



Primary Care Standards

Effective for Primary Care Standards Accreditation 16th December 2023

The Healthcare Accreditation Institute (Public Organization)



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Primary Care Standards, 1st Edition

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Preface

The service of primary care organizations is the medical and public health service close to home, close to heart of clients and people. It features a specific service delivered thoroughly and comprehensively from the initial stage covering the area of health promotion, disease control and prevention, examination and diagnosis, treatment and care procedures, and rehabilitation. The service is rendered attentively and continuously under the collaboration with other agencies with a focus on referrals. However, it is necessary for this service to get accredited as a standardized and reliable despite the limitation of resources by assessing the performance against the standards that are practical for the operation and can be used for evaluating the performance.

The Healthcare Accreditation Institute (Public Organization), or “HAI,” has the legal roles and duties to conduct quality assessment and accreditation for the healthcare organizations established by government agencies, both the ones receiving patients to stay in their premises and those who don't.

According to the objective of its establishment, HAI is keen to take action in assessing the work system and accredit the quality of healthcare organizations, and define the standards of healthcare organizations for using as the guideline for assessing the quality improvement of each organization. As primary care organizations established under a government agency play a vital role in healthcare system, therefore, HAI has developed this version of Primary Care Standards to serve as the clear guideline for the quality improvement of primary care service, and as the guidance for assessing the quality improvement and granting the quality accreditation, which will foster the development of a mechanism for pursuing the improvement of healthcare system to meet standards, which will ultimately result as a good and safe service for people.

HAI hopes that this version of Primary Care Standards can be used as the operation manual for all related parties, both in term of the use by operational staff in designing a servicing scheme following the standards and the use by HAI as the guideline for creating learning and assessing clearly, for the sack of standardized service and well-being of people.

Healthcare Accreditation Institute (Public Organization)

December 2023

Primary Care Standards, 1st Edition

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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 categorizing and aligning each section as Part, Chapter, Item and Sub-item respectively, 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. **Chapter** such as **Chapter 2.1**
3. **Item** such as **Item 2.1 b**
4. **Sub-item** such as **Sub-item 2.1 b.1**: Must conduct a health screening for important groups in accordance with the context.

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 develop a practice guideline consistent with laws and key requirements.

