprises 5 chapters.

Part 3: Performance Outcomes

The content comprises 4 chapters.

The Framework of Primary Care Standards

The contexts of catchment area, clients and people under the responsibility

Part 1 Administration of Primary Health Care

Organization Administration

- 1.1 Leader
- 1.2 Action Plan Administration
- 1.3 Emphasis on People and Using People-centered Approach
- 1.4 Measurement, Analysis and Knowledge Management
- 1.5 Focusing on Personnel and Public Health Volunteers
- 1.6 Operational Scheme and Quality Improvement

Part 2 Service

Section 2.1

Primary Care Service

- 2.1 Accessing the service from the beginning
- 2.2 Health Assessment
- 2.3 Collaborative and Empowering Care Planning
- 2.4 The Delivery of Care
- 2.5 Continuity of Care
- 2.6 Home-based Care
- 2.7 Providing Information and Confidence in Self-Care to Clients and Families

Section 2.2

Public Health Service

- 2.8 Surveillance of Diseases, illnesses and Health Hazards
- 2.9 Conducting Health Promotion together with Community

Section 2.3

Service Support

- 2.10 Improving Service Environments
- 2.11 The Prevention and Control of Infections
- 2.12 Medication and Vaccine Management
- 2.13 Conducting the Tests for Health Assessment and Disease Diagnosis
- 2.14 Information and Medical Record Management

Part 3

Performance Results

- 3.1 Results of Service Operation
- 3.2 Management Results
- 3.3 Outcomes of Patient People-Centered Focus
- 3.4 Outcome of Health Promotion in Collaboration with the Community

Figure 2 Framework of Primary Care Standards

Part 1
Administration of
Primary Health Care
Organization Administration



Part 1 Administration of Primary Health Care Organization Administration

The contexts of catchment area, clients and people under the responsibility

Part 1 Administration of Primary Health Care Organization Administration

- 1.1 Leader
- 1.2 Action Plan Administration
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- 3.1 Results of Service Operation
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Part 1 Administration of Primary Care Organization Administration

The Overview of Primary Care Organization Administration according to this Standards consists of the following 6 Chapters as detailed in the Item: The Framework of Healthcare Organization Standards.

1.1 Leader

- a. Must **guide**¹ the improvement of primary care service to gain a good **quality**² in a way featuring the “close to home, close to heart” in accordance with local contexts, clients and people under the responsibility.
- b. Must be able to regularly communicate the established **objectives**³ to personnel, people, and stakeholders, and achieve the desired outcomes.

¹ “**Guide**” refers to the actions such as defining the vision, mission, value, the practice principle regarding ethics and morality, as well as the focal points of the improvement and essential practice, which can be defined by the leaders of primary care organizations or the regulatory agencies,

² “**Quality**” means the provision of holistic health services, taking into account activities that cover all stages of life. It involves care from the outset that is comprehensive and complete; attentive and continuous; well coordinated and linked with healthcare facilities and networks at all levels; safe and efficient; and capable of achieving the desired outcomes.

³ “**Objectives**” refers to the objectives for developing quality primary-level health services that are aligned with the local context, service users, and the population under the facility’s responsibility. These objectives are determined by leadership, either independently or jointly with relevant stakeholders. In all cases, they must be supported by a strategic plan or a quality improvement plan.

Part 1 Administration of Primary Health Care Organization Administration

- c. Must monitor and evaluate the operation to achieve the objectives.
- d. Must **regulate and oversee the performance**⁴ together with **Regulatory agencies**⁵.
- e. Must promote the compliance with laws and relevant **regulations**⁶
- f. It is necessary to foster teamwork, boost morale, and empower personnel.

⁴ **“Regulate and oversee the performance”** refers to the action of healthcare organizations in ensuring that the regulatory and overseeing activities will be conducted with responsiveness to the key issues, such as the targets and objectives of the operation, the administrative performance of the leader, financial. administration, service outcomes, compliance with laws and ethical behaviors; under the joint effort with the regulatory agencies overseeing the healthcare organizations, including having a governance system that is accountable for key Issues and provides mechanisms to recognize and manage **ethical dilemma** in an appropriate manner and timeframe, as well as overseeing outcomes of Primary Health Care Service, Primary Public Health Service, and continuous quality improvement and safety, under the Oversight of relevant agencies or area level committees.

⁵ **“Regulatory agencies”** means the agencies holding duties and authority in regulating and overseeing primary care organizations, such as Provincial Administration Organization (PAO), Provincial Health Office, Health Department of Bangkok Metropolitan Administration (BMA), and so on.

