

Lebanon Primary Care Standards
May 2015

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2015

Published by Accreditation Canada

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Following a review of national and international literature including documentation published by the World Health Organization, Accreditation Canada defines primary care:

“As part of the broader primary health care framework, primary care is a service at the entry to the health care system that takes into account age and gender and addresses diagnosis, ongoing treatment and management of health conditions as well as health promotion, disease and injury prevention, and referral to health care specialists.”

Primary care services focus on the assessment, diagnosis, treatment, and ongoing management of common illnesses. Although primary care does involve health promotion and disease and injury prevention for individual clients and their families, it focuses primarily on the diagnosis, treatment and management of common health illnesses in individual clients.

The primary care standards may be applied in the following settings, both public and private: primary health care centres, clinics or dispensaries. Primary care services can be delivered by one solo practitioner or a group, team or network of primary care providers and can be co-located, or delivered in a number of sites.

The Primary Care standards for Lebanon are organized around the following subsections:

- **Building an Effective Primary Care Clinic**
- **Maintaining a Safe Primary Care Clinic**
- **Having the Right People Work Together to Deliver Care**
- **Delivering and Coordinating Primary Health Care**
- **Maintaining Accessible and Efficient Health Information Systems**
- **Monitoring Quality and Achieving Positive Outcomes**

These subsections contain standards, which contain Measures of Quality. Each Measure of Quality is linked to one of the following seven elements of quality:

<i>Accessibility</i>	Through ensuring availability, affordability, and acceptability of services.
<i>Appropriateness</i>	In relation to the needs and expectations of both clients and service providers, considering current state-of-art and efficacy.
<i>Continuity of care</i>	For clients across all healthcare providers and various levels of care over time, from prevention to cure, to wellness and health promotion.
<i>Effectiveness</i>	Through ensuring provision of the right service to the right client, the right way, at the right time.
<i>Efficiency</i>	Through optimizing skills and minimizing duplication in services.
<i>Safety</i>	Through protection and risk management of clients, the community, service providers, and property in a learning environment.
<i>Continuous Improvement Of Performance</i>	Compared to current established standards and leading healthcare "industry" benchmarks.

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The standards are designed to provide organizations that are new to accreditation with the building blocks of quality and at the same time, provide them with a guide toward excellence. Recognizing that organizations may be at different points along the excellence continuum, the primary care services Measures of Quality are distributed among the following three levels:

Basic: Addresses basic structures and processes linked to the foundational elements of safety and quality improvement in primary health care service delivery.

Advanced: Builds on the foundational elements of quality and safety, and emphasizes key elements of client-centred care and consistency in the delivery of services through standardized processes.

Excellence: Demonstrates a commitment to excellence and leading the primary health care field in terms of quality and safety.

BUILDING AN EFFECTIVE PRIMARY CARE CLINIC

STANDARD

1. The clinic's leaders clearly define roles, responsibilities and accountabilities within the primary care clinic.

GUIDELINES

The leaders of the clinic are responsible for managing the clinic and allocating resources. Certain organization-wide processes must be put in place by the clinic's leaders to enhance and facilitate the work of staff, maintain quality and safety, and improve the clinic's overall performance.

The individual managing the clinic should have the appropriate qualifications and experience specific to primary health care. This may include management training and experience managing staff in a primary health care setting.

The clinic should follow policies addressing financial procedures. These policies may be established by the Ministry of Public Health or other external bodies.

The annual report should highlight achievements by the clinic for the year as well as the clinic's financial statements of performance.

MEASURES OF QUALITY

1.1	The clinic has a licence to offer primary care services.	Effectiveness	Basic
1.2	The clinic clearly displays for clients a description of the primary care services it is authorized to provide.	Appropriateness	Basic
1.3	The clinic is managed by an appropriately qualified and experienced person.	Effectiveness	Basic
1.4	The clinic manager meets with staff on a regular basis.	Effectiveness	Basic
1.5	The clinic's staff and service providers are able to access the clinic manager between meetings for decision-making purposes.	Effectiveness	Basic
1.6	The clinic has an organizational chart with clear lines of responsibility and authority.	Effectiveness	Basic
1.7	The clinic demonstrates financial accountability to its funders through annual reporting.	Effectiveness	Basic
1.8	The clinic distributes an annual report to all key stakeholders.	Effectiveness	Basic
1.9	The clinic manager monitors, evaluates and modifies its management practices to improve cost performance.	Continuous Improvement of Performance	Advanced

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1.10	The clinic evaluates its management practices annually.	Continuous Improvement of Performance	Basic
1.11	The clinic improves its management processes based on the results of the evaluation.	Continuous Improvement of Performance	Advanced

STANDARD

2. The clinic develops its services to meet the health care needs of clients.

GUIDELINES

A mission statement describes the clinic's purpose or overall goal and may include the role, functions, and services of the clinic. A vision statement describes the clinic's long-term aspirations, high-level objectives or the strategic direction.

Clients' needs for health services are influenced by a variety of factors, including demographics, e.g. age, cultural diversity, literacy, language; morbidity and mortality data, e.g. common diagnoses, rates of acute vs. chronic illness, rates of incidence and prevalence, injury rates; and presence of risk factors, e.g. smoking rates, diet, rates of alcohol consumption, that may lead to health issues. Further, by understanding the broader community in which its clients and families live, organizations are better able to understand their clients' health status, capacities, risks and determinants. This information may include community demographics, public health and disease surveillance information, a community health needs assessment, and client perspectives on primary care. This information may be gathered through a needs assessment of their clients or community and national health reports.

The clinic should assess the appropriateness of its current services as well as the need for new services. This assessment may include setting priorities if multiple service needs are identified or identifying the resources already available in the community and the resources that are still needed. It may also include identifying partnerships and linkages needed to provide clients with access to services in other settings.

Primary care clinics are required by law to deliver a minimum package of services. To determine which additional services to deliver, the clinic should obtain input from the broader community it serves.

The clinic's annual operating plan should be linked to its strategic plan and organizational mission.

MEASURES OF QUALITY

2.1	The clinic has written mission and vision statements.	Effectiveness	Basic
2.2	The clinic collects information about the health care needs of its clients and community.	Appropriateness	Basic
2.3	The clinic analyzes and uses the information it collects about its community for planning and designing services.	Appropriateness	Basic
2.4	The clinic has a strategic plan based on identified community needs.	Appropriateness	Basic

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2.5	The clinic's strategic plan includes measurable long-term goals and objectives.	Effectiveness	Basic
2.6	The clinic develops annual operating plans to guide day-to-day operations.	Effectiveness	Basic
2.7	The clinic has a committee made up of members of the broader community to provide input on services.	Appropriateness	Basic
2.8	The clinic involves its clients and community when developing its operating plans.	Appropriateness	Basic
2.9	The clinic has written policies for client and community participation principles.	Appropriateness	Basic

STANDARD

3. The clinic creates partnerships to improve its primary care services and support a coordinated approach to primary health care.

GUIDELINES

Primary health care initiatives may be national or local in scope. The clinic should use the available information on these initiatives to guide improvements to the design and delivery of its primary care services.

By having a strong relationship with the Ministry of Public Health, clinics may have access to in-kind donations or other incentives for participating in quality improvement initiatives.

Partnerships may be with hospitals or community-based services and programs. Collaboration with these services improves the provision of coordinated and continuous care for clients and families. Effective referral processes that include the timely and complete transfer of information and records promote seamless care and reduce duplication of services.

Community partners may include hospitals, schools or community-focused services and programs such as health education programs, nutrition services, community-based maternal/child services, therapy services such as physical therapy and occupational therapy, community pharmacists, public health services and programs, medical transportation services, support centres for the elderly, community-based mental health centres, urgent care clinics, shelters for the abused or homeless, rehabilitation services, home care and long-term care.