5. **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

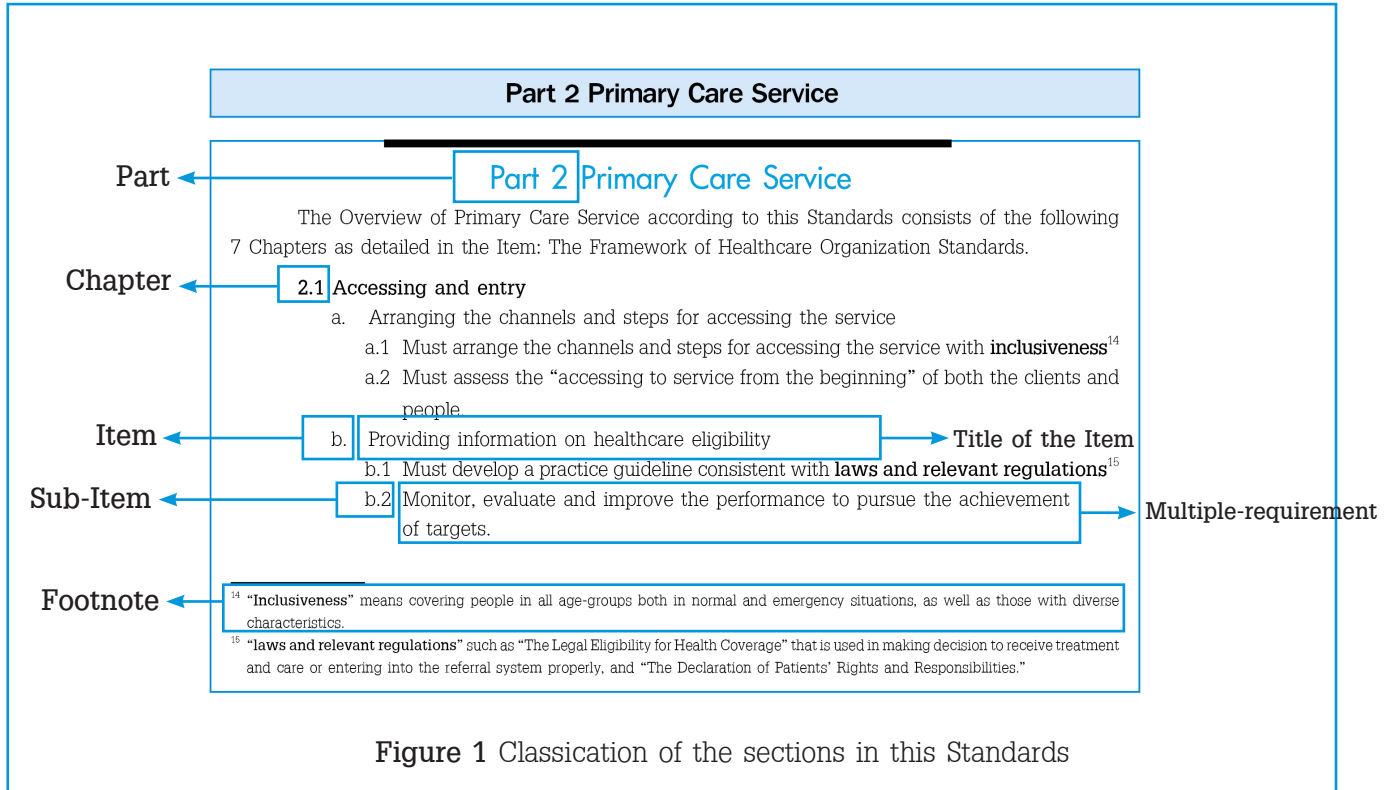


Figure 1 Classification of the sections in this Standards

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Introduction

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.

1. Promote good connection among collaborative network members for pursuing quality improvement together.

The Concept employed in the Development of Primary Care Standards

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.

The Objective of Primary Care Standards Development

The Objective of Primary Care Standards Development

Develop a set of primary care standards to ensure the benefits for clients and people based on the aforementioned concept, in a way that it can guide the quality improvement toward the better continuously over time, and can be used for evaluating such improvement.

Definition

Definition

“Primary 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 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 5 parts as follows.

Part 1 Overview of Primary Care Organization Administration

Part 2 Primary Care Service

Part 3 Primary Public Health Service

Part 4 Service Support

Part 5 Performance Results

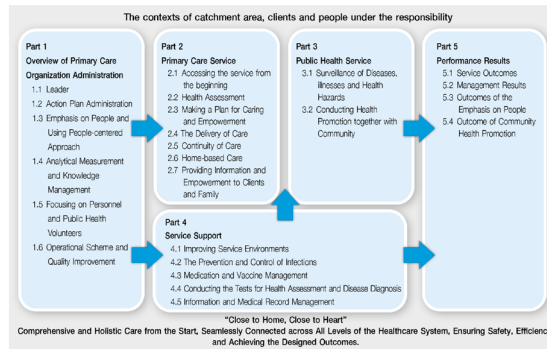


Figure 2 Framework of Primary Care Standards

Part 1 Overview of Primary Care Organization Administration

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

Part 1

Overview of Primary Care Organization Administration

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

Part 2

Primary Care Service

- 2.1 Accessing the service from the beginning
- 2.2 Health Assessment
- 2.3 Making a Plan for Caring and Empowerment
- 2.4 The Delivery of Care
- 2.5 Continuity of Care
- 2.6 Home-based Care
- 2.7 Providing Information and Empowerment to Clients and Family

Part 3

Public Health Service

- 3.1 Surveillance of Diseases, illnesses and Health Hazards
- 3.2 Conducting Health Promotion together with Community

Part 5

Performance Results

- 5.1 Service Outcomes
- 5.2 Management Results
- 5.3 Outcomes of the Emphasis on People
- 5.4 Outcome of Community Health Promotion

Part 4

Service Support

- 4.1 Improving Service Environments
- 4.2 The Prevention and Control of Infections
- 4.3 Medication and Vaccine Management
- 4.4 Conducting the Tests for Health Assessment and Disease Diagnosis
- 4.5 Information and Medical Record Management

“Close to Home, Close to Heart”

Comprehensive and Holistic Care from the Start, Seamlessly Connected across All Levels of the Healthcare System, Ensuring Safety, Efficiency, and Achieving the Designed Outcomes.

Part 1 Overview of Primary Care Organization Administration

Part 1 Overview 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 **lead**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 communicate the aim **targets**³ for the personnel, people and stakeholders to acknowledge regularly and in a way pursuing the desirable outcomes.

¹ The term “**Lead**” 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 The term “**Quality**” refers to the provision of care from the beginning, thoroughly, comprehensively, attentively and continuously with the collaboration with all levels of healthcare organizations and networks; and that is safe, efficient and yields desirable outcomes.

³ The term “**Targets**” means the targets of the work in improving the quality of primary care service in accordance with local contexts, clients and people under the responsibility, which can be defined by the leaders alone or together with relevant parties.

Part 1 Overview of Primary Care Organization Administration

- c. Must monitor and evaluate the performance to pursue the achievement of targets.
- d. Must **together with the superordinate agencies, regulate and oversee the performance**⁴ together with **Regulatory bodies**⁵.
- e. Empower, enhance teamwork, and ensure moral support for personnel.
- f. Provide support for **quality improvement activities**⁶ regularly.

1.2 Action Plan Administration

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

⁴ The phrase “**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.

⁵ The term “**Regulatory bodies**” that have duties and authority to oversee primary healthcare facilities, such as the Provincial Administrative Organizations.

⁶ **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 Overview of Primary Care Organization Administration

1.3 Emphasis on People and Using People-centered Approach

- 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. Must employ an appropriate approach for receiving and managing complaints.
- c. Must develop a practice guideline regarding the protection of patients' rights, the respect for privacy, sexual orientation, culture and personal belief.

