

**Sindh Service Delivery Standards**

**for**

**Clinics and Primary Health Care Facilities**

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INTRODUCTION

Sindh Health Care Commission (SHCC) has been established to improve the quality of healthcare services through regulation of healthcare being provided in hospitals as well as OPD based healthcare facilities, both in public and private sectors, throughout the province of Sindh. Quality of healthcare services can’t be evaluated without having service delivery standards. SHCC has already developed and GoS has notified the Sindh service Delivery Standards for hospitals. Now SHCC has developed Sindh Service Delivery Standards (SSDS) for OPD based healthcare facilities i.e. Clinics and Primary Health Care Facilities, after considering national and international healthcare standards for similar facilities and taking the local context into consideration. These SSDS have been developed by Clinical Governance Committee of SHCC on the basis of consensus and consultations with experts in the field.

The SSDS for Clinics and Primary Health Care Facilities stipulate a framework to improve quality of healthcare being provided both in public and private sector in a structured manner. The SSDS also provide a management tool for the HCEs to identify their strengths and areas for improvement, side by side providing a mechanism for the Government to identify priority areas for overall improvements in the healthcare delivery system. These SSDS will facilitate the SHCC licensing program for such HCEs in province of Sindh. These standards consist of the following two parts:

Part A: Clinics

Part B: Primary Health Care Facilities

The standards and their criteria have been specifically developed for the specific setup of HCEs in Sindh by the Clinical Governance Committee of SHCC. Each section consists of “standards” and “measurable criteria”. Whereas “standards” are broad statements of the expected level of performance, the “measurable criteria” deal with the operational aspects of the standards and provide details on structures and processes necessary to ensure high quality of care. In preparation of the SSDS, it has been ensured that the requirements mentioned in the standards are relevant, important, understandable, measurable and achievable in Sindh context.

# 

ACRONYMS

SHCC Sindh Health Care Commission

OPD Out Patient Department

GoS Government of Sindh

SSDS Sindh Service Delivery Standards

HCE Health Care Establishment

SOP Standard Operating Procedure

ADR Adverse Drug Reaction

JD Job Description

HIMS Health Information Management System

DHIS District Health Information System

BP Blood Pressure

ORS Oral Rehydration Salt

ORT Oral Rehydration Therapy

*PART A: CLINICS*

# 

# 1. General Practitioners/Family Physicians/Specialist/Hakeem/Homeopath Clinics

***Responsibilities of Management (ROM)***

| ***Standards*** | ***Measurable Criteria*** |
| --- | --- |
| *ROM-1:*  Clinic is identifiable as an entity and easily accessible. | 1. The clinic is identifiable with name and the relevant Council  registration number on a sign board.  2. Patient has an easy access to the Clinic.  3. The Clinic is registered / licensed with the SHCC.  4. Door plate clearly displays name, qualification/s and the  relevant Council registration number of the practitioner.  5. Consultation hours are displayed. |
| ***ROM-2:***  A suitable qualified individual manages the clinic. | 6. The clinic manager has requisite qualifications.  7. Relevant Council registration certificate of the doctor is  displayed. |
| ***ROM-3:***  Clinic premises support the scope of work/services. | 8. Premises of the clinic is as per minimum requirement.  9. Clinic has adequate facilities for the comfort of the patients.  10. Clinic has adequate arrangements for the privacy of patients  during consultation/examination. |

***Facility Management and Safety (FMS)***

|  |  |
| --- | --- |
| ***Standards*** | ***Measurable Criteria*** |
| ***FMS-1:***  The Clinic has facility management and safety systems in place. | 11. The staff has the knowledge about early detection and  containment of fire and non-fire emergencies.  12. Arrangements to combat fire and non-fire emergency are  available in the Clinic. |