MEASURES OF QUALITY

3.1	The clinic establishes a strong relationship with the Ministry of Public Health.	Effectiveness	Basic
3.2	The clinic collects and uses information about existing primary health care initiatives in its community.	Effectiveness	Basic

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3.3	The clinic establishes partnerships with other primary health care providers or programs based on the health needs of its clients.	Continuity of Care	Excellence
3.4	The clinic establishes partnerships with local schools in order to deliver health education.	Effectiveness	Excellence
3.5	With its partners, the clinic collaborates with hospitals and other levels of care including specialized service providers or consultants.	Continuity of Care	Excellence
3.6	The clinic follows a process to transfer and refer client information and records to and from other health care providers.	Continuity of Care	Basic
3.7	The clinic distributes information on its services and programs to its partners, served community and stakeholders through at least one method annually.	Effectiveness	Basic

STANDARD

4. The clinic effectively manages its human and financial resources.

GUIDELINES

When preparing the annual operating budget, the clinic's leaders should consider the long-term goals and objectives and seek input from staff. Financial policies should include generally accepted accounting principles. In some cases, the clinic's budget may be developed and set for them by an external source. Where this is the case, the clinic is still responsible for applying the proper financial controls and managing the budget once it is set.

Similarly, human resource plans may be adopted from other sources or an external management centre such as an NGO or the Ministry of Public Health but the clinic is still responsible for carrying out the human resource plan once it is set.

Legal requirements for financial management and reporting vary depending on the size of the clinic and whether it is public or private. Accountability and responsibility for handling specific financial transactions such as managing the clinic's accounts, payroll, and signing cheques should be defined.

The number and mix of physicians, providers, and staff may be based on a number of factors, including: office hours; the number and needs of clients and families; the needs of the community as a whole, as well as the number of unattached clients, as applicable; the services offered, including programs or services offered in conjunction with partners or other organizations. For example, a comprehensive primary care team can include primary care physicians, nurses, a nurse practitioner, a social worker, a pharmacist, a dietician, a clinic manager, and administrative assistants.

MEASURES OF QUALITY

4.1	The clinic prepares annual operating and capital budgets according to recognized financial policies and procedures.	Efficiency	Basic
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4.2	The clinic monitors its budgets and generates regular reports on its financial performance.	Efficiency	Basic
4.3	The clinic meets legislative requirements for managing its financial resources and producing financial reports.	Effectiveness	Basic
4.4	The clinic clearly assigns responsibility and authority for managing its financial transactions.	Safety	Basic
4.5	The clinic has or adopts a human resources plan that assists the clinic achieve its strategic and operational plans.	Efficiency	Basic
4.6	The clinic has a sufficient number and mix of physicians, other health care providers, and clerical and information technology staff to enable work to be completed in a safe and efficient manner.	Effectiveness	Basic
4.7	The clinic implements recruitment and retention strategies to attract and keep the staff needed to meet the needs of clients.	Effectiveness	Basic

STANDARD

5. The clinic works within its community to promote health and prevent disease.

GUIDELINES

To stay healthy and prevent illness, clients, families and the broader community need education about the importance of preventing conditions they may be at risk of developing. This education should include healthy behaviours, early detection of illness, and how to reduce health risks. The clinic should offer this information to the community in written form, such as pamphlets.

MEASURES OF QUALITY

5.1	The clinic carries out regular community outreach and health education campaigns.	Appropriateness	Basic
5.2	The clinic uses a diverse range of evidence-based health promotion models to modify behaviour as part of its community outreach and health education campaigns.	Appropriateness	Advanced
5.3	The clinic uses interactive learning strategies that acknowledge and value participants' experience when conducting community outreach and health education campaigns.	Appropriateness	Advanced

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5.4	The clinic provides information and skills development sessions to members of the community about health issues and staying healthy.	Appropriateness	Advanced
5.5	The clinic periodically monitors the impact of its interventions on the health status of its community members.	Continuous Improvement of Performance	Excellence

STANDARD

6. The clinic is client-centred.

GUIDELINES

Using a client-centred approach should be the central philosophy of the clinic. This includes developing and maintaining an open, transparent and respectful relationship with clients and their families.

The clinic should have in place methods of verifying that their staff comply with their relevant professional code of ethics and inform clients of their rights and responsibilities. Staff should be informed in writing about the relevant national legislation and regulation protecting client rights.

Policies and procedures to prevent conflicts of interest may include the obligation to provide service that is in the best interest of the client, and free of conflict with financial or other interests of the clinic. They may address establishing and ending relationships with clients; being honest and open with clients about financial arrangements at the outset and informing clients of any fees prior to treatment; being honest in financial arrangements with the clinic's staff, service providers, suppliers or other organizations; and fully disclosing any financial interest in organizations that may have an affiliation or commercial agreements with the clinic.

Clients should have input on various aspects and processes within the clinic including whether or not the physical space is safe, accessible, clean, easily navigated, and comfortable. The clinic then uses this information to improve the physical environment. Clients should feel comfortable placing complaints.

MEASURES OF QUALITY

6.1	The clinic informs clients and staff of their rights and responsibilities.	Appropriateness	Basic
6.2	The clinic delivers services based on codes of ethics.	Appropriateness	Basic
6.3	The clinic has policies and procedures in place to prevent financial and other conflicts of interest.	Appropriateness	Basic
6.4	The clinic complies with the relevant professional and legislative confidentiality requirements.	Effectiveness	Basic
6.5	The waiting and admitting areas for clients are clean and comfortable and laid out in a way that maintains client privacy and confidentiality.	Effectiveness	Basic
6.6	The clinic's physical workspace maintains the comfort, privacy and	Effectiveness	Basic

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confidentiality of clients.

6.7	The clinic gathers and uses input from clients and families about the physical environment.	Appropriateness	Basic
6.8	The clinic's staff are considerate to individual diversity including gender, culture, age, socioeconomic status, religion and disability.	Appropriateness	Basic
6.9	The clinic informs clients and stakeholders about how to place complaints.	Effectiveness	Basic
6.10	The clinic has systems in place to process verbal or written complaints from clients and stakeholders.	Effectiveness	Basic
6.11	The clinic promptly investigates and responds to complaints from clients and stakeholders.	Continuous Improvement of Performance	Basic

MAINTAINING A SAFE PRIMARY CARE CLINIC

STANDARD

7. The clinic monitors risk and protects the safety of clients.

GUIDELINES

Risks may include physical hazards; problems with equipment; spills, waste, or other infectious materials; client behaviour that may lead to injury; problems with prescribing, handling, storing, or dispensing medications. Regular opportunities to share information about potential problems and actual incidents can reduce risk and the likelihood of an incident recurring.

The clinic needs to have a process for monitoring, investigating and reporting sentinel events, near misses and adverse events that includes investigating all incidents, taking action to prevent the same situation from recurring, monitoring incidents, and using lessons learned to make improvements. Staff delivering primary care services are responsible for implementing the clinic's process. A "near miss" is defined as an event or situation that could have resulted in an accident, injury or illness, but did not, either by chance or through timely intervention. Potential near misses in a primary health care setting may involve errors with prescribing medications; ordering or providing treatments; ordering and following up on diagnostic tests; or failures or malfunctions involving medical devices and equipment.

MEASURES OF QUALITY

7.1	The clinic's team members are trained to identify and manage risk.	Safety	Basic
7.2	The clinic's staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.	Safety	Basic
7.3	The clinic monitors and investigates trends in rates of sentinel events,	Safety	Basic

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near misses, and adverse events.

7.4	The team follows the clinic's policy and process to report and disclose adverse events to clients and families.	Safety	Basic
7.5	The clinic takes steps to prevent sentinel events, adverse events, and near-misses from occurring again and makes improvements to safety as required.	Safety	Basic

STANDARD

8. The clinic's physical environment supports safe and effective service delivery.

GUIDELINES

The clinic's physical space needs to support team functioning, interaction and the timely delivery of primary care services. To meet applicable legislation and regulations, considerations include managing heating, ventilation, and air conditioning systems that control temperature, humidity, odours, and availability of fresh air; preventing exposure to second-hand smoke; maintaining the physical infrastructure (windows, roofs, and elevators are in working order and meet codes); having suitable furniture and equipment that considers ergonomics and addresses the needs of clients and staff with special needs; and security systems to protect staff and clients.

Fire safety issues may include smoking, smoke alarms, fire extinguishers, evacuation plans, and who to contact in case of a fire emergency. Regular inspections should be conducted by an appropriate fire authority and when any major changes are made to the physical structure. The clinic's leaders should encourage as many staff as possible to participate in the drills and monitor and document participation.