1.4 Analytical Measurement and Knowledge Management

- a. Must define outcome indicators that exactly correspond with the targets; and appropriately for the contexts.
- b. Must analyze data and utilize them in the monitoring and evaluation of the performance.
- c. Publish and publicize “the performance results of continuous quality improvement” or “the best practice guidelines.”

1.5 Focusing on Personnel and Public Health Volunteers

- a. Must regulate and monitor the performance of the personnel to ensure the conformity with professional standards, relevant laws, regulations and guidelines.

Part 1 Overview of Primary Care Organization Administration

- b. The Development plan for regular personnel and public health volunteers
 - b.1 Must develop the plan **appropriately in line with the contexts**⁷ and supportive to the achievement of the objectives of the Action Plan.
 - b.2 Monitor and evaluate the performance to pursue the achievement of targets.
- c. Manage to ensure the adequacy and **appropriate qualifications**⁸ 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 and appropriate in line with the contexts.
 - d.2 Develop a practice guideline for personnel safety and for the protection of personnel from violence, bullying, threat and harassment.
 - d.3 Assess and use the results of health assessment appropriately.

⁷ “**Appropriately in line with the contexts**” such as the appropriateness according to the competency assessment results, according to the standards recommended by professional associations.

⁸ The term “**Appropriate qualifications**” means that the required qualifications of regular personnel and public health volunteers have been defined, verified and assessed against in a way that they are appropriate for the duties and responsibilities specified in competency inventory for a position, in accordance with the contexts.

Part 1 Overview of Primary Care Organization Administration

1.6 Operational Scheme and Quality Improvement

- a. Designing and developing the servicing operations in the feature of “**close to home, close to heart**⁹” towards a good quality.
 - a.1 Must define the targets of the operations and performance indicators in line with the issues concerned.
 - a.2 Identify the possible risks that would cause the performance results to fail the achievement of the targets.
 - a.3 Control and regulate to pursue the achievement of targets.
 - a.4 Monitor and evaluate the performance to achieve the targeted results.
 - a.5 Improve the service and work process continuously.

⁹ The descriptions of the term “**Close to Home, Close to Heart**” are such as providing healthcare to clients and people under responsibility attentively, closely, continuously, in a dependable manner, with the promotion of self-care, the healthcare in households, and the service through a remote medical care system for clients and people under the responsibility including those residing in the catchment area and those residing outside.

Part 1 Overview of Primary Care Organization Administration

- b. Risk management and ensuring safety
 - b.1 Must define the **Risk Management Framework that suits the contexts**¹⁰.
 - b.2 Develop risk management plan and the safeguard guideline for safety in line with the contexts.
 - b.3 Monitor, evaluate and improve the performance to pursue the achievement of targets.
- c. Procurement of **materials and medical supplies**¹¹ and **outsourced service takes not efficiency carried out by the organization**¹²
 - c.1 Must set up a procurement practice guideline properly following the provisions of relevant laws and regulations.
 - c.2 Ensure compliance with the regulation of procurement practice.
 - c.3 Evaluate and use evaluation results appropriately.

¹⁰ The phrase “**Risk Management Framework that suits the contexts**” means that a risk management framework has been defined in way that it would support the designing, the implementation, the evaluation and improvement of servicing activities, both the active and pro-active ones; and in a way that it consists of specific components such as the scope, objectives and criteria of risk assessment, duties and responsibilities, training, risk items/risk IDs, practice guideline for reporting the risks and incidents, the summary of Risk Management Plan for significant risks.

¹¹ “**Materials and medical supplies**” such as medical equipment, essential medical supplies, medicines, vaccines, non-pharmaceutical medical supplies, etc.

¹² “**Outsourced service takes not efficiency 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.

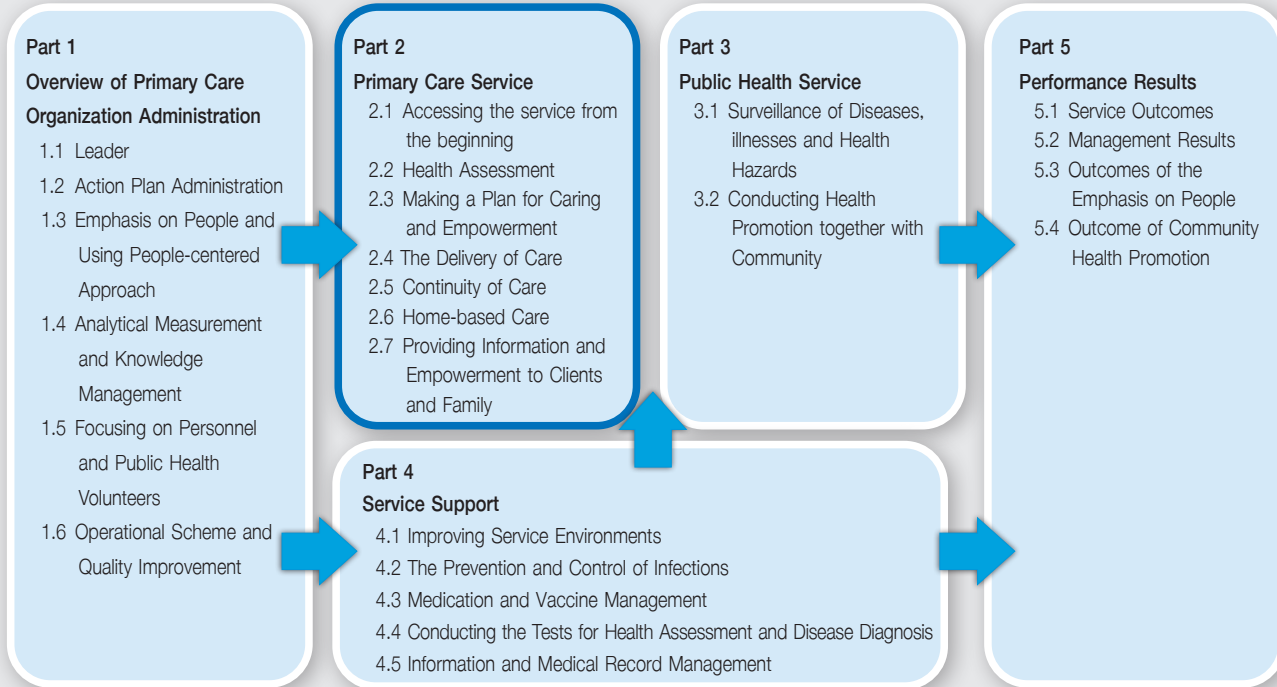
Part 1 Overview of Primary Care Organization Administration