⁶ **“Relevant laws and regulations”** include: the Primary Health System Act; the Personal Data Protection Act; laws and regulations protecting the employment of persons with disabilities; occupational health and safety requirements; regulations on building and facility structures; environmental protection requirements; waste management regulations; the Communicable Diseases Act (for notifiable diseases); the Consumer Protection Act; food safety regulations; regulations on health products; and professional practice laws.

Part 1 Administration of Primary Health Care Organization Administration

- g. Must consistently **quality improvement activities**⁷.

1.2 Action Plan Administration

Primary care units

- a. Must develop the action plan in a way that the objectives of which the local context.
- b. Must monitor, evaluate and improve the performance to gain desirable outcomes.

1.3 Emphasis on People and Using People-centered Approach

Primary care units

- a. Must conduct a public hearing with clients and people through an appropriate approach for each group and that is responsive to their expectations.
- b. Complaints from service users and the public must be received and managed appropriately and transparently, with corrective actions implemented within the specified timeframe.
- c. The facility must establish guidelines to protect patients' rights, respect privacy, and uphold diversity and differences in gender, culture, and personal beliefs.

⁷ “Quality improvement activities” such as the activities in reviewing the servicing scheme, reviewing the referral procedures, a further review by a more expert professional, reviewing the adverse events, medication management, an infection, reviewing the indicators, and so on.

Part 1 Administration of Primary Health Care Organization Administration

1.4 Analytical Measurement and Knowledge Management

Primary care units

- a. Must define outcome indicators that are relevant to the objectives, appropriate, and consistent with the context.
- b. Must analyze data and utilize them in the monitoring and evaluation of the performance.
- c. Develop a **Quality Improvement Plan**⁸ and publish the results of continuous quality improvement.

⁸ “**Quality Improvement Plan (QIP)**” means a plan that responds to the identified opportunities for improvement, with clear targets, timelines, activities, and responsible persons; promotes continuous quality improvement; and is regularly updated.

Part 1 Administration of Primary Health Care Organization Administration

1.5 Focusing on Personnel and Public Health Volunteers⁹

Primary care units

- a. **Must supervise and monitor**¹⁰ the performance of personnel to comply with professional standards, laws and relevant regulations, and related practice guidelines.
- b. The Development plan for regular personnel and public health volunteers
 - b.1 Must be arranged **appropriately according to the context**¹¹ to support the achievement of the operational plan's objectives.
 - b.2 Should monitor and evaluate the performance to achieve the objectives.

⁹ “**Health Volunteer (VHV)**”, Bangkok Health Volunteer (BHV), and other public health volunteers who serve the role as a health behavior change leader, a public health information communicator, a knowledge dissemination and advisory provider, a planner, and a coordinator of public health development activities, as well as an agent delivering various public health services such as health promotion, disease surveillance and prevention, basic medical and nursing aid, patient referral, and consumer health protection.

¹⁰ “**Supervising and monitoring**” the performance includes defining the scope of work for each personnel who are qualified and supported to receive knowledge and skill development related to the performance for quality of care and safety of patients/clients.

¹¹ “**Appropriate and consistent with the context**” includes being appropriate based on the results of competency assessment, appropriate according to the standards recommended by professional organizations, and arranging for newly appointed personnel to receive orientation.

Part 1 Administration of Primary Health Care Organization Administration

- c. Manage to ensure the adequacy and **appropriate qualifications**¹² of personnel by coordinating with healthcare organizations, servicing networks and regulatory agencies.
- d. Work environment and safety
 - d.1 Must arrange the workplace to be safe, appropriate, and consistent with the context of the work.
 - d.2 Should establish practice guidelines for personnel care on issues of **health, safety**¹³, well-being, violence, bullying, harassment, and abuse.

¹² **“Appropriate Qualifications”** means the definition, verification, and assessment of the qualifications of permanent personnel, including Village Health Volunteers (VHVs), to be appropriate for the duties and responsibilities, education, knowledge, skills, and experience, consistent with the job description standards and context.

¹³ **“Health and Safety”** Issues such as 1) Providing appropriate vaccines, medications, or procedures for personnel to prevent diseases; 2) The availability of appropriate and sufficient Personal Protective Equipment (PPE); 3) Assessment of health risks and work environment; 4) Prevention of work-related infections; 5) Prevention of injury from needles and sharp objects; 6) Prevention of injury from chemical and other physical factors; and 7) Prevention of injury from ergonomic factors.

Part 1 Administration of Primary Health Care Organization Administration

1.6 Operational Scheme and Quality Improvement

Primary care units

- a. Designing and developing the servicing operations in the feature of “**close to home close to heart**¹⁴” towards a good quality.
 - a.1 Must define **service offering**¹⁵, objectives, practice guidelines, and performance indicators that are appropriate and consistent with the context.
 - a.2 Should identify the risks that may cause the operational results not to achieve the objectives.
 - a.3 Should control and supervise the compliance with practice guidelines.
 - a.4 Should monitor and evaluate the performance to achieve the targets.
 - a.5 Should continuously improve service and working process.