MEASURES OF QUALITY

8.1	The clinic's physical space meets applicable legislation and regulations.	Safety	Basic
8.2	The clinic has back-up systems for water, electricity and heating.	Safety	Basic
8.3	The clinic's leaders schedule and document regular inspections, testing, and maintenance of fire detection, warning and extinguishing systems to reduce the risk of fire	Safety	Basic
8.4	The clinic educates staff and clients about fire safety and prevention.	Safety	Basic
8.5	The clinic's leaders train staff on how to evacuate through regular fire drills.	Safety	Basic
8.6	The clinic regularly maintains the physical facility.	Safety	Basic
8.7	The clinic properly controls the temperature and ventilation of the facility.	Effectiveness	Basic
8.8	The clinic functions in a manner that supports conservation of and minimizes	Effectiveness	Basic

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damage to the environment.

STANDARD

9. The clinic safely manages medical equipment.

GUIDELINES

The process for selecting medical equipment should take into account information from staff and clients; the type of services provided; the knowledge and skills needed for use; potential risks or impacts on infection control including sterilization and reprocessing, occupational health and safety, and waste creation and disposal; the latest research and evidence in advances in technology; and whether the benefits are worth the costs.

The preventative maintenance program for equipment includes service checks; life cycle management; safe, secure, and efficient storage; and emergency servicing and repair. The program helps the clinic verify that its medical devices and equipment are in safe and functional order and address potential problems that may result in injury to staff and clients.

MEASURES OF QUALITY

9.1	The clinic has a process for selecting the medical equipment.	Effectiveness	Basic
9.2	The clinic follows a documented process for setting-up, validating, and calibrating all new equipment.	Safety	Basic
9.3	The clinic trains staff on how to use new or specialized equipment.	Effectiveness	Basic
9.4	The clinic has a schedule for preventative maintenance for all equipment.	Safety	Basic
9.5	The clinic follows a schedule for upgrading and replacing medical equipment.	Safety	Basic
9.6	The clinic has systems to verify that the equipment it uses complies with the appropriate standards and manufacturer instructions.	Safety	Basic
9.7	The clinic maintains contracts with external maintenance service providers.	Effectiveness	Basic
9.8	The clinic follows documented procedures to manage medical equipment incidents including adverse events or cases involving misuse.	Safety	Basic
9.9	The clinic's staff have access to an equipment resource person who they can consult when they are having problems.	Effectiveness	Basic

STANDARD

10. The laboratory environment and equipment are safely managed and maintained.

GUIDELINES

Applicable laws, regulations, and standards of practice for laboratory services may differ depending on the specific services the laboratory provides. These standards apply to all centres, including those that perform minimum types of laboratory tests. Clinics can refer to relevant guidelines for licensing clinical laboratories for further guidance.

In order to maintain a clean environment, the floors and walls should be smooth, non-slip, free of cracks and open joints, and able to resist absorbing cleaning agents and disinfectants.

Clinics should use a standardized and consistent format for labelling supplies, reagents, and media and maintain an up to date inventory, which includes discarding inappropriate, expired, deteriorated, and substandard supplies, reagents, and media.

When storing samples, the staff preserves the integrity and stability of each sample, and prevents cross-contamination in case repeated or additional examinations and analyses need to be completed.

MEASURES OF QUALITY

10.1	The clinic's laboratory services meet applicable laws, regulations and standards of practice.	Safety	Basic
10.2	The clinic's laboratory has adequate equipment and supplies to carry out its lab services safely and efficiently.	Effectiveness	Basic
10.3	The laboratory's sample collection areas are separate from reception and waiting areas, as well as laboratory areas, including collection and analysis areas.	Client-centred care	Advanced
10.4	The layout of the laboratory makes it easy to wash, clean, and disinfect work areas, equipment, and floors.	Safety	Basic
10.5	The clinic's laboratory work areas, including floors and walls, are clean and well-maintained.	Safety	Basic
10.6	The layout of the laboratory prevents cross-contamination by separating incompatible activities, such as bacteriology and parasitology.	Safety	Basic
10.7	The team receives training on hand-washing procedures and has access to hand-washing facilities that are adequately supplied.	Safety	Basic

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10.8	The team ensures the safe collection, containment, and disposal of waste materials in line with applicable requirements.	Safety	Basic
10.9	Machinery and equipment are kept separate from sample storage areas to protect the integrity of samples.	Appropriateness	Basic
10.10	The laboratory team maintains the environmental conditions (temperature, humidity, ventilation) of the laboratory and its storage spaces to protect the integrity of its samples and supplies by regularly monitoring and recording environmental conditions.	Appropriateness	Basic
10.11	The team maintains an alarm system for applicable equipment to alert team members to changes in environmental conditions or malfunctions, and tests this alarm system regularly.	Safety	Basic
10.12	The clinic's laboratory regularly maintains, calibrates, and inspects instruments and equipment.	Safety	Basic
10.13	The clinic's laboratory safely labels and uses supplies, reagents, and media.	Safety	Basic
10.14	To avoid contaminations or toxicity, the team uses analytical grade (most pure) materials and sterile techniques to prepare supplies, reagents, or media as required by its standardized procedures.	Safety	Basic

11. The clinic safely delivers laboratory services.

GUIDELINES

The clinic implements policies and procedures for all laboratory functions. including identifying, storing, processing and transporting samples, handling urgent requests, communicating results, report writing, and quality assurance.

The laboratory records all the samples it receives in an accession book, worksheet, computer, or other information system, and each sample is properly labelled with the appropriate identifiers.

When processing and transporting samples, standardized procedures outline the criteria for choosing and conducting the appropriate examination procedure. The transportation requirements differ depending on the nature of the sample and examination(s) to be performed.

The process for handling urgent requests includes methods for rapid processing, the special requirements for transporting the sample, and any specific or additional reporting requirements. The laboratory team clearly defines panic values for each examination and uniquely identifies and labels urgent requests.

The laboratory provides written reports of performed tests. The clinic implements a policy related to releasing results, including: appropriate record information (name of the laboratory or site, date and unique identifier, authorized signatures, analyses and procedures, and quality controls); to whom results may be released; procedures for reporting directly to clients and in emergency situations; and confidentiality when releasing results

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by telephone or electronically. The team dates and signs changes to a client record and documents the reason for the change.

The laboratory implements a safety program which addresses occupational health and safety issues and other procedures that minimize risk and support a safe work environment. Risk assessments are performed to identify issues that could affect sample integrity. The team classifies biological agents based on the potential risk to the individual handling the agent, the potential risk to the community in the event of leakage or contamination, the possibility of transmission, and the availability of treatment.

MEASURES OF QUALITY

11.1	The clinic's laboratory is supervised by a licensed laboratory physician and supported by a laboratory technician.	Appropriateness	Basic
11.2	The laboratory team uses standardized request forms to collect necessary information about the client, the sample(s), and the requested analyses.	Appropriateness	Advanced
11.3	The laboratory team verifies the identity of the patient by verifying their name and date of birth before conducting any procedure.	Appropriateness	Basic
11.4	Before collecting any samples, the laboratory team obtains informed consent.	Appropriateness	Basic
11.5	The laboratory team follows written policies and procedures when sample collection failure occurs, which includes the number of phlebotomy attempts allowed, acceptable phlebotomy techniques, and the instructions to be given to the client in the event that they must return on another day.	Appropriateness	Basic
11.6	The laboratory team follows a policy for identifying and handling urgent requests.	Accessibility	Basic
11.7	The laboratory team follows standardized procedures to transport samples within the clinic, to and from the laboratory, as well as externally to other laboratories, in a safe and confidential manner that is in line with applicable policies and procedures.	Safety	Basic
11.8	The laboratory team follows standardized procedures for maintaining the integrity of samples handled after hours, if applicable.	Appropriateness	Basic
11.9	All samples that are received are given a unique identification	Safety	Advanced

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	number and a record is kept, identifying the date and time they were received and the individual responsible for receiving them.		
11.10	The laboratory team appropriately stores samples based on the sample type and examination requirements.	Appropriateness	Advanced
11.11	The laboratory team follows standardized procedures to decide on further examinations that are needed and the procedure to be followed.	Appropriateness	Basic
11.12	The team has a standardized report format that is communicated to all laboratory users.	Appropriateness	Advanced
11.13	The laboratory team follows standardized procedures for handling results that fall within panic values, which includes promptly notifying the ordering physician for follow-up.	Safety	Basic
11.14	The laboratory team has a policy for communicating results verbally.	Appropriateness	Advanced
11.15	The clinic's laboratory services have a quality improvement plan.	Appropriateness	Advanced
11.16	The team has an internal quality control system to verify the accuracy of analyses and results.	Appropriateness	Excellence
11.17	The team participates in external quality control programs through proficiency testing and inter-laboratory comparisons.	Appropriateness	Advanced
11.18	The team keeps records of quality control results, identified problems, and actions taken to fix the problems, and identifies opportunities for improvement.	Safety	Advanced
11.19	The team identifies and quickly addresses all inaccuracies, problems, or deficiencies.	Appropriateness	Basic
11.20	Yearly utilization reports are provided to relevant stakeholders.	Appropriateness	Basic
11.21	The laboratory team develops, maintains, and monitors an effective laboratory safety program.	Appropriateness	Advanced
11.22	As part of the safety program, the laboratory team identifies, assesses, and minimizes risks for staff, clients, and visitors.	Safety	Basic