- d. Must set up a practice guideline for securing the confidentiality of clients during the communication through online social media or a remote medical service system, but in a way that patient identity can be specified correctly throughout the session.
- e. Coordination with healthcare organizations, servicing networks and regulatory agencies.
 - e.1 Must set up a practice guideline for the coordination that is **inclusive**¹³ and appropriate to the contexts.
 - e.2 Monitor and evaluate the performance in a way that would yield desirable results.

¹³ “**Inclusive**” means covering healthcare organizations, service networks, regulatory agencies, as well as people.

Part 2 Primary Care Service

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



“Close to Home, Close to Heart”

Comprehensive and Holistic Care from the Start, Seamlessly Connected across All Levels of the Healthcare System, Ensuring Safety, Efficiency, and Achieving the Designed Outcomes.

Part 2 Primary Care Service

Part 2 Primary Care Service

The Overview of Primary Care Service according to this Standards consists of the following 7 Chapters as detailed in the Item: The Framework of Healthcare Organization Standards.

2.1 Accessing and entry

- a. Arranging the channels and steps for accessing the service
 - a.1 Must arrange the channels and steps for accessing the service with **inclusiveness**¹⁴
 - a.2 Must assess the “accessing to service from the beginning” of both the clients and people.
- b. Providing information on healthcare eligibility
 - b.1 Must develop a practice guideline consistent with **significant laws and rules laws and relevant regulations**¹⁵
 - b.2 Monitor, evaluate and improve the performance to pursue the achievement of targets.

¹⁴ “**Inclusiveness**” means covering people in all age-groups both in normal and emergency situations, as well as those with diverse characteristics.

¹⁵ “**laws and relevant regulations**” such as “The Legal Eligibility for Health Coverage” that is used in making decision to receive treatment and care or entering into the referral system properly, and “The Declaration of Patients’ Rights and Responsibilities.”

Part 2 Primary Care Service

c. The **Pro-active Service**¹⁶ Delivery

- c.1 Must conduct a health screening in significant groups in accordance with the contexts.
- c.2 Must provide an appropriate health counselling service.

2.2 Health Assessment

a. Thorough and Comprehensive Health Assessment

- a.1 Must develop health assessment guideline for clients and people in a **holistic**¹⁷ scheme.
- a.2 Communicate the results of health assessment.

b. Examination and Diagnosis of Disease and Illness

- b.1 Must develop an Examination and Diagnosis Guideline for Disease and Illness of Significant Groups in accordance with the contexts.
- b.2 Must develop a guideline for consulting with physicians in other healthcare organizations that possess a higher level of competency.
- b.3 Communicate the results of diagnostic examination with clients.

¹⁶ “**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.

¹⁷ The feature of the term “**Holistic**” is described as covering all the aspects that can affect the course of illness of a person as a whole, not limited to the aspect of diseases alone. These include the physical, emotional, social and cultural aspects, the aspects of belief, socioeconomic status, environment, family and community, and also the spiritual aspect. Operation manual, regulations or practice guideline would be in place as a reference for providing the service.

Part 2 Primary Care Service

2.3 Making a Plan for Caring and Empowerment

- a. Must develop a medical practitioners' guideline for the treatment and **care of significant diseases and illnesses**¹⁸ based on the evidence-based data.
- 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 Coordinate with healthcare organizations, service networks, community and relevant affiliates.
 - b.3 Document medical records completely and communicate significant information thoroughly.

¹⁸ The phrase “**Significant diseases and illnesses**” means the groups of diseases and illnesses commonly found as an endemic in the area of a given community, which have some specificities in accordance with their contexts and require treatment and care in a holistic scheme, such as malaria and tuberculosis.