¹⁴ “close to home close to heart ” service means the service that has one or several characteristics combined, such as providing healthcare service to clients and people being responsible for with close and continuous care, being a reliance, supporting self-care, providing home health care, and including service through telemedicine systems.

¹⁵ “**Service offering**” means the key goal or requirement in primary healthcare service, which is defined using information obtained from clients, families, personnel, and communities.

Part 1 Administration of Primary Health Care Organization Administration

- b. Risk management and ensuring safety
Primary Care
 - b.1 Must manage the following:
 - b.1.1 Risk management planning
 - b.1.2 Defining policy for risk and safety management
 - b.1.3 Creating a risk type registry
 - b.1.4 Communication and collaboration with network hospitals/organizations and the regulating agency
 - b.2 Must be able to perform the following:
 - b.2.1 Identifying diagnosis and care procedures that may put clients at risk or unsafe.
 - b.2.2 Identifying the severity of risk that may cause harm to clients.
 - b.2.3 Defining methods to **reduce or eliminate identified risks**¹⁶.

¹⁶ **“Context-specific safety practice guidelines”** such as: Recommendations following the Patient, Personnel, and People Safety Goals of Thailand; Promoting the participation and empowerment of patients/clients and families; Surveillance of diseases, illness, and health threats; and Health promotion in collaboration with the community.

Part 1 Administration of Primary Health Care Organization Administration

- b.2.4 Recording, reporting, and **managing unsafe incidents**¹⁷.
- b.3 Should monitor, evaluate, and improve the operation to achieve the targets.
- c. Procurement of **materials and medical supplies**¹⁸ and the **servicing tasks not carried out by the organization**¹⁹
 - c.1 Must manage to meet the standards according to the requirements of laws and relevant regulations.
 - c.2 Should control and supervise to ensure strict compliance.
 - c.3 Should appropriately evaluate and utilize the evaluation results.

¹⁷ **“Managing unsafe incidents”** means investigating, searching, analyzing systematic causes, and responding to incidents; Utilizing the causes for preventive improvement; Communicating with clients, families, and communities; and providing physical and mental care and support to personnel affected by the incidents.

¹⁸ **“Materials and medical supplies”** such as medical equipment, essential medical supplies, medicines, vaccines, non-pharmaceutical medical supplies, etc.

¹⁹ **“The tasks or activities not carried out by the organization”** but by contracting an outsourced person or an outsourced agency, such as the tasks to dispose infectious wastes, to do the cleaning, to provide a health check-up service, to run the security management, to provide inter-agency transportation system, etc.

Part 1 Administration of Primary Health Care Organization Administration

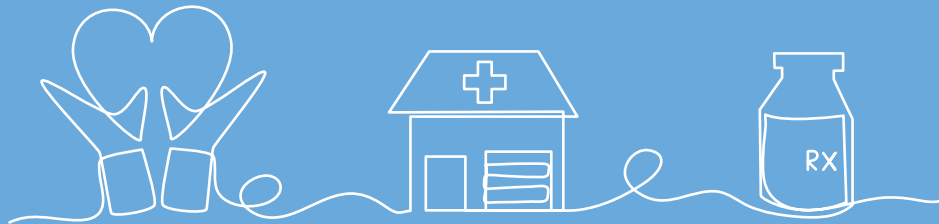
- d. Must manage to meet the standards according to the requirements of laws and relevant regulations regarding patient confidentiality when it is necessary to communicate data via social media or telemedicine systems, while still ensuring accurate patient identification.
- e. Collaboration with hospitals, service networks, and the regulating agency.
 - e.1 Must establish comprehensive and context-specific collaboration practice guidelines²⁰
 - e.2 Should monitor and evaluate the performance that achieves the desired outcomes.
- f. Should prepare **safety readiness for disaster conditions**²¹

²⁰ **“Comprehensive and context-specific”** means covering various issues involved in providing services to clients, such as hospitals, service networks, the regulating agency, and individuals.

²¹ **“Safety readiness for disaster conditions”** such as: Hazard vulnerability analysis to identify potential disaster conditions that may affect healthcare service needs in the area; Developing and reviewing disaster response and recovery plans; Mobilization of resources and personnel; Restoration to original condition or new improvement; and Regular drills to test disaster management.