For laboratory teams conducting Point-of-Care Testing (POCT):

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11.23	Point-of-Care testing (POCT) is provided in a safe and effective manner.	Appropriateness	Basic
11.24	For clinics providing POCT services, a member of the health care team is responsible for conducting internal quality control tests on the POCT equipment and for coordinating services between the clinic and the central lab overseeing POCT services.	Appropriateness	Basic
11.25	The date and time of the point-of-care test, the individual carrying out the test, the results of the test, and the action required when the results are outside the normal range are recorded in the client's record by the health care professional who conducts the POCT.	Safety	basic

STANDARD

12. The clinic safely delivers diagnostic imaging services.

GUIDELINES

Applicable laws, regulations, and standards of practice for diagnostic imaging services may differ depending on the specific services the clinic provides.

In order to maintain a safe and clean environment, the floors and walls should be smooth, non-slip, free of cracks and open joints, and able to resist absorbing cleaning agents and disinfectants. Adequate temperature control and ventilation ensure client and staff safety, as well as optimum equipment function. Ventilation helps to remove toxic chemical vapours from the work areas and may include special equipment such as fume hoods. The organization regularly monitors air quality according to its policies and procedures. Storage areas are also well-ventilated, clean and disinfected regularly

To ensure diagnostic imaging services are provided in a safe way, only authorized medical professionals order diagnostic tests. Before diagnostic imaging services are provided, risk assessments are performed for each client. Women of childbearing age are asked whether they may be pregnant, and their response is documented. For women who are pregnant, a medical report from the diagnosing physician is required and a consent form must be signed by the woman before undergoing any x-ray. Clients are also screened for implantable devices, such as pacemakers. The team is familiar with policies and procedures to manage medical emergencies. Where intravascular contrast is used, there is an emergency drug tray in the procedure room.

Requisition forms are adequately completed and include basic and unique client identifiers. Client identifiers include the client's name, identification number, age or date of birth, gender, and history. Additionally, if imaging devices or probes are used, these are traceable to the client to facilitate outbreak investigations, device tracking, and quality control.

When interpreting and communicating results, the clinic follows established policies and procedures, including a process for assessing the quality of images, turnaround times, and abnormal/unusual/unexpected, or urgent results. Unusual, unexpected, or urgent findings are those that require immediate case management decisions. In addition, the team notifies the referring medical professionals if discrepancies are found between the

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emergency or preliminary report and the final written report. Access to diagnostic services may also include access to experts in specialized diagnostic areas when necessary, to inform the selection of appropriate tests and the appropriate interpretation of results.

MEASURES OF QUALITY

12.1	The clinic's diagnostic imaging services meet applicable laws, regulations and standards of practice	Safety	Basic
12.2	The clinic's diagnostic imaging services are overseen by a radiologist and licensed technician.	Appropriateness	Basic
12.3	Safety warnings are posted at the entrance of diagnostic imaging and examination procedure rooms and access is restricted when they are in use.	Safety	Basic
12.4	The clinic's diagnostic imaging services regularly maintain, calibrate, and inspect instruments and equipment.	Safety	Basic
12.5	Diagnostic imaging procedures are carried out in areas separate from client care and waiting areas.	Client-centred care	Advanced
12.6	Relevant diagnostic imaging team members wear a thermoluminescent (TLD) badge while working in diagnostic imaging areas to protect themselves from radiation exposure.	Safety	Basic
12.7	The diagnostic imaging requisition includes the client's first and last name, a second client identifier, the client's file number, the organization's name, the date of the request, level of urgency, relevant clinical information, type of procedure, special instructions (if any), the appropriate medical professional, and the time and date of the examination	Appropriateness	Basic
12.8	The diagnostic imaging team responds to urgent orders as soon as possible and within 24 hours of receiving the urgent request.	Accessibility	Basic
12.9	The diagnostic imaging team maintains an accession record or day sheet of requests for diagnostic imaging services received from authorized medical professionals, and includes each client's name, examination type, and the image file number.	Appropriateness	Basic
12.10	The diagnostic imaging team reviews diagnostic images for positioning and imaging quality before the client is released.	Appropriateness	Advanced
12.11	The diagnostic imaging team follows a policy and procedure for	Safety	Basic

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managing clients who may be pregnant, which specifies that for procedures involving radiation, the diagnostic imaging team asks female clients of childbearing age whether they are or may be pregnant and documents the response.

12.12	The diagnostic imaging team screens clients for implants, devices, and materials inside the body, including dental implants.	Safety	Basic
12.13	The diagnostic imaging team implements standard views of each anatomic area to optimize imaging and minimize exposure to radiation.	Appropriateness	Advanced
12.14	The diagnostic imaging team follows a policy and procedure regarding the use of intravenous contrast media, which includes screening clients for allergies and monitoring clients for possible adverse reactions.	Safety	Basic
12.15	The diagnostic imaging team follows policies and procedures for managing adverse events during the performance of diagnostic imaging services.	Safety	Basic
12.16	The diagnostic imaging team has access to an emergency cart, which includes drugs and resuscitation equipment appropriate to the client population (e.g. pediatrics).	Safety	Basic
12.17	The diagnostic imaging team has a policy outlining the interpretation of diagnostic results (completed as soon as possible and within 48 hours of conducting the examination), including a distinct process for urgent results (completed as soon as possible and within 24 hours of conducting the examination).	Efficiency	Advanced
12.18	The team informs the referring medical professionals immediately following unusual, unexpected, or urgent findings.	Safety	Basic
12.19	The diagnostic imaging team documents the communication of results to referring medical professionals.	Appropriateness	Basic
12.20	The diagnostic imaging report identifies the client, the diagnostic imaging service provider, the name of the referring medical professional, and includes relevant information about the procedure including the number of images taken and technique used.	Appropriateness	Basic
12.21	The diagnostic imaging team reviews the final report for accuracy and ensures it is authorized by a radiologist.	Appropriateness	Basic
12.22	The diagnostic imaging technician does not provide results unless the	Appropriateness	Basic

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	report is approved and signed by the radiologist.		
12.23	The diagnostic imaging team stores diagnostic images and reports together in a clearly labeled master envelope, electronically, or a combination of both.	Appropriateness	Advanced
12.24	The diagnostic imaging team ensures that a copy of the report is included in the client file.	Appropriateness	Basic
12.25	The diagnostic imaging team provides a copy of the written report to the clinician by hand if they do not have access to electronic systems.	Appropriateness	Basic
12.26	The clinic's diagnostic imaging services have a quality control program, as well as a quality improvement plan.	Appropriateness	Advanced
12.27	Peer review audits are conducted by both internal and external experts on random samples of diagnostic imaging reports to ensure accuracy.	Appropriateness	Advanced
12.28	The diagnostic imaging team maintains a schedule of quality control procedures.	Appropriateness	Advanced
12.29	The diagnostic imaging team records results of quality control procedures, problems identified, and corrective action taken.	Appropriateness	Excellence
12.30	The diagnostic imaging team conducts and reports on repeat/reject analysis monthly, as part of its quality control program and these are documented, including corrective action taken.	Appropriateness	Excellence

13. The clinic safely stores and manages medications.

GUIDELINES

The clinic's medication inventory includes the number and type of medications within the clinic. This includes tracking the staff member's name, medication name, quantity and date when staff members remove medications from the storage area.

The clinic's 'do not use' list is applied to all medication-related documentation whether hand written or entered as free text into a computer. The clinic's pre-printed forms, related to medication-use, do not include any abbreviations, symbols, and dose designations identified on this 'do not use' list. The clinic educates service providers about the list at orientation and when changes are made to the list.