Part 2 Primary Care Service

2.4 The Delivery of Care

- a. Must deliver treatment and care service in a **comprehensive**¹⁹ perspective without splitting a disease or a type of service.
- b. Must delegate responsibility to the personnel or volunteers who have suitable qualifications.
- c. Treatment and Care
 - c.1 Must provide care following the medical practitioners' guideline to ensure clients' safety and desirable outcomes.
 - c.2 Must provide instruction on self-care practice appropriately to prevent possible health problems.
 - c.3 Must specify client's ID correctly throughout treatment process.
- d. Managing adverse complications and critical/emergency conditions
 - d.1 Must develop appropriate practice guideline to pursue clients' safety.
 - 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.

¹⁹ The term "**Comprehensive**" means an inclusive mix covering health promotion, disease control and prevention, examination and diagnosis, treatment and care, and rehabilitation.

Part 2 Primary Care Service

2.5 Continuity of Care

- a. Continuity of care covering **every stage of life care every status**²⁰
 - a.1 Must develop a practice guideline for following up and providing care continuously in a way responsive to health needs of individual clients appropriately.
 - a.2 Coordinate and work together with family **appropriately**²¹ in providing care in the terminal stage of illness until the day of death.
 - a.3 Document medical records completely and communicate significant data thoroughly.
- b. The refer-out and refer-back of patients
 - b.1 Must develop a guideline for consulting with a healthcare organization with higher level of capacity regarding the refer-out and the refer-back of patients.
 - b.2 Must coordinate with the healthcare organization to which the patient will be referred.
 - b.3 Document medical records completely and communicate significant data thoroughly.

²⁰ “**Every stage in the lifespan of health status**” means the period from the stage of no illnesses, the stage of having a health risk, the stage of being ill with a chronic disease, the stage of being a handicapped or a disable, and the terminal stage of illness until the time of death.

²¹ “**Appropriately**” such as appropriately in term of the relief of symptoms, the responsiveness to psychosocial and spiritual needs.

Part 2 Primary Care Service

2.6 Home-based Care

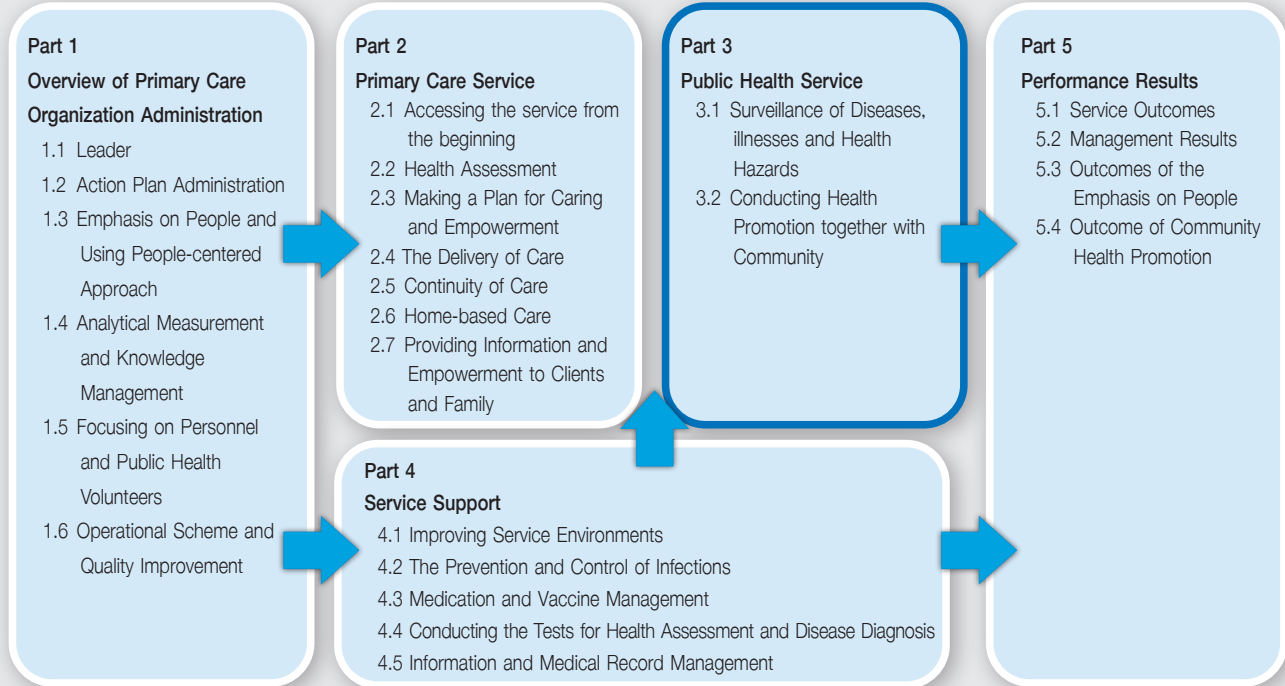
- a. Must develop a guideline for providing health assessment and healthcare service to clients at home appropriately.
- b. Define the targets of the “Care and Empowerment Plan” that can respond to health assessment results thoroughly and comprehensively.
- c. Coordinate with healthcare organizations, servicing networks, community and relevant affiliates.
- d. Document medical records completely and communicate significant data thoroughly.