Part 2

Service



Part 2 Service

The contexts of catchment area, clients and people under the responsibility

Part 1 Administration of Primary Health Care

Organization Administration

- 1.1 Leader
- 1.2 Action Plan Administration
- 1.3 Emphasis on People and Using People-centered Approach
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- 1.5 Focusing on Personnel and Public Health Volunteers
- 1.6 Operational Scheme and Quality Improvement

Part 2 Service

Section 2.1

Primary Care Service

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Section 2.2

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Part 3

Performance Results

- 3.1 Results of Service Operation
- 3.2 Management Results
- 3.3 Outcomes of Patient People-Centered Focus
- 3.4 Outcome of Health Promotion in Collaboration with the Community

Section 2.1 Primary Care Service

The overview of the Primary Health care Service according to this standard covers 7 chapters as detailed in the Primary Care Standards Framework, which are:

2.1 Accessing the service from the beginning

Primary care units

- a. Arranging the channels and steps for accessing the service
 - a.1 Must arrange the channels and steps for accessing the service with **inclusiveness**²² **convenience**²³, and appropriateness for each group of clients and people.
 - a.2 Must assess the “accessing to service from the beginning” of both the clients and people.

²² **“Inclusiveness”** means covering people in all age-groups both in normal and emergency situations, as well as those with diverse characteristics.

²³ **“Convenience”** means the steps for accessing the service that reduce barriers to service access in terms of limitations in 1) Physical factors, 2) Language, 3) Culture and beliefs, 4) Spirituality, 5) Digital technology, 6) Waiting time for service acceptance by patients/clients, and 7) Family and community.

Part 2 Service

- b. Information Service on the Eligibility for Health Coverage
 - b.1 Must manage to meet the standards according to the requirements of **laws and relevant regulations**²⁴
 - b.2. Should monitor, evaluate, and improve the performance to achieve the objectives.
- c. The **Pro-active Service**²⁵ Delivery
 - c.1 Must conduct a health screening for important groups of clients and people in accordance with the context.
 - c.2. Should provide health consultation that is appropriate and consistent with the context of each individual client.

²⁴ “**Laws and relevant regulations**” include the statutory right to healthcare eligibility for use as information to support decision-making in choosing care/treatment or entering the appropriate referral system, including the Declaration of Patients’ Rights and Responsibilities.

²⁵ “**Pro-active service**” means the delivery of service that emphasizes early prevention and remedy at the time when a problem or an abnormality is detected, through an approach that clients and people do not need to come to healthcare organizations for the service.

Part 2 Service

2.2 Health Assessment

Primary care units

- a. Comprehensive and complete **health assessment**²⁶
 - a.1 Must establish guidelines for **holistic health assessment of clients**²⁷.
 - a.2 Must assign responsibilities to qualified personnel and support them to receive appropriate knowledge and skill development consistent with the context.
 - a.3 Should record and communicate the health assessment results, and implement appropriate measures to prevent or mitigate risks.

²⁶ **“Health assessment”** means the assessment of health for both general assessment and health assessment in patients at risk of health threats, conducted by a multidisciplinary team. This includes assessment of drug and herbal use, falls, infection, nutritional status, chronic diseases, and health threats related to patient care.

²⁷ **“Holistic”** means covering all dimensions that affect the illness of the whole person, not just the disease alone, including physical, psychological, personal preference, social, cultural, belief, socioeconomic, environmental, family, community, and spiritual aspects, by establishing operational manuals, regulations, or practice guidelines.

Part 2 Service

- b. Examination and Diagnosis of Disease and Illness
 - b.1 Must establish guidelines for the diagnosis of diseases and illness for important groups consistent with the context.
 - b.2 Must assign responsibilities to qualified personnel and support them to receive appropriate knowledge and skill development consistent with the context.
 - b.3 Must establish guidelines for consulting with physicians in healthcare organizations with higher capability.
 - b.4 Should record and communicate the diagnosis results to the clients.

Part 2 Service

2.3 Collaborative and Empowering Care Planning

Primary care units

- a. Must establish clinical practice guidelines for the treatment and care of important groups of **diseases and illness**²⁸ by using evidence-based information.
- b. Making a plan for the delivery of care and empowerment
 - b.1 Must define the targets of the care plan for an individual that are responsive to health assessment results thoroughly and comprehensively.
 - b.2 Must promote the participation of clients and families in decision-making regarding treatment options and care planning.
 - b.3 Should collaborate with hospitals, service networks, communities, and relevant partners.
 - b.4 Should completely record medical records and communicate essential information.

²⁸ “Diseases and illness” means groups of diseases and illness that are frequently encountered, affecting the well-being of the community, which are context-specific, and are problems that require holistic treatment and care, such as Malaria, Tuberculosis, etc.

Part 2 Service

2.4 The Delivery of Care

Primary care units

- a. Must arrange **general care**²⁹ and treatment services, without separating diseases or services.
- b. Must delegate responsibility to the personnel or volunteers who have suitable qualifications.
- c. Treatment and Care
 - c.1 Must manage care according to the existing clinical practice guidelines to ensure client safety and achieve desired outcomes.
 - c.2 Must provide self-care recommendations to prevent potential health problems that are appropriate to the context of each individual client.
 - c.3 Must ensure correct client identification during the treatment process.
- d. Managing adverse complications and critical/emergency conditions
 - d.1 Must establish context-specific appropriate practice guidelines to ensure client safety.