Proper storage of vaccines includes verifying the working order of fridges and their temperature for optimal storage conditions. Medications and vaccines should be refrigerated according to the storage and temperature range recommendations issued by the manufacturer. Fridges should have minimum-maximum thermometers to verify that vaccines have not been exposed to a temperature outside the recommended range and these temperatures should be checked and recorded twice daily.

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Safe and secure storage of medications and vaccines includes limiting access to authorized staff, protecting the stability of medications, and storing vaccines properly in fridges at the appropriate temperature. The clinic should monitor and record the working order of fridges and their temperature for optimal storage conditions.

MEASURES OF QUALITY

13.1	The clinic limits access to medications to authorized staff.	Safety	Basic
13.2	The clinic limits access to medications by storing them away from client service areas in a cabinet, drawer or closet that is locked.	Safety	Basic
13.3	The clinic's medication storage areas are clean and orderly.	Safety	Basic
13.4	The clinic limits access to prescription pads to authorized staff only.	Safety	Basic
13.5	The clinic maintains an up-to-date inventory of available medications and medications that have been dispensed.	Safety	Basic
13.6	The clinic's medication labels are distinctive, use clear abbreviations, and contain only essential information.	Safety	Basic
13.7	The clinic keeps track of all medications it dispenses.	Safety	Basic
13.8	The clinic defines and lists available high-risk/high-alert medications.	Safety	Basic
13.9	The clinic has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the practice.	Safety	Basic
13.10	The clinic has an up-to-date list of medications covered by the National Social Security Fund.	Safety	Basic
13.11	The clinic annually updates its list of vaccinations based on the national agenda.	Safety	Basic
13.12	The clinic stores vaccines and medications properly in fridges at the appropriate temperature.	Safety	Basic
13.13	The clinic has a process to monitor, and adheres to, expiry dates on medications and vaccines.	Safety	Basic
13.14	The clinic promptly discards outdated medications and returns expired vaccines to their source.	Safety	Basic

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STANDARD

14. The clinic safely prescribes and dispenses medications.

GUIDELINES

Medication information tools may include pocket references, drug information cards, pre-printed order forms, protocols or checklists, client drug education material, compounding recipes, computerized prescriber order entry decision trees, and clinical support protocols. Medication-related information should be available in written and electronic formats, and through consultation with the pharmacy, medication reference texts, and infusion charts.

To ensure clearly written medication orders, unsafe abbreviations or unclear directions (e.g. “resume the same medication” or “take medications from home”) should not be used.

Criteria for medication orders include that the order is complete, clear, and legible; specifies the therapeutic objective; does not use unacceptable abbreviations; and indicates special precautions or requirements for “when needed” medications are ordered. Basic client information on medication orders includes client name, birth date, gender, weight, height, allergy information, physician, organization location, and organization ID number. Medication orders may come to the pharmacy in person or via telephone, fax, or other electronic communication.

The process to maintain known drug reactions for each client should include identifying who is responsible for updating adverse drug reaction information in the client medication profile.

The policies and procedures on the safe preparation and dispensing of medications should be available to pharmacy staff and other service providers, and be reviewed regularly.

MEASURES OF QUALITY

14.1	The clinic's staff have access to medication-related information and tools.	Safety	Basic
14.2	The clinic's staff have access to current protocols, guidelines, dosing recommendations, and checklists for medications.	Safety	Basic
14.3	The clinic's staff clearly write prescription orders.	Safety	Basic
14.4	The clinic's pharmacy establishes criteria for acceptable medication orders.	Safety	Basic
14.5	The clinic's pharmacy reviews prescriptions or medication orders for accuracy and appropriateness.	Safety	Basic
14.6	The clinic's pharmacist conducts periodic reviews (appropriateness reviews) of medication profiles of clients who suffer from chronic diseases or multiple co-morbidities to assess the suitability of medications (type and quantity), including its compatibility with medication guidelines.	Safety	Basic

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14.7	The clinic's pharmacy contacts the prescribing medical professional when medication orders are incomplete, illegible, or unclear.	Safety	Basic
14.8	The clinic develops policies and procedures to ensure medications are prepared safely.	Safety	Basic
14.9	The clinic's pharmacy maintains accurate and up-to-date records of all medications prepared in the pharmacy.	Safety	Basic
14.10	The clinic's pharmacy develops policies and procedures to ensure medications are dispensed safely.	Safety	Basic
14.11	The clinic develops and follows a process to maintain clinically accurate, known adverse drug reactions for each client in the ongoing medication profile.	Safety	Basic
14.12	The clinic has a policy and procedure on how to administer vaccines.	Safety	Basic
14.13	The policy on how to administer vaccines includes checking expiry dates prior to administering vaccines.	Safety	Basic
14.14	The clinic educates its staff about the side effects of vaccines.	Safety	Basic

Standard

15. The clinic minimizes the risk of infection to clients and staff.

GUIDELINES

When setting its infection prevention and control (IPAC) policies and procedures, the clinic should consider trends in diseases and infections in the community; the types of services they offer; the service setting; and scientific research, best practice, and standards of excellence. Examples of IPAC policies and procedures include hand hygiene protocols and other practices such as promoting respiratory etiquette; antibiotic resistant organism screening and management programs; policies on preventing and controlling infections when services are delivered in a home or community setting; procedures for handling specimens, contaminated equipment, linen, or medical devices; policies guiding certain practices, e.g. inserting and maintaining invasive devices; and how to identify and report outbreaks to the appropriate public health authorities.

IPAC education and training should be tailored to the clinic, its services, and client populations. The education includes the infection prevention and control policies and procedures, the resources available, common infections and diseases affecting the clinic, trends in diseases and infections, and how to handle hazardous materials such as chemicals, medical gases, regulated medical and infectious wastes. Training on hand hygiene needs to be multimodal and address the importance of hand hygiene in preventing the spread of infections, factors that have been found to influence hand hygiene behaviour, and proper hand hygiene techniques such as when to clean one's hands, such as before and after each direct contact with a client. Through monitoring

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compliance with accepted hand hygiene practices (for example through an audit), staff should have ongoing and timely feedback on hand hygiene as this contributes to better compliance.

MEASURES OF QUALITY

15.1	The clinic has policies and procedures for infection prevention and control (IPAC).	Safety	Basic
15.2	The clinic has a designated person responsible for infection prevention and control.	Safety	Basic
15.3	The clinic regularly educates staff about infection prevention and control.	Safety	Basic
15.4	The clinic trains staff and service providers on how to safely handle, store, use, and dispose of hazardous materials.	Safety	Basic
15.5	The clinic follows procedures to properly dispose of biomedical and hazardous waste.	Safety	Basic
15.6	The clinic regularly educates and trains staff and service providers on hand hygiene.	Safety	Basic
15.7	Staff, service providers, and clients have access to hand soap and water at the point of care.	Safety	Basic
15.8	Staff, service providers, and clients have access to alcohol-based hand rubs at the point of care.	Safety	Advanced
15.9	The clinic monitors compliance with accepted hand hygiene practices.	Safety	Basic

STANDARD

16. The clinic prevents contamination in the service environment.

GUIDELINES

The clinic should follow manufacturers' requirements, to prevent contamination of medical devices and equipment. Medical devices and instruments should not be stored under sinks or in the area where equipment and devices are being cleaned.

Contamination of vaccines and medication can occur at several points during the preparation and delivery of injected substances. The clinic's staff and service providers use aseptic techniques while preparing, handling and administering sterile substances both within the preparation area and at the point-of-care. This includes

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wearing the appropriate personal protective equipment. Appropriate personal protective equipment may include gloves, cover garments or gowns, masks, and footwear.

Universal precautions are infection control guidelines designed to protect staff and service providers from exposure to diseases spread by blood and certain body fluids. Universal precautions include wearing personal protective equipment when cleaning up and disposing of blood and bodily fluids.