2.7 Providing Information and Empowerment to Clients and Family

- a. Must develop a practice guideline for the provision of information and empowerment appropriately.
- b. Must define skill-strengthening activities that address the problems thoroughly, and that are in line with health assessment results and treatment and care plan, with the engagement of clients and family in defining so.
- c. Have a proper guideline in place for providing emotional assistance and psychological counselling.
- d. Evaluate and improve the engagement of clients and family in performing the tasks.

Part 3 Public Health Service

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



“Close to Home, Close to Heart”

Comprehensive and Holistic Care from the Start, Seamlessly Connected across All Levels of the Healthcare System, Ensuring Safety, Efficiency, and Achieving the Designed Outcomes.

Part 3 Public Health Service

Part 3 Public Health Service

The Overview of **Primary Public Health Service**²² according to this Standards consists of the following 2 Chapters as detailed in the Item: The Framework of Healthcare Organization Standards.

3.1 Surveillance of Diseases, Illnesses and Health Hazards

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

²² The term “**Public Health Service**” means the primary healthcare 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 3 Public Health Service

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.

3.2 Conducting Health Promotion together with Community

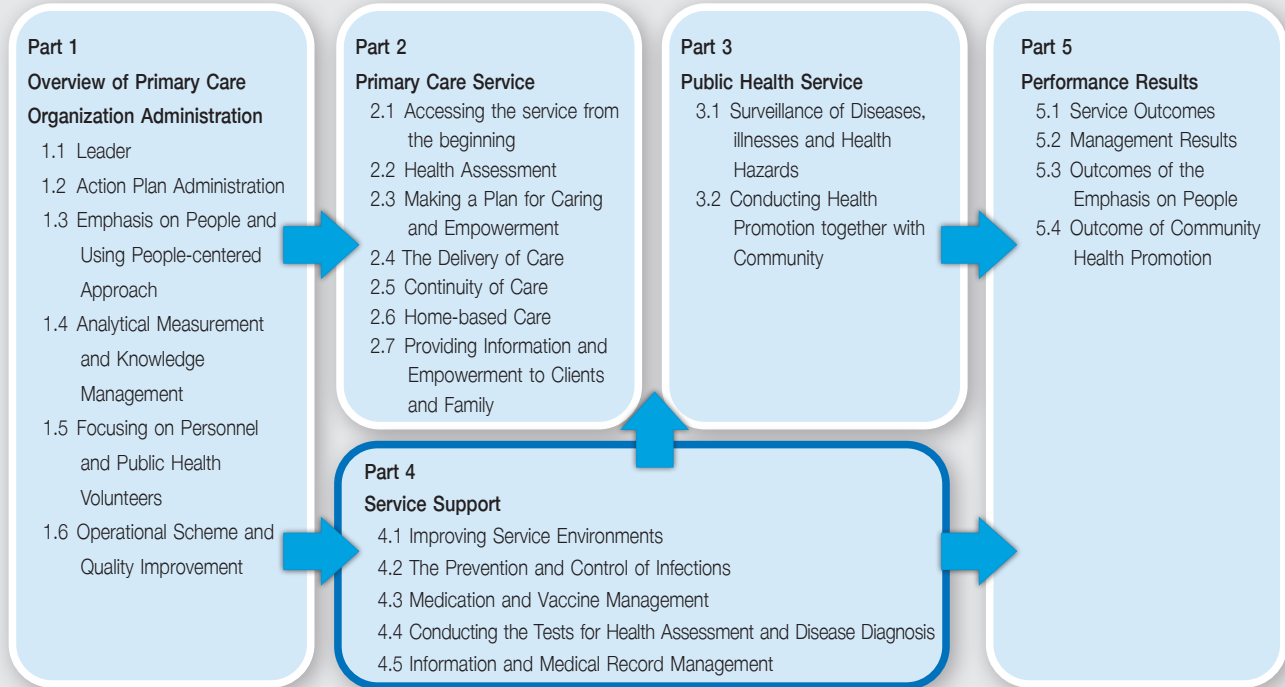
- a. Must specify the target community or target people for engaging in the delivery of health promotion service.
- b. Delivering Health Promotion Service together with Community
 - b.1 Must organize health status assessment and the screening for health problems and health risks.
 - b.2 Must analyze and use the data of health status assessment results in delivering the service.
 - b.3 Must define the objectives and outcomes of service delivery.

Part 3 Public Health Service

- b.4 Must coordinate with community, service networks and the agencies concerned.
- b.5 Monitor and evaluate the engagement of community and the outcomes of the service; and improve the performance to gain desirable outcomes.

Part 4 Service Support

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



“Close to Home, Close to Heart”

Comprehensive and Holistic Care from the Start, Seamlessly Connected across All Levels of the Healthcare System, Ensuring Safety, Efficiency, and Achieving the Designed Outcomes.

Part 4 Service Support

Part 4 Service Support

The Overview of the Primary Care Service Support in the joint efforts with healthcare organizations, service networks, regulatory agencies and any other agencies concerned consists of the following 5 Chapters as detailed in the Item: The Framework of Healthcare Organization Standards.