²⁹ **“General”** means general treatment, focusing mainly on symptomatic treatment, not focusing on separating diseases or services, and also being initial treatment to allow for efficient and effective referral of patients to higher capability care.

Part 2 Service

d.2 Must prepare medical supplies, devices and life-saving equipment properly for prompt use.

d.3 Must organize a drill or rehearsal regularly, evaluate and improve the performance.

2.5 Continuity of Care

Primary care units

a. Continuous care for **health conditions throughout all life stages**³⁰

a.1 Must establish practice guidelines for continuous follow-up care that appropriately responds to the health needs of each individual client.

a.2 Should coordinate and provide palliative care, including end-of-life care until death, **appropriately**³¹ in collaboration with the family.

a.3 Should completely record medical records and communicate essential information.

³⁰ “**Health conditions throughout all life stages**” means: 1) The pre-conception period, childhood, and adolescence; 2) The period without illness and prevention; and 3) The period with health risks, chronic illness, disability, and the end-of-life stage until death.

³¹ “**Appropriate**” such as: Appropriate in terms of symptom relief and responding to psychosocial and spiritual needs.

Part 2 Service

- b. Referral and re-admission of clients between service organizations
 - b.1 Must establish guidelines for consultation, referral, and re-admission with healthcare organizations with higher capability.
 - b.2 Must coordinate with the healthcare organization to which the patient will be referred.
 - b.3 Should efficiently transfer the patient's medical and care records, both from the transferring and receiving healthcare organizations, and communicate essential information completely.

Part 2 Service

2.6 Home-based Care

- a. Must establish appropriate guidelines for health assessment and health care for each individual client and family at home.
- b. Should define the goals of the care plan and encourage empowerment for all relevant sectors involved in patient care, so that the patient can effectively manage self-care.
- c. Should collaborate with hospitals, service networks, communities, and relevant partners.
- d. Promoting the involvement of stakeholders in patient care to ensure accurate and complete medical record keeping.

Part 2 Service

2.7 Providing Information and Confidence in Self-Care to Clients and Families

- a. Must establish appropriate practice guidelines for providing information and empowerment.
- b. Must define skill-enhancing activities that cover problems, consistent with the health assessment results and the treatment and care plan, with the participation of clients and families.
- c. Should establish appropriate guidelines for emotional, expectation, and psychological support and counseling for each individual client.
- d. Should evaluate and improve the participation of clients and families in the operation.

Section 2.2 Primary Public Health Service

The overview of the **Primary Public Health Service**³² according to this standard covers 2 chapters, as detailed in the Primary Care Standards Framework, which are:

2.8 Surveillance of Diseases, Illnesses and Health Hazards

Primary care units

- a. Must apply epidemiological method in specifying the significant groups of diseases, illnesses, and health hazards in line with the contexts.

³² “**Primary Public Health Service**” means the primary public health care provided to people under responsibility by personnel, public health volunteers or the volunteers of any other kinds, including the service provided by people, which covers the area of health promotion, the control and prevention of diseases, illnesses and health hazards, with the collaboration with community, service networks and other agencies concerned, to address the health issues of people in line with the contexts.

Part 2 Service

- b. Conducting the surveillance of diseases, illnesses and health hazards
 - b.1 Must analyze, compare and interpret the surveillance data regularly by using the epidemiological methods.
 - b.2 Must coordinate with community, healthcare organizations, service networks and the agencies concerned.
 - b.3 Define relevant measures and make a “Prevention and Control Plan” appropriately in line with the contexts.
- c. Response to the Outbreak
 - c.1 Must have a Surveillance and Rapid Response Team (SRRT) for responding to an outbreak efficiently.
 - c.2 Must coordinate with community, healthcare organizations, service networks and the agencies concerned.
 - c.3 Must proceed the disease investigation for each individual case immediately and in time.
 - c.4 Monitor, evaluate and improve the performance to gain desirable outcomes.

Part 2 Service

2.9 Conducting Health Promotion together with Community

Primary care units

- a. Must manage to provide wellness assessment, screening, and identification of problems and health risk factors.
- b. Delivering Health Promotion Service together with Community
 - b.1 Must organize health status assessment and the screening for health problems and health risks.
 - b.2 Must analyze and use the data of health status assessment results in delivering the service.
 - b.3 Must define the objectives and outcomes of service delivery.
 - b.4 Must coordinate with community, service networks and the agencies concerned.
 - b.5 Should monitor and evaluate the engagement of community and the outcomes of the service; and improve the performance to gain desirable outcomes.