MEASURES OF QUALITY

16.1	The clinic stores and handles linen, supplies, medical devices, and equipment in a manner that protects them from contamination.	Safety	Basic
16.2	The clinic stores medical devices and instruments in a clean and sterile manner.	Safety	Basic
16.3	Work areas, including floors and walls, are easy to clean and maintain.	Safety	Basic
16.4	The clinic's staff and service providers use aseptic techniques when preparing, handling, and administering vaccines, medications and other injections.	Safety	Basic
16.5	The clinic's staff and service providers use universal precautions to prevent exposure to blood and bodily fluids.	Safety	Basic
16.6	Staff members, service providers, and clients wear appropriate personal protective equipment when delivering client care and handling contaminated materials and equipment.	Safety	Basic
16.7	The clinic removes and disposes of sharps at the point of use in appropriate puncture, leak and spill-resistant sharps containers, prior to transportation.	Safety	Basic
16.8	The clinic places sharps containers out of reach of children.	Safety	Basic
16.9	The clinic removes and replaces sharps containers when they are three-quarters full.	Safety	Basic
16.10	The clinic makes arrangements for the proper disposal of sharps and other biomedical and hazardous waste.	Safety	Advanced

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STANDARD

17. The clinic has a process in place for cleaning, disinfecting and sterilizing equipment and facilities.

GUIDELINES

The clinic's procedures for cleaning should be stored near the reprocessing area and outline the schedule and expectations for documenting the frequency of cleaning; the choice of cleaners or disinfectants, and cleaning protocols for equipment, instruments and devices (including how to separate contaminated equipment, transport, sorting, soaking, removal of organic matter, rinsing, drying, and wrapping, if necessary). Instruments should be cleaned immediately after use according to manufacturer's instructions. The clinic's procedures should also cover the approved process and expectations for documenting the disinfection and sterilization of equipment, instruments and devices. Toys should be cleaned daily, uncovered exam tables cleaned between clients (or if covered, covers changed), the clinic cleaned at the end of every day and where surfaces are soiled, they should be cleaned immediately. Books and magazines in the waiting room should be discarded on a regular basis.

The quality control program includes ongoing supervision and competency assessment of staff responsible for cleaning, disinfecting, and sterilizing reusable medical devices. The program uses process monitoring or recording systems to verify adherence to accepted standards of practice and clinical policies and procedures, and systems to quickly identify breakdowns in the clinic's cleaning, disinfection or sterilization processes, including equipment recall as required.

If reprocessing services are provided by an external source, the clinic needs to verify that the external provider follows accepted standards of practice (for example, those of the International Organization for Standardization) to monitor the quality of services, e.g. daily monitoring of printouts and data, reporting systems, and mechanisms to report deficiencies. The clinic reviews copies of reports and printouts and any other documentation demonstrating the quality monitoring performed by the external provider.

MEASURES OF QUALITY

17.1	The clinic properly cleans all surfaces including floors, walls, windows, and ceilings and maintains general tidiness.	Safety	Basic
17.2	The clinic has policies and procedures for properly cleaning, disinfecting, and sterilizing equipment and facilities.	Safety	Basic
17.3	The clinic changes examination table covers or disinfects examination tables between clients.	Safety	Basic
17.4	The clinic prevents the reprocessing or sterilization of single-use devices.	Safety	Basic
17.5	The clinic has designated and trained a person responsible for cleaning and disinfecting instruments and devices.	Safety	Basic
17.6	The clinic has a designated area for cleaning and disinfecting instruments and devices that is separate from the kitchen and client care areas.	Safety	Basic
17.7	If reprocessing and sterilization are contracted to external providers, the clinic establishes and maintains a contract with each provider and	Safety	Basic

monitors the quality of services provided.

HAVING THE RIGHT PEOPLE WORK TOGETHER TO DELIVER CARE

STANDARD

18. The clinic's staff and service providers are educated, trained, qualified and competent.

GUIDELINES

Role clarity is essential to coordinate and deliver seamless and effective primary care services without duplication. Position profiles should include a position summary; qualifications and the skills and competencies required for the position; the nature and type of the work; and specify reporting relationships.

In Lebanon, primary care physicians should be registered with one of the two orders of physicians, The Beirut Order of Physicians or the Tripoli Order of Physicians and have a license to practice from the Ministry of Health. Requirements for other health professionals, including nurses and other allied health providers will differ by profession and jurisdiction. The clinic should have a process to verify the qualifications of other members of the team who are not regulated by professional bodies, i.e. unregulated health providers such as personal support workers, office assistants and administrative staff.

Personnel files should include a full record of the team member's involvement with the clinic, including the selection process, initial employment contract and verification of qualifications; all orientation, training, and professional development; and performance evaluations and plans to improve performance.

Staff orientation should cover the clinic's mission, vision, and values; the team's mandate, goals, and objectives; roles, responsibilities, and expectations regarding performance; policies and procedures, including confidentiality; safety and emergency preparedness; quality improvement; initiatives that support worklife; initiatives that support client and staff safety; and initiatives that support interdisciplinary teamwork and communication.

Self-development and learning activities include education and training opportunities inside and outside of the clinic. The clinic's processes to monitor self-development and learning may include: prior identification and recognition of capabilities and areas for improvement; a clear connection between learning tasks and objectives or outcomes; opportunities to practice new skills and competencies; performance feedback; and a climate that encourages, facilitates, and rewards learning.

When evaluating performance, the team leaders review the team member's ability to carry out responsibilities, and consider the team member's strengths, areas for improvement, and contributions regarding client safety and other areas described in the position profile.

A performance evaluation is usually done before the probationary program is completed, and annually thereafter or as defined by the clinic. An evaluation may also be completed following periods of retraining, e.g. when new technology, equipment, or skills are introduced. An important part of the evaluation process addresses the individual's competency and ability to carry out responsibilities, and considers the individual's contributions to or needed improvements regarding client safety, worklife, and other areas. It may include feedback from clients or peers. Competency may be verified through direct observation during peer-to-peer assessments using checklists.

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MEASURES OF QUALITY

18.1	The clinic maintains an up-to-date, comprehensive personnel file for each staff member.	Effectiveness	Basic
18.2	The clinic has current job descriptions that outline the education, qualifications, skills, and competencies required for each staff member and service provider.	Effectiveness	Basic
18.3	The clinic regularly updates its job descriptions.	Effectiveness	Basic
18.4	Each team member has the necessary credentials to deliver primary care services.	Safety	Basic
18.5	The clinic orients new staff, service providers, contract workers, and volunteers to the clinic, their roles, and responsibilities.	Effectiveness	Basic
18.6	The clinic regularly educates and trains each staff member.	Effectiveness	Advanced
18.7	Each staff member has a documented professional development plan.	Continuous Improvement of Performance	Excellence
18.8	The clinic has a documented process that includes standards and performance objectives for staff and service provider performance evaluations.	Continuous Improvement of Performance	Basic
18.9	The clinic regularly evaluates and documents each staff or service provider's performance in an objective, interactive, and positive way.	Continuous Improvement of Performance	Basic
18.10	The evaluation includes a demonstration of competence.	Continuous Improvement of Performance	Basic
17.11	The clinic confidentially and securely stores personnel files including performance evaluations.	Effectiveness	Basic

STANDARD

19. The clinic provides a positive work environment for its staff.

GUIDELINES

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The clinic should provide a work environment that supports staff work satisfaction in an environment that encourages responsibility. Staff should feel comfortable raising issues with their leaders and senior management.

Retention strategies may include introducing specific strategies for workplace flexibility, for example, childcare services or flexible work hours; recognizing and rewarding contributions; creating opportunities for mentoring, promotions, transfers, or job shadowing; offering professional development including the opportunity to develop leadership skills; and monitoring stress, fatigue and worklife balance to minimize gaps in service and risk of staff burnout.

MEASURES OF QUALITY

19.1	The clinic complies with relevant occupational health and safety legislation and regulations.	Safety	Basic
19.2	The clinic identifies and addresses workplace health and safety issues to reduce workplace illness and injury.	Safety	Basic
19.3	The clinic has an incident and accident reporting system in place.	Safety	Basic
19.4	The clinic uses the incident and accident reporting system to improve health and safety.	Continuous Improvement of Performance	Excellence
19.5	Physicians working in the clinic have malpractice insurance to cover legal liability related to delivering primary care.	Effectiveness	Excellence
19.6	The clinic monitors staff and service providers' immunization status and recommends specific immunizations, if required.	Safety	Basic
19.7	The clinic a policy on how to address situations involving violent or aggressive behaviour.	Safety	Advanced
19.8	The clinic has a confidential process for staff and service providers to bring forward complaints, concerns, and grievances.	Effectiveness	Basic
19.9	The clinic carries out exit interviews and uses this information to improve retention and its work environment.	Continuous Improvement of Performance	Advanced

STANDARD

20. The clinic uses an interdisciplinary team approach to deliver primary care services.

GUIDELINES

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An interdisciplinary team may be made up of a variety of disciplines (e.g. social workers, family physicians, administrators, nurses, recreationists, interpreters, client advocates) that participate in the assessment, planning, and/or implementation of clients' or groups' services with close interaction and integration among each other to achieve common goals. The primary health care interdisciplinary team may include people with different roles and from various disciplines. Primary care clinics offer each client the opportunity to have their care provided by a family physician and a registered nurse and/or nurse practitioner. Depending on the needs of the client and family, the team may also include social workers, psychologists, psychiatrists, pharmacists, community pharmacists, spiritual care providers, and other therapists. The team may also include representatives from community partner organizations that the team works with closely. It may also include linkages and opportunities for shared care with specialists, particularly for clients with complex health needs.