***Human Resource Management (HRM)***

| ***Standards*** | ***Measurable Criteria*** |
| --- | --- |
| ***HRM-1:***  There is documented personnel record of the doctor / Hakeem / Homeopath and the staff. | 13. Personnel record/credentials of all staff of the clinic are  maintained.  14. Job descriptions are available and known to the relevant  staff.  15. Performance Evaluations are based on the Job descriptions  (JDs.). |

***Information Management System (IMS)***

|  |  |
| --- | --- |
| ***Standards*** | ***Measurable Criteria*** |
| ***IMS-1:***  Patient’s clinical record is maintained. | 16. Every patient’s record has a unique identifier and  particulars for identification.  17. Only authorized person/s make entries in the record. |

***Quality Assurance / Improvement (QA)***

|  |  |
| --- | --- |
| ***Standards*** | ***Measurable Criteria*** |
| ***QA-1*:**  The clinic has Quality Assurance/ Improvement system in place. | 18. A quality assurance system is in place.  19. A quality improvement system is in practice. |
| ***QA-2:***  Sentinel events are assessed and managed. | 20. The clinic has enlisted the sentinel events to be assessed  and managed. |

***Assessment and Continuity of Care (ACC)***

| ***Standards*** | ***Measurable Criteria*** |
| --- | --- |
| ***ACC-1:***  Portrayed service/s conform to the legal provisions. | 21. The services being provided at the clinic are displayed as per  Code of Ethics.  22. The Specialized Services being provided conform to the  standards.  23. The use and maintenance of specialized equipment conform  to the standards (Applicable only when portrayed).  24. The laboratory services, If provided, conform to the  respective standards (Applicable only when portrayed).  25. The radiological/imaging diagnostic services, if being  provided, conform to the respective standards.  26. The Health Education is provided as per guidelines.  27. The preventive services are provided as per guidelines. |
| ***ACC-2:***  The clinic has a well-established patient management system. | 28. The clinic has established registration and guidance process.  29. Standard/Ethical clinical practice is evident from patient’s  medical record.  30. The clinic has referral SOPs.  31. The clinic has list of contact numbers of the referral facilities,  medico legal authorities, concerned police stations,  ambulance/rescue services and the social services  organizations. |

***Care of Patients (COP)***

|  |  |
| --- | --- |
| ***Standards*** | ***Measurable Criteria*** |
| ***COP-1:***  Essential arrangements for emergency care exit. | 32. The clinic has essential arrangements to cater for  emergency care.  33. The policy regarding home visit is portrayed and accordingly  catered for. |

***Management of Medication (MOM)***

|  |  |
| --- | --- |
| ***Standards*** | ***Measurable Criteria*** |
| ***MOM-1:***  Prescribing practices conform to the standards. | 34. Standards for prescription writing are followed.  35. Prescriptions are clear, legible, dated, timed, named/  stamped and signed.  36. Prescriptions are provided to the patients. |
| ***MOM-2:***  Storage and dispensing conforms to the guidelines. | 37. Medicines are stored as per guidelines.  38. Expiry dates / shelf life are checked prior to dispensing, as  applicable.  39. Labeling requirements are implemented.  40. Dispensing is done by an authorized person.  41. Adverse drug reaction/s (ADRs) are reported. |

***Patient Rights / Responsibilities and Education (PRE)***

|  |  |
| --- | --- |
| ***Standards*** | ***Measurable Criteria*** |
| ***PRE-1:***  A system for obtaining consent for treatment exists. | 42. The doctor obtains consent from a patient before  examination.  43. The clinic has listed those situations where specific  informed consent is required from a patient or family. |
| ***PRE-2:***  Patients and families have a right to information about expected costs. | 44. The patient/family is informed about the cost of treatment. |
| ***PRE-3:***  Patients and families have a right to refuse treatment and lodge a complaint. | 45. Patients and families have a right to refuse the treatment.  46. Patients and families have a right to complain and there is a  mechanism to address the grievances. |
| ***PRE-4:***  Patients and families have a responsibility to respect the clinic environment. | 47. Charter of rights and responsibilities is displayed and  patients/families are guided accordingly. |