4.1 Improving Service Environments

- a. Service Venue and Environment
 - a.1 Must manage to conform with laws.
 - a.2 Monitor, evaluate and improve the performance.
- b. The Management of Hazardous Materials and Wastes
 - b.1 Must manage to conform with laws.
 - b.2 Monitor, evaluate and improve the performance.
- c. The Management of Service Support Tools
 - c.1 Must manage to conform with laws.
 - c.2 Must test and calibrate for preciseness and validity.

Part 4 Service Support

- 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**²³ appropriately and adequately.
 - d.4 Must organize a fire drill and evaluate the plan within a considerable period; and improve the performance.
- 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.

²³ “**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 4 Service Support

4.2 The Prevention and Control of Infections

- a. Conducting the surveillance, prevention and control of infections in clients, personnel and community
 - a.1 Must develop a practice guideline appropriately based on the evidence-based information.
 - a.2 Identify the risks that have the likelihood to cause an infection in a significant group of clients, and in community.
 - a.3 Coordinate with healthcare organizations, service networks, or regulatory agencies.
 - a.4 Monitor, evaluate and improve the performance together with **relevant infection prevention and control agencies**²⁴.
- b. Must **organize the training and practicing sessions**²⁵ for the personnel and public health volunteers involved.

²⁴ “**Relevant infection prevention and control agencies**” such as healthcare organizations receiving a referral, service networks, regulatory agencies.

²⁵ 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 4 Service Support

- c. Perceiving about the situation of emerging infectious diseases
 - c.1 Must develop a practice guideline appropriately based on the evidence-based information.
 - c.2 Coordinate with healthcare organizations, service networks, regulatory agencies and community.
 - c.3 Monitor, evaluate and improve the performance.

4.3 Medication and Vaccine Management

- a. Must delegate responsibility to qualified personnel and provide them with **a support for getting developed**²⁶.
- b. Medication Management
 - b.1 Must develop a practice guideline for medication management to ensure the acquisition of high quality and **safe**²⁷ medicines.
 - b.2 Must develop a practice guideline for “rational use of medicines”.
 - b.3 Coordinate with healthcare organizations, service networks or regulatory agencies.

²⁶ “**The support for getting developed**” such as the knowledge and skills development for personnel in the medication management system to ensure safety.

²⁷ The term “**Safe**” means the use of medicines is conducted safely, correctly and appropriately from the stage of storing medicines, stock relling 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 4 Service Support

- b.4 Collect data on medication errors and adverse events.
- b.5 Monitor, evaluate and improve the performance together with the agencies concerned.
- c. Vaccine Management
 - c.1 Must develop a practice guideline for vaccine management that meets a relevant standard.
 - c.2 Coordinate with healthcare organizations, service networks or regulatory agencies.
 - c.3 Monitor, evaluate and improve the performance together with the agencies concerned.
- d. **Capacitate public health volunteers and caregivers in community**²⁸ to enable them to take part in the management process for safe use of medicines.

²⁸ “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 4 Service Support

4.4 Conducting the Tests for Health Assessment and Disease Diagnosis

- 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 testing**²⁹ service.
 - b.2 Coordinate with healthcare organizations, service networks or regulatory agencies.
 - b.3 Monitor, evaluate and improve the performance together with the agencies concerned.

4.5 Information and Medical Record Management

- a. Information management
 - a.1 Must manage successfully to conform with **applicable laws and relevant standards**³⁰.
 - a.2 Coordinate with healthcare organizations, service network and regulatory agencies.
 - a.3 Monitor, evaluate and improve the performance.

²⁹ The phrase “**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.

³⁰ The phrase “**Conform with applicable laws and relevant standards**” means, for examples, supposed to be reliable, up to date, with good security of personal information, and available for prompt use by personnel, outside agencies, and people.