Training in areas such as communication styles and techniques, conflict resolution, group work, team processes, and leadership theory can promote teamwork and collaboration across all professional disciplines.

Scope of practice defines the procedures, actions, and processes that are permitted for a specific health care provider. In some countries, scope of practice is defined by laws and/or regulations. In such countries, licensing bodies use the scope of practice to determine specific education, experience, and demonstrated competencies required for health care providers to receive licensure to practice. Full scope of practice means the clinic makes the best use of each staff member and service provider on the team based on their training, qualifications, and experience. Allowing each team member to work to their full scope of practice preserves professional autonomy, promotes effective and coordinated services, allows team members to understand their contribution toward the greater whole, and increases team member satisfaction.

To minimize duplication and improve teamwork the team should use standardized processes and procedures, such as a common approach to client assessment or charting or a common pain assessment tool. Further, miscommunication or a lack of communication among team members often compromises client safety. Making accurate and timely communication a priority promotes continuity of care and helps prevent adverse events. Communication mechanisms can include meetings, teleconferences, or virtual technologies such as telehealth or web-conferencing, and may involve the client and their family. The team may also communicate through electronic medical records.

The team's process to evaluate its functioning should include a review of its services, processes, and outcomes. It could also include administering a team functioning or climate questionnaire to team members to stimulate discussion about areas for improvement. The team should evaluate its functioning at least annually, and whenever there is a significant change in the structure of the team, and use this information to identify areas for improvement.

MEASURES OF QUALITY

20.1	The clinic delivers primary care services using an interdisciplinary approach.	Effectiveness	Basic
20.2	Team members work together to develop goals and objectives and plan the services for each client.	Efficiency	Basic
20.3	The clinic provides education and training on how to work together across disciplines.	Effectiveness	Basic
20.4	The clinic's staff work to their full scope of practice when delivering	Efficiency	Excellence

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primary care services.

20.5	The clinic has standard processes and procedures to improve teamwork and minimize duplication.	Efficiency	Advanced
20.6	The team communicates regularly to coordinate services, roles and responsibilities.	Efficiency	Basic
20.7	The team has a process to regularly evaluate its team functioning and identify areas to improve.	Continuous Improvement of Performance	Advanced

DELIVERING AND COORDINATING PRIMARY HEALTH CARE

STANDARD

21. The clinic provides timely access to primary care services.

GUIDELINES

The clinic's principles of equitable access may include free-of-charge service for those that have low incomes.

The clinic's intake system should include set criteria to categorize clients according to need and give priority to clients with immediate or urgent needs. The screening process may be referred to as triage. It should be carried out by a qualified team member such as a nurse or physician.

In order to discern the extent that barriers exist to access, the clinic may track wait times to the next or third next available appointment, the number of clients who are waiting for an appointment, or the number of clients who were unable to be seen within a given timeframe. Tracking the clients' ability to access services provides the clinic with useful information about performance, and can also indicate if additional resources are needed.

In addition to the primary care services delivered directly by the clinic, the clinic needs to work with partners and community organizations to provide clients and families with access to additional off-site or outreach primary health care services or resources such as community health centres, public health services, specialty care, advocacy services, shelters, housing services, food banks, or spiritual services, as needed.

MEASURES OF QUALITY

21.1	The clinic has clear signage so that members of the community can easily identify it and the services it offers.	Accessibility	Basic
21.2	The clinic maintains full physical access to all of its facilities for clients who are ambulatory, non ambulatory, and those that are physically challenged.	Accessibility	Basic
21.3	The clinic posts and provides information to clients and potential clients about services, schedules and fees in the appropriate language and format.	Accessibility	Basic

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21.4	The clinic has written policies that outline its principles of equal access.	Accessibility	Advanced
21.5	The clinic has an intake system to triage all clients at the point of contact and identify clients with urgent needs in a timely manner.	Accessibility	Basic
21.6	The clinic annually reviews access to services and identifies barriers to accessing services for current and potential clients.	Accessibility	Advanced
21.7	The clinic uses information about barriers to improve access for current and potential clients.	Continuous Improvement of Performance	Advanced
21.8	The clinic works with its community partners to provide clients with access to off-site or outreach primary health care services.	Accessibility	Advanced
21.9	The clinic educates clients about how and when to access acute care or referral and specialty services.	Accessibility	Basic

STANDARD

22. The clinic works with each client and family to promote health and prevent disease.

GUIDELINES

The clinic should identify clients at risk for preventable health conditions by using a health risk assessment process or tool to assess the impact of client's lifestyle choices and health history. By identifying clients at risk for preventable health conditions, the clinic can educate clients about delaying and/or managing existing health conditions. To optimize intervention and prevention, staff should screen clients who may be at risk for preventable health conditions. Depending on the client and their family history, screening may focus on breast cancer, cervical cancer, or risk factors for heart disease, diabetes, or other chronic conditions. Screening tools used may vary depending on the facility and regional and national priorities.

To stay healthy and prevent illness, clients and families need education about the importance of preventing conditions they may be at risk of developing. This education should include healthy behaviours, early detection of physical and mental illness, and how to reduce health risks. The clinic should offer this information to clients in written form, such as pamphlets.

MEASURES OF QUALITY

22.1	The clinic identifies clients at risk for preventable health conditions.	Appropriateness	Basic
22.2	The clinic has a process for carrying out health risk assessments for all clients.	Effectiveness	Basic
22.3	The clinic screens clients at risk for preventable health conditions	Appropriateness	Basic

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and provides timely follow-up on the results.

22.4	The clinic plans screening exams and tests based on international evidence-based protocols and standards.	Safety	Basic
22.5	The clinic informs all clients of examination dates.	Effectiveness	Basic
22.6	The clinic screens clients for mental health issues and conditions.	Appropriateness	Basic
22.7	Where mental health issues or conditions are suspected, the clinic connects clients with the appropriate service providers.	Appropriateness	Basic
22.8	The clinic educates its clients and families about staying physically and mentally healthy and the risk of developing a health condition.	Effectiveness	Basic
22.9	The clinic informs and educates clients about mental health including how to recognize problems and access the appropriate programs and support services.	Appropriateness	Basic
22.10	The clinic provides information and skills development sessions to clients and families about health issues and staying healthy.	Appropriateness	Basic
22.11	The clinic periodically monitors the impact of its interventions on the health status of its clients and their families.	Continuous Improvement of Performance	Advanced

STANDARD

23. The clinic accurately and appropriately assesses each client in a timely manner.

GUIDELINES

As part of the assessment and a client-centred approach to providing services, staff should encourage clients to voice their specific health concerns at all times. The clinic's staff should explain to clients in a way that is meaningful, the purpose, value and possible problems associated with the assessment.

The first assessment should include a detailed review of the client's current and past medications; the client's medical and family history; and the client's physical health, functional status, nutrition and dietary needs. Past medical history such as cardiac risk factors and current status of immunization need to be recorded. Inquiries into family history of cardiac disease, malignancies, and psychiatric disorders help direct appropriate physical examination, investigations, and decisions about treatment. Health screening is undertaken and appropriate to factors such as the client's age, sex, family and social history, and other health risk factors such as smoking cessation and alcohol intake. Information about the client's social health history such as drug use, sexual health and current level of exercise may suggest high-risk behaviour and identify other co-morbidities. Staff should also take into consideration the social determinants of health such as the client's socio-economic situation including access to housing, employment and child care; their spiritual orientation; and cultural beliefs.

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Making sure the assessment includes information from all providers helps to prevent duplication in the use of resources. Staff should record the findings of the assessment, physical examination and any further investigations in the client record.