***Infection Control (IC)***

|  |  |
| --- | --- |
| ***Standards*** | ***Measurable Criteria*** |
| ***IC-1:***  The clinic has an infection control system in place. | 48. The clinic has arrangements for infection control aiming at  prevention and reducing risk of infections.  49. There is a system of proper disposal of medical waste. |

*PART B: PRIMARY HEALTH CARE FACILITIES*

# section: 1. SERVICE MANAGEMENT

| **Sr. No.** | **Standard** | **Measurable Criteria** |
| --- | --- | --- |
| 1.1 | A Management Committee plans and manages the affairs of HCE. | a. The Management Committee exists with defined TORs.  b. Members of the committee are provided with information  to enable them to contribute to the decisions.  c. The committee meets regularly according to a set agenda  that includes follow-up from the last meeting.  d. Minutes of meetings are kept for two years and are  available at the facility.  e. An annual planning process results in an annual plan which  is implemented and reviewed on a regular basis.  f. The annual plan includes goals, actions, required sources  and targets.  g. Monthly HIMS/DHIS Reports are submitted to the higher  authorities and include progress against the annual plan,  identified problems and recommendations for their  solution. |
| 1.2 | Patient information is registered, coded, analyzed and used as a mechanism for monitoring and planning. | a. Patient registers are in use, up to date, complete and  accurate.  b. Written information in the registers includes dates, patient  particulars (name, sex, age and address), diagnosis and  treatment (dosage, times/day, no of days) and follow-up in  line with operating procedures.  c. Registers used to document patient information include but  are not limited to:  i. Health card (mother and child) which is maintained and  used as a mechanism for informing the patient about their  care;  ii. Immunization card which is maintained and used as a  mechanism for informing the patient about their care;  iii. Register of expectant mothers and deliveries which is  maintained and analyzed;  iv. OPD register.  d. A consistent disease coding system is used and analyzed.  e. Analysis of the information is used for improvement of  services. |
| 1.3 | Notifiable diseases are reported promptly and appropriate action is taken to minimize the spread of the disease. | a. A list of notifiable diseases is available.  b. Notifiable diseases are reported within a specified time  period, but no longer than 24 hours.  c. Procedures for managing notifiable diseases are based on  infection control principles, are used and roles and  responsibilities are clearly defined.  d. The `Zero report' is completed and submitted weekly as per  guidelines of the Department of Health (DoH). |
| 1.4 | The equipment and utilities are functional, meet the defined needs of planned services, and are properly maintained and used. | a. Equipment is recorded in stock register, maintained,  repaired and replaced if necessary.  b. The facility has functioning utility connections.  c. A stretcher and at least two examination couches are  available and functional.  d. Each health worker providing curative services has the  following functioning equipment:  i. Thermometer  ii. Stethoscope  iii. BP apparatus  iv. Screen for privacy  v. Gloves, masks, apron  vi. Torch.  e. The following equipment is available and functional in the  facility.  i. Baby weighing scale, fetoscope, neonatal weighing scale,  speculum  ii. Refrigerator, stools, lantern or alternate lighting source  such as solar lamps or torch, equipment sterilizer, clock,  stainless steel bowls, kidney bowls, dressing drum, gloves,  masks, aprons.  iii. Adult weighing scale, nebulizer, suction machine, x-ray  viewer, suture set, needle safety box, resuscitation kit.  iv. ORS corner [including the following ORT equipment: water  jug: 2 cups and 2 spoons]  v. ENT diagnostic set  f. Additional equipment, based on the defined needs of the  planned services, is available and functioning. |
| 1.5 | There is a reliable, clean and safe supply of water from a protected water source. | Running water (pipe) is available within the facility OR there is a water tank within the facility OR there is a protected water source within 200 meters of the facility. |
| 1.6 | The waiting area is clean and protected. | a. The waiting area protects patients from the sun, rain and  extremes of temperature.  b. There are designated separate male and female waiting  areas and toilets/latrines.  c. The waiting area has chairs or other seating arrangements.  d. The floor is swept or mopped and the area is clean of  debris/ trash.  e. The walls and ceiling are intact with no broken masonry  and are free from dirt and stains. |
| 1.7 | The facility has clean latrines or toilets. | a. Latrines or toilets exist within the facility or facility  compound.  b. Staff and patients have access to separate latrines or toilets  which are clearly signed and are lockable from the inside.  c. The patient latrine or toilet is not locked from the outside.  d. The toilet bowl is clean and empty and/or the latrine slab is  clean.  e. Soap and water are available at the washing point near the  toilet(s)/ latrine(s) |