Section 2.3 Service Support

The overview of the support for Primary Healthcare Service in collaboration with hospitals, service networks, the regulating agency, and other relevant organizations according to this standard covers 6 chapters, as detailed in the Primary Care Standards Framework, which are:

2.10 Improving Service Environments

Primary care units

- a. Service Venue and Environment
 - a.1 Must manage successfully to conform with laws and meet relevant standards.
 - a.2 Monitor, evaluate and improve the performance.
- b. The Management of Hazardous Materials and Wastes
 - b.1 Must manage successfully to conform with laws and meet relevant standards.
 - b.2 Monitor, evaluate and improve the performance.

Part 2 Service

- c. The Management of Service Support Tools
 - c.1 Must manage successfully to conform with **laws and meet relevant standards**³³.
 - c.2 Must test and calibrate for preciseness and validity.
 - c.3 Manage the maintenance well to sustain the cost-effectiveness and ensure the promptness for use.
 - c.4 Monitor, evaluate and improve the performance.
- d. Fire Prevention and Extinction
 - d.1 Must develop a “Fire Prevention and Extinction Plan” appropriately in line with the contexts.
 - d.2 Must prepare alarming device and **fire extinguishing equipment**³⁴ appropriately and adequately.
 - d.3 Must organize a fire drill and evaluate the plan within a considerable period; and improve the performance.

³³ **“Relevant measures”** such as: Training of personnel to safely use equipment; Establishing guidelines to permit only those who have undergone training to use specialized equipment.

³⁴ **“Fire extinguishing equipment”** such as smoke detector, fire alarming device, fire extinguishing system (water pipe, fire extinguishing chemicals, water injection or sprinkler system), fire extinguisher tanks, back-up water system.

Part 2 Service

- e. Waste Management and Disposal
 - e.1 Must manage successfully to conform with laws and meet relevant standards.
 - e.2 Monitor, evaluate and improve the performance.
- f. Waste Water Management and Disposing into Public Water Resources
 - f.1 Must manage successfully to conform with laws and meet relevant standards.
 - f.2 Monitor, evaluate and improve the performance.

Part 2 Service

2.11 The Prevention and Control of Infections

Primary care units

- a. Conducting the surveillance, prevention and control of infections in clients, personnel and community
 - a.1 Must establish practice guidelines for the prevention and control of infectious diseases, based on evidence-based information in operation.
 - a.2 Should identify risks that may lead to infectious diseases in important client groups, including the community.
 - a.3 Must coordinate with hospitals, service networks, or the regulating agency.
 - a.4 Should monitor, evaluate, and improve performance in collaboration with **relevant infectious disease prevention and control organizations**³⁵.

³⁵ “**Relevant infection prevention and control agencies**” such as healthcare organizations receiving a referral, service networks, regulatory agencies.

Part 2 Service

- b. Must arrange for personnel and Village Health Volunteers (VHVs) to receive **training and practical exercises**³⁶ for the prevention of related infectious diseases.
- c. Awareness of the emerging infectious disease situation
 - c.1 Must establish appropriate practice guidelines using evidence-based information in operation.
 - c.2 Must coordinate with hospitals, service networks, the regulating agency, and the community.
 - c.3 Monitor, evaluate and improve the performance.

³⁶ Examples of the topics provided in the **training and practicing** are such as how to apply the standards in controlling and preventing the infections in clients, how to use personal protective equipment (PPE) properly, how to do the cleaning, disinfecting and sterilizing, and how to provide adequate support of resources

Part 2 Service

2.12 Medication and Vaccine Management

Primary care units

- a. Must delegate responsibility to qualified personnel and provide them with a **support for getting developed**.³⁷
- b. Medication Management
 - b.1 Must establish practice guidelines for medication management to ensure high quality and **safety**³⁸ of medication.
 - b.2 Must establish practice guidelines for rational drug use.
 - b.3 Must coordinate with hospitals, service networks, or the regulating agency.
 - b.4 Should collect data on medication errors and adverse events.
 - b.5 Should monitor, evaluate, and improve performance in collaboration with relevant organizations.

³⁷ “The support for getting developed” such as the knowledge and skills development for personnel in the medication management system to ensure safety.

³⁸ “Safe” means the use of medicines is conducted safely, correctly and appropriately from the stage of storing medicines, stock refilling management, prescribing, preparing, labeling, distributing/dispensing, and delivering medicines both in the setting of healthcare organizations and at home, the provision of medication information verbally or in writing.