Staff should follow established clinical practice guidelines when carrying out the physical examination and requesting any further investigations. Further investigations include laboratory or diagnostic testing; preventive, curative, rehabilitative, palliative services; other primary care services; or acute or specialized services.

MEASURES OF QUALITY

23.1	The clinic's staff complete a comprehensive medical assessment for each client.	Effectiveness	Basic
23.2	The clinic minimizes duplication in the assessment process.	Efficiency	Advanced
23.3	The clinic's assessment includes a detailed review of the client's current and past medications.	Safety	Basic
23.4	As a part of the assessment, the clinic's staff collect each client's social health history.	Appropriateness	Basic
23.5	When assessing the client and their family, the clinic considers the socio-economic, environmental and cultural factors that may influence health status.	Appropriateness	Basic
23.6	When assessing the client and their family, the clinic coordinates the efforts of all service providers involved in the client's care, including those outside the primary care team, e.g. consultant physicians.	Continuity of Care	Basic
23.7	The clinic uses information gathered from the assessment to direct the appropriate physical examination, further investigation, and decisions about future treatment.	Appropriateness	Basic
23.8	The clinic has access to appropriate and timely diagnostic tests to complete the assessment.	Efficiency	Advanced
23.9	The clinic tracks the completion of diagnostic tests and informs the client and family about how they will follow-up on both abnormal and normal results.	Continuity of Care	Basic

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23.10	The clinic's staff share the results of the assessment with the client and their family in a timely, accurate, and easy-to-understand way.	Effectiveness	Advanced
23.11	The clinic's staff members review the assessment at each visit and update it if the client's health status changes significantly.	Effectiveness	Basic

STANDARD

24. The clinic uses a comprehensive and coordinated approach to each client's care.

GUIDELINES

Primary care services should be provided in a coordinated way among all providers, in various settings, and spanning all of the phases of the continuum of care. The clinic should provide or facilitate a comprehensive range of services needed to care for the physical, emotional, cultural, social and environmental factors that impact an individual's health.

As part of its client-centred approach to care, the clinic takes a personal approach when caring for the client and their family. The clinic's staff devote time and effort to provide the client and their family with continuity in that relationship, and to maintain two-way communication with clients and their families over time. Communication includes sharing information, listening to clients and their families, educating them about health issues, and encouraging collaborative decision-making.

The clinic tailors its care plan based on the outcome of the client's assessment and the client and family's goals, needs and preferences. The clinic works with the client and family to set achievable goals and expected results. The plan includes the roles and responsibilities of the team, other providers, other organizations, and clients and their families in achieving the goals and results. The plan should address where and how frequently services will be delivered; timelines for starting services and completing services, and plans for transition or follow-up across the client's life cycle. The care plan is known to all service providers involved in the client's care.

The need for follow-up care will differ among clients. For example, clients with chronic conditions or multiple co-morbidities need ongoing coordination and follow-up, across the continuum of care. As part of the management of more complex clients, the staff links with and provides follow-up from more highly specialized service providers. The staff may use disease-specific clinical practice guidelines, flow sheets, and other resources to effectively manage clients with chronic conditions over time.

Self-management is a key component of living with any health condition, in particular chronic conditions, regardless of the illness or its progression. It allows clients to maintain the greatest level of independence possible, using a variety of approaches. The clinic should facilitate access to community services that support self-management, e.g. housing, food services, counselling, as appropriate.

Medication reconciliation is a way to collect and communicate accurate information about client medication, including over-the-counter medication, vitamins, and supplements. Poor communication about medication can cause errors and adverse events. Medication reconciliation is a shared responsibility that must involve the client and/or family. Liaison with the community pharmacist is often required. The medication profile should include a current list of medications and drug therapy records for each clinical encounter provided by the clinic.

MEASURES OF QUALITY

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24.1	The clinic has a process for obtaining informed consent from clients prior to carrying out treatments or procedures.	Appropriateness	Basic
24.2	The clinic creates individualized care plans for clients, where appropriate, and updates the care plans as required.	Appropriateness	Basic
24.3	A designated person or navigator is responsible for managing and coordinating the care and follow up for each client.	Continuity of Care	Excellence
24.4	The team has a process to manage and coordinate the care for clients with complex health needs or multiple co-morbidities.	Continuity of Care	Advanced
24.5	The clinic has access to a set of evidence-based clinical practice guidelines for delivering care to clients with complex health needs or multiple co-morbidities.	Effectiveness	Basic
24.6	The clinic trains staff on how to use the evidence-based clinical practice guidelines.	Effectiveness	Advanced
24.7	The clinic uses the evidence-based clinical practice guidelines when delivering care to clients with complex health needs or multiple co-morbidities.	Effectiveness	Advanced
24.8	The clinic monitors the use of evidence-based clinical practice guidelines.	Effectiveness	Excellence
24.9	The clinic works with other organizations or health care providers to deliver services to clients with complex health needs or multiple co-morbidities.	Continuity of Care	Excellence
24.10	The clinic develops and follows a policy to maintain accurate allergy information for each client.	Safety	Basic
24.11	The team writes or electronically enters complete medication orders, reorders, or reassessments upon admission, end of service, or transfer to another level of care.	Safety	Basic
24.12	When prescribing any medication, the team reconciles the client's list of medications	Safety	Basic
24.13	The clinic educates clients about the medications prescribed for them, the delivery devices, and ways to prevent errors.	Safety	Basic

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24.14	The clinic educates clients about their role in self-care and self-management of their health.	Appropriateness	Basic
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STANDARD

25. The clinic consistently follows a process to complete the clinical encounter

GUIDELINES

The summary of care that is placed in the client's record includes the reason for the consultation, any significant findings, diagnosis, any procedures or interventions performed, and any new medications prescribed. When clients require more specialized care, the clinic follows a referral process so that clients may receive the most appropriate care by the most appropriate service provider.

The clinic needs to take steps to make sure that consultation notes are received from other providers and that discharge notes are received from hospitals in a timely and complete manner. Following discharge from another organization or service provider, the clinic should also provide follow-up visits as required by the client's condition.

MEASURES OF QUALITY

25.1	The clinic monitors and records whether clients and families achieve their goals and expected results.	Appropriateness	Excellence
25.2	The clinic maintains and regularly updates a medication profile for each client.	Safety	Basic
25.3	When completing the encounter, the clinic completes and places a summary of the care and services provided in the client's record in a timely way.	Effectiveness	Basic
25.4	The clinic informs the client and their family about referrals and what arrangements have been made for the client's continuing care needs.	Continuity of Care	Basic
25.5	Following discharge from hospital or consultation services, the clinic provides follow-up visits.	Continuity of Care	Excellence

STANDARD

26.0 In partnership with clients and families, the team uses the medication reconciliation process to communicate a complete and accurate list of medications across care transitions.

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Medication reconciliation is a three step process, whereby the team (e.g. physicians, nurses, pharmacists) partners with clients and families to generate a Best Possible Medication History (BPMH), identifies and resolves medication discrepancies, and communicates a complete and accurate list of medications.

A BPMH lists all medications (including prescription, non-prescription, traditional, holistic, herbal, vitamins, and supplements) the client is taking, and how they are taking it (this may be different than what is prescribed). In primary health care, generating a BPMH requires consulting the client and at least one other source (e.g. clinician, pharmacy) to compare different lists of medications. Partnering with clients and families is essential to understand how they take their medications. When differences between medication lists (discrepancies) are identified, the prescriber resolves them by indicating what medications should be continued, discontinued, or modified. An up-to-date BPMH is then documented and communicated to the client, family and their next service provider. Clients should be provided with information about the medications they should be taken in a format and language they can easily understand.

Success at medication reconciliation requires strong leadership support. An organization policy signals commitment to medication reconciliation and provides guiding principles (e.g., an overview of the process, roles and responsibilities, which clients will receive medication reconciliation, how often it is repeated). In terms of defining the roles and responsibilities of the individuals involved in medication reconciliation, different models are used depending on the needs of the organization. Often, the pharmacists can determine the BPMH, however it can also be done by registered nurses or physicians. Resolving discrepancies (i.e., modifying prescriptions) can only be done by a prescriber.

Primary care includes a wide range of services and client populations, thus teams are encouraged to target medication reconciliation to clients or populations who are at risk of potential adverse drug events. Teams can use a screening or risk assessment approach to identify these clients/populations. The organization must document the rationale for selecting target clients and how often medication reconciliation is required