Part 4 Service Support

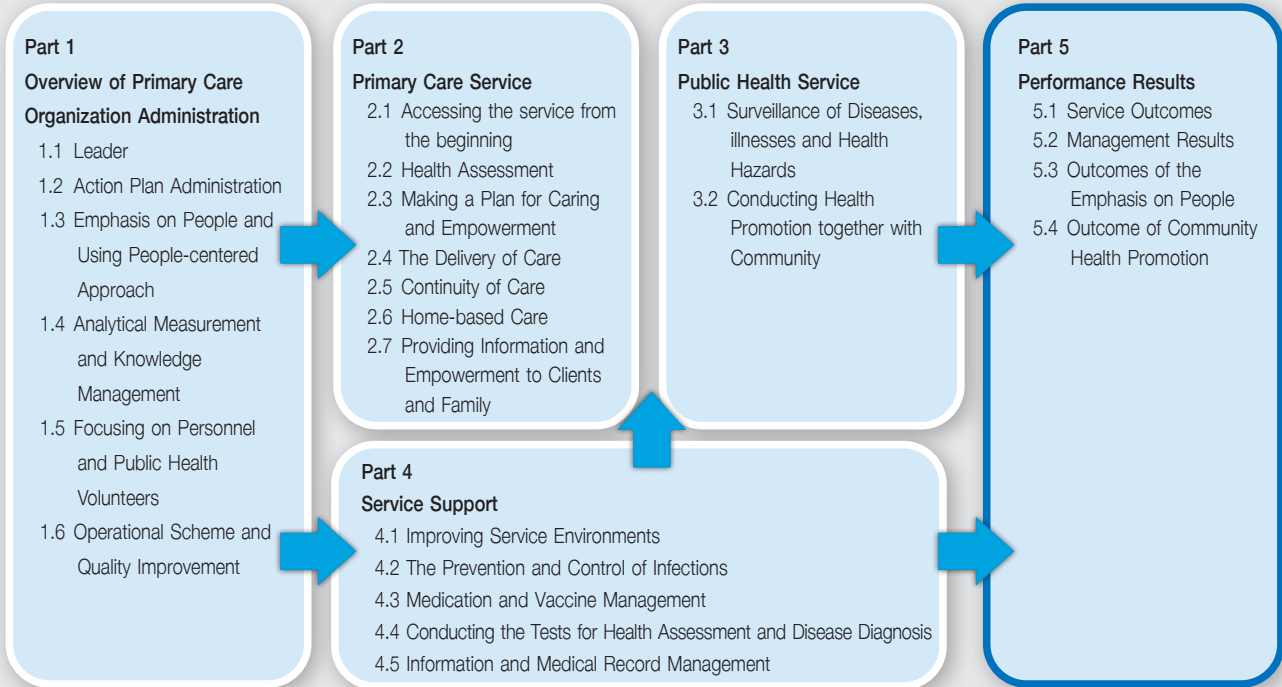
b. Medical Record Management

- 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**³¹.
- b.2 Monitor, evaluate and improve the performance.

³¹ The phrase “**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 5 Performance Results

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



“Close to Home, Close to Heart”

Comprehensive and Holistic Care from the Start, Seamlessly Connected across All Levels of the Healthcare System, Ensuring Safety, Efficiency, and Achieving the Designed Outcomes.

Part 5 Performance Results

Part 5 Performance Results

The Overview regarding the performance of the Primary Care Service in a way that would gain a good **quality**³² in the feature of “**close to home, close to heart**”³³ 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 Healthcare Organization Standards.

5.1 Service Outcomes

- a. Must present 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 present the outcomes of the operation in pursuing self-dependability.
 - b.2 Must present the outcomes of the operation in pursuing the accessibility to the service from the beginning.

³² The term “**Quality**” means providing care from the beginning, thoroughly and comprehensively, attentively and continuously, with collaborative connection with healthcare organizations and networks at all levels, in a safe and efficient manner, and in a way that yields desirable outcomes.

³³ The descriptions of the term “**close to home, close to heart**” are such as providing healthcare to clients and people under responsibility attentively, closely, continuously, in a dependable manner, with the promotion of self-care, the healthcare in households, and the service through a remote medical care system for clients and people under the responsibility covering those residing in the catchment area and those residing outside.

Part 5 Performance Results

- c. Surveillance of Diseases, Illnesses and Health Hazards
 - c.1 Must present the outcomes of the operation in controlling and preventing significant communicable diseases in accordance with the contexts.
 - c.2 Must present the outcomes of the operation in controlling and preventing significant health hazards in accordance with the contexts.

5.2 Management Results

- a. Must present 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 present the results of the operation of the refer-out and the refer-back of patients.
 - b.2 Must present the results that reflect the relationship with healthcare organizations and service network.
 - b.3 Must present the results of the operation in supporting the service efficiently and in a safe manner.
- c. Must present the results of the operation in pursuing the continuity of care and the success or achievement to be proud of.

Part 5 Performance Results

5.3 Outcomes of the Emphasis on People

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

5.4 Outcomes of Community Health Promotion

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

Annex

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.

Annex 1 Scoring Guideline for Primary Care Standards

1. **Part 1-4: For Multiple-requirements**, rate the compliance as follows.

Level of Compliance	Details of the compliance with Multiple-requirements in Part 1-4
<p>Completely met (Met: M)</p>	<p>Able to comply and show evidences completely for the Multiple-requirements. <i>Example: Sub-item 2.1 b.1 Information Service about the Eligibility for Health Coverage: Must develop a practice guideline consistent with significant laws and rules.</i></p>
<p>Partially met (Partially Met: P)</p>	<p>Able to comply and show evidences for the Multiple-requirements but incompletely. <i>Example: Sub-item 2.1 b.1 Information Service about the Eligibility for Health Coverage: Must develop a practice guideline consistent with significant laws and rules.</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.)</p>
<p>Did not meet (Not Met: N)</p>	<p>No compliance and unable to show the evidence concerned.</p>

Annex 1 Scoring Guideline for Primary Care Standards

2. **Part 5: For Multiple-requirements**, rate the compliance as follows.

Level of Compliance	Details of the compliance with Multiple-requirements in Part 5
Completely met (Met: M)	Defined the indicators consistent with Multiple-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 Multiple-requirements but incompletely for the contexts, or defined the indicators consistent with Multiple-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 Multiple-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 Multiple-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 Multiple-requirements.
 - For the Multiple-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 Multiple-requirements.

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