Part 2 Service

- c. Vaccine Management
 - c.1 Must establish practice guidelines for vaccine management to meet relevant standards.
 - c.2 Must coordinate with hospitals, service networks, or the regulating agency.
 - c.3 Should monitor, evaluate, and improve performance **in collaboration with relevant organizations.**
- d. Should **capacitate public health volunteers and caregivers in community**³⁹ to enable them to take part in the management process for safe use of medicines.

³⁹ **“The capacitation of public health volunteers and caregivers in community”** such as providing them with appropriate information about medication, which also include the names of medicines, the purpose of use, benefits and possible side effects, how to use medicines safely and properly, how to prevent medication errors, and what to do when a drug adverse event happens.

Part 2 Service

2.13 Conducting the Tests for Health Assessment and Disease Diagnosis

Primary care units

- a. Must delegate responsibility to qualified personnel and provide them with a support for getting developed.
- b. Managing the testing operation for health assessment and disease diagnosis
 - b.1 Must develop a practice guideline for the delivery of basic laboratory testing⁴⁰ service.
 - b.2 Must coordinate with healthcare organizations, service networks or regulatory agencies.
 - b.3 Should monitor, evaluate and improve the performance together with the agencies concerned.

⁴⁰ “Basic laboratory testing” refers to the comprehensive testing procedure covering the stage of patient preparation, the collection and proper storage of specimens, the analytical testing, issuing a report of the test results, monitoring the turnaround of test results, quality control, securing patients’ safety and safeguarding the rights of patients.

Part 2 Service

2.14 Management of Data and Information, Medical Records, and Digital Health Care

Primary care units

- a. Information management
 - a.1 Must manage successfully to **conform with applicable laws and relevant standards.**⁴¹
 - a.2 Must coordinate with healthcare organizations, service network and regulatory agencies.
 - a.3 Should monitor, evaluate and improve the performance.

⁴¹ “Conform with applicable laws and relevant standards” such as: Reliable, accurate, and up-to-date data and information; Maintaining the security and safety of personal data; And readiness for use by personnel, external agencies, and the public; Including retention and destruction according to established guidelines.

Part 2 Service

- b. Medical Record Management
 - b.1 Must develop a Medical Record Management Guideline, in form of a written hard copy and in electronic form, properly in line with **applicable laws and relevant standards**.⁴²
 - b.2 Should monitor, evaluate and improve the performance.
- c. Support for Digital Health Care Services
 - c.1 Must manage to comply with relevant laws and standards.
 - c.2 Should coordinate with hospitals, service networks, and the regulating agency.
 - c.3 Should monitor, evaluate, and improve performance.

⁴² “**Applicable laws and relevant standards**” covers the characteristics such as appropriate; effective; safeguarded for the security of personal information; the protection (of medical record) from loss or missing, physical damages, a cyberattack, a manipulation and an access or a use by a person who is not authorized to store and destroy (them) by virtue of the regulations.

Part 3

Performance Results



Part 3 Performance Results

The contexts of catchment area, clients and people under the responsibility

Part 1 Administration of Primary Health Care

Organization Administration

- 1.1 Leader
- 1.2 Action Plan Administration
- 1.3 Emphasis on People and Using People-centered Approach
- 1.4 Measurement, Analysis and Knowledge Management
- 1.5 Focusing on Personnel and Public Health Volunteers
- 1.6 Operational Scheme and Quality Improvement

Part 2 Service

Section 2.1

Primary Care Service

- 2.1 Accessing the service from the beginning
- 2.2 Health Assessment
- 2.3 Collaborative and Empowering Care Planning
- 2.4 The Delivery of Care
- 2.5 Continuity of Care
- 2.6 Home-based Care
- 2.7 Providing Information and Confidence in Self-Care to Clients and Families

Section 2.2

Public Health Service

- 2.8 Surveillance of Diseases, illnesses and Health Hazards
- 2.9 Conducting Health Promotion together with Community

Section 2.3

Service Support

- 2.10 Improving Service Environments
- 2.11 The Prevention and Control of Infections
- 2.12 Medication and Vaccine Management
- 2.13 Conducting the Tests for Health Assessment and Disease Diagnosis
- 2.14 Information and Medical Record Management

Part 3

Performance Results

- 3.1 Results of Service Operation
- 3.2 Management Results
- 3.3 Outcomes of Patient People-Centered Focus
- 3.4 Outcome of Health Promotion in Collaboration with the Community

Part 3 Performance Results

Part 3 Performance Results

The Overview regarding the performance of the Primary Care Service in a way that would gain a good quality in the feature of “close to home close to heart” of people within the contexts of the catchment areas, the clients and people under the responsibility, as defined in this Standards, consists of the following 4 Chapters as detailed in the Item: The Framework of Primary Care Standards.