| 1.8 | The facility compound is clean and there is disposal of refuse and medical waste. | a. The compound is free from litter such as plastic bags,  refuse and medical waste.  b. Proper disposal system is available for refuse and medical  waste. |
| 1.9 | Written SOPs/guidelines are available and followed for managing the Primary Care services. | a. Standard Operating Procedures are used for managing the  facility, finances, equipment, cleaning procedures, and  stocks, e.g. equipment maintenance  b. National and Provincial Treatment Guidelines for the  priority illnesses are available at the facility, form the basis  of regular training for relevant staff and are followed in  providing care to the patients.  c. Where National and Provincial Treatment Guidelines are  not available they are developed and used for the Primary  Care Services.  d. Written guidelines for the management of patients exist  and are used, e.g. confidentiality, privacy, registration,  recording and coding. |
| 1.10 | Primary Care staff are available for service delivery during all official times. | a. An updated roster is kept of who is on duty at what time.  b. A qualified healthcare provider is available whenever the  facility is open. |
| 1.11 | Job descriptions are available and the staff is properly qualified. | a. Written JDs are available and the staff is accordingly  qualified.  b. All staff is oriented to the Primary Care services and their  specific positions through a documented induction  Program.  c. The induction Program includes:  i. The Service's mission, values, goals and relevant planned  actions for the year  ii. Services provided  iii. Roles and responsibilities  iv. Relevant policies and procedures, including confidentiality  v. Use of equipment  vi. Safety  vii. Emergency preparedness  viii. Quality improvement.  d. All staff has a copy of their job description that is kept  current. The job description includes the responsibilities,  accountabilities, tasks, performance measures and  reporting relationships.  e. All staff has a copy of their conditions of employment.  f. Staff performance is evaluated annually with the staff  member against their job description and agreed targets  and is used to identify strengths, areas for improvement and  training needs.  g. Accurate and complete personnel records are kept at the  facility.  h. Staff receive ongoing in-service training relevant to their  job and the healthcare service and in areas such as health  and safety, quality improvement and patient rights.  i. Documents guide the work of staff and cover staff  appointments, performance evaluations, disciplinary  procedures and terms and conditions of employment. |
| 1.12 | The health and safety of patients, staff and visitors are protected. | a. The Service is designed to allow service delivery to be safe,  accessible and respect patient’s needs for privacy.  b. Chemicals, drugs and equipment are stored safely.  c. Risks and hazards are identified and eliminated, isolated or  minimized as appropriate.  d. Guidelines exist for major risks and hazards and are known  to the staff.  e. Incidents, accidents and near misses are reported and  analyzed to identify causes and the analysis is used to  improve systems and processes, e.g. needle stick injuries.  f. Staff is provided with and use protective equipment, e.g.  gloves, aprons, masks.  g. Staff is trained in fire safety and other emergencies and  drills are practiced regularly.  h. Staff health is protected by the provision of immunization  for infections such as Hepatitis A and B and influenza. |
| 1.13 | Patient feedback is collected and used to improve services. | a. Patients have access to a culturally appropriate feedback  mechanism, e.g. suggestion box, questionnaires, regular  interviews with patients by an independent person.  b. Data collected on patient satisfaction with services and  treatment is analyzed and used to improve services. |
| 1.14 | Patients have the right to complain about services and treatment and their complaints are investigated in a fair and timely manner. | a. Patients are informed of their right to express their  concerns or complain either verbally or in writing.  b. A documented process which is fair and timely is used for  collecting, reporting and investigating complaints.  c. Patients are informed of the progress of the investigation at  regular intervals and are informed of the outcome. |
| 1.15 | The Service identifies opportunities to continuously improve its processes and services, makes improvements and evaluates their effectiveness. | a. Performance indicators for priority diseases and key  processes are measured, reported and used for continuous  improvement.  b. Performance data from activities such as audits,  complaints, incident reports, satisfaction surveys and risk  assessments are collected, analyzed and used to identify  improvement opportunities.  c. Improvements are planned, appropriate action is taken, the  effectiveness of the action is evaluated and the results are  fed back to staff and patients.  d. All relevant legal requirements are identified and  compliance is monitored. |

# section: 2. SERVICE PROVISION

| **Sr. No.** | **Standard** | **Measurable Criteria** |
| --- | --- | --- |
| 2.1 | The facility and the services provided are accessible to the catchment area population. | Major obstacles affecting access for patients to the facility and its services are addressed in the annual plan and steps are taken to minimize them, e.g.  i. Attitude of employees working at the facility;  ii. Community awareness about need and utility of health  care services;  iii. Cost of services. |
| 2.2 | A list of available services and applicable fees is posted where the patients can see them. | a. A poster with listed services, opening times and emergency  contacts during closing times is displayed in a prominent  place where the patients can see it. The text is in local or  national language.  b. A list of applicable fees and possible exemptions is  displayed in a prominent area where the patients can see it.  The text is in local or national language. |
| 2.3 | Patients and their attendants are received in a friendly and respectful manner irrespective of their sex, age, race, religion or physical appearance. | a. Patients are treated in a kind and respectful manner at all  stages from registration through to end of service.  b. The healthcare provider listens carefully to what the  patients say.  c. The healthcare provider explains to the patient the  diagnosis, care management, and follow-up.  d. The healthcare provider takes feedback from the patient to  ensure the patient understands the message communicated. |
| 2.4 | Providers give priority to extremely sick patients and those of extreme age (early newborns and elderly). | a. A system using the time of arrival recorded on the  registration slip is used to prioritize patients.  b. The order prioritizes extremely sick patients first, those of  extreme ages (elderly and babies) second and then others.  c. Extremely sick patients are seen by the healthcare provider  within five minutes, and those of extreme ages within 15  minutes. |
| 2.5 | Providers use a defined process for referring emergency cases. | a. SOPs exist for identification of types of patients who need  to be referred.  b. A referral form provides sufficient information to allow  continuity of care.  c. When possible transportation to the referral facility is  provided.  d. In other cases, the Service provides some type of assistance  for moving a sick patient to a referral facility such as  communication to the next level, or arranging transport.  e. A copy of the referral form is kept at the facility. |
| 2.6 | Non-priority patients wait no more than one hour after arrival at the facility before being seen by the service provider. | a. The registration slip is completed promptly for all patients.  b. The time of arrival of the patient is documented on the  registration slip and monitored  c. A system is used to prioritize the order in which non-  priority patients are seen on a first-come first-serve basis.  d. Waiting times are no more than one hour and are  monitored.  e. Waiting times are analyzed and results used to improve  services. |
| 2.7 | The privacy of patients is ensured during consultation and examination. | a. Consultations and examinations are held behind curtains/  screens at all times.  b. Healthcare providers ensure privacy at the time of  consultation. |
| 2.8 | All patients receive appropriate assessment, diagnosis, plan of care, treatment and care management, and follow- up. | a. Basic assessment is undertaken that includes temperature,  blood pressure, pulse rate and symptom identification.  b. Basic assessment for children under five includes weight,  immunization status, temperature, respiratory rate, level of  consciousness and symptom identification.  c. Patient history is taken and documented.  d. Treatment and care management is provided in accordance  with the assessment, test results, diagnosis and care  management guidelines.  e. Health education and dietary advice are documented as  part of treatment protocol.  f. Referrals to other services are made when required.  g. Appointments for future care are made.  h. Results of previous care are used in follow-up visits. |
| 2.9 | National and Provincial Treatment guidelines are available and used for those services listed as offered. | a. Healthcare providers provide technically correct services  according to the guidelines.  b. Staff is trained to follow these guidelines.  c. Justification is available for variations from the guidelines. |
| 2.10 | All children who visit the facility have their weight plotted correctly on their health card and have their immunization status checked. | a. All under five children coming to the facility are weighed.  b. Weight is accurately plotted on the child's health card and  follow-up action taken based on the plot.  c. Immunization status is checked and missing immunizations  given  d. Weight and vaccination information are given to the  parent/carer. |
| 2.11 | Healthcare providers regularly educate their patients on health issues in a way that is easy to understand. | a. Healthcare providers conduct group health education  sessions at least four times a month.  b. Healthcare providers use the following materials during  patient counseling/education sessions: posters, family  planning material, brochures, leaflets etc.  c. Health education messages (posters and charts with  pictures and minimal text) are visibly posted in prominent  areas within the facility.  d. Health education written material is available for patients  to read and take home. |
| 2.12 | Patients are given accurate information about their medication regime to enable them to manage it. | a. The healthcare provider/dispenser instructs patients about  the medication, the amount of medication to take, time to  take and for how long it should be taken.  b. The healthcare provider/dispenser checks that the patient  understands the instructions. |
| 2.13 | Staff follows correct aseptic techniques and wash their hands between patients. | a. Health workers perform the following aseptic procedures in  line with SOPs or guidelines: wound dressing, suturing,  catheterization, injections, intravenous infusion and dental  extraction.  b. Soap (where possible liquid soap) and water or antiseptic  gel are available at the washing point(s) in or near the  consulting/examination room(s).  c. Hand washing instructions are posted above the washing  point(s).  d. Healthcare providers wash their hands/use antiseptic gel  between patients and between procedures. |
| 2.14 | Rational prescribing is practiced to minimize the risk of drug resistance, ensure appropriate treatment and enable cost- effective care. | a. An essential drug list is available and followed.  b. Good prescribing practice guidelines for antibiotics are  available and followed.  c. Provisional diagnosis is written on the prescription.  d. If the diagnosis changes as a result of follow-up assessment  or test results, the prescription is reviewed. |
| 2.15 | Essential drugs and supplies are available at all times during open hours. | a. Stock position is recorded and it corresponds to physical  stock.  b. There is a stock of the essential drugs sufficient for at least  15 days consumption.  c. There is a process for checking date of expiry.  d. No expired drugs are in stock.  e. Near expiry (with less than 03 months expiry date) counter  is maintained. |
| 2.16 | The cold-chain for vaccines is maintained. | A Cold Chain procedure for vaccines is used and includes clear directions on the following practices:  i. Vaccine stock management including vaccine storage,  potency, stock quantities, stock records, and arrival report  ii. Equipment for vaccine transport and storage  iii. Maintenance of equipment  iv. Control and monitoring of temperature  v. Cold chain during immunization sessions  vi. Syringes, needles and sterilization and  vii. Breakdown of equipment and emergency actions to  minimize risks. |
| 2.17 | Items for single use are not reused. | Disposal systems and processes for single-use items are available and used. |
| 2.18 | Sharps and needles are used and disposed of safely. | a. Labeled needle safety boxes are available in the  examination, injection and dressing rooms.  b. Staff safely disposes of sharp objects and needles in the  containers provided. |