3.1 Results of Service Operation

Primary care units

- a. Must show the outcomes of the treatment and care service provided to significant groups of clients and people in accordance with the contexts.
- b. Empowerment of Clients and People
 - b.1 Must show the outcomes of the operation in pursuing self-dependability.
 - b.2 Must show the outcomes of the operation in pursuing the accessibility to the service from the beginning.
- c. Surveillance of Diseases, Illnesses and Health Hazards
 - c.1 Must show the outcomes of the operation in controlling and preventing significant communicable diseases in accordance with the contexts.

Part 3 Performance Results

c.2 Must show the outcomes of the operation in controlling and preventing significant health hazards in accordance with the contexts.

3.2 Management Results

Primary health care units

- a. Must show the results of the quality operation in managing the service delivery in the feature of “close to home close to heart”
- b. Working with Healthcare Organizations and Service Network
 - b.1 Must show the results of the operation of the refer-out and the refer-back of patients.
 - b.2 Must show the results that reflect the relationship with healthcare organizations and service network.
 - b.3 Must show the results of the operation in supporting the service efficiently and in a safe manner.
- c. Must show the results of the operation in pursuing the continuity of care and the success or achievement to be proud of.

Part 3 Performance Results

3.3 Outcomes of Patient and People-Centered Focus

Primary care units

- a. Must show the outcomes regarding the satisfaction of clients and people.
- b. Must show the outcomes of complaint management.

3.4 Outcomes of Health Promotion in Collaboration with the Community

Primary care units

- a. Health promotion of significant groups of clients and people in accordance with the contexts
 - a.1 Must show the outcomes of maternal and child health service.
 - a.2 Must show the outcomes of health promotion in school children.
 - a.3 Must show the outcomes of health promotion in the adults of working age.
 - a.4 Must show the outcomes of health promotion in elderly people and the disabled.
- b. Must show the outcomes of the empowerment for people and community to be dependable for each other.

Annex 1

Scoring Guideline

for Primary Care Standards



Annex 1 Scoring Guideline for Primary Care Standards

Annex 1 Scoring Guideline for Primary Care Standards

The guide for rating the level of the compliance with the requirements of Primary Care Standards is the tool to be used by healthcare organizations to conduct self-assessment for improving their quality continuously, and by assessors in assessing such compliance, so as to certify quality accreditation following the Primary Care Standards, which contains the following details.

1. **Part 1-2: For Sub-requirements**, rate the compliance as follows.

Level of Compliance	Details of the compliance with Multiple-requirements in Part 1-2
Completely met (Met: M)	Able to comply and show evidences completely for the Multiple-requirements. <i>Example: Sub-item 2.1 b.1 The provision of information on healthcare entitlements must be managed in a standardized manner in accordance with applicable laws or relevant regulations.</i>
Partially met (Partially Met: P)	Able to comply and show evidences for the Multiple-requirements but incompletely. <i>Example: Sub-item 2.1 b.2 The provision of information on healthcare entitlements should be monitored, evaluated, and continuously improved to ensure that it achieves its objectives.</i> (Have a guideline in place but not yet completely consistent with significant laws and rules, or having a guideline completely consistent with significant laws and rules but cannot show the evidences of the compliance.)

Annex 1 Scoring Guideline for Primary Care Standards

Level of Compliance	Details of the compliance with Multiple-requirements in Part 1-2
Did not meet (Not Met: N)	No compliance and unable to show the evidence concerned.

2. Part 3: For Sub-requirements, rate the compliance as follows.

Level of Compliance	Details of the compliance with Multiple-requirements in Part 3
Completely met (Met: M)	Defined the indicators consistent with Sub-requirements completely for the contexts, and able to show the results of the analysis and utilization of indicators.
Partially met (Partially Met: P)	Defined the indicators consistent with sub-requirements but incompletely for the contexts, or defined the indicators consistent with sub-requirements completely for the contexts but unable to show an appropriate result of the analysis, and unable to reflect the evidence for the utilization of indicators
Did not meet (Not Met: N)	Did not define the indicators in correspondence with the concerned issues in Sub-requirements.

Annex 1 Scoring Guideline for Primary Care Standards

3. Leaders and personnel shall work together in rating the compliance with the requirements as follows.

- For the sub-requirements that the first sentence of which **contains the word “Must,” they are required to gain a rating result as “Completely met the requirements (Met: M)”**. For the cases that the rating results came out as “Partially met the requirements (Partially Met: P)” or “Did not meet the requirements (Not Met: N)”, all should work together to develop a quality improvement plan and improve the performance to completely meet all sub-requirements.
- For the sub-requirements that the first sentence of which **does not contain the word “Must,” their rating results should come out as the level of “Partially met the requirements (Partially Met: P)” or higher**. For the cases that the rating result came out as “Did not meet the requirements (Not Met: N)”, all should work together to develop a quality improvement plan and improve the performance to completely meet all sub-requirements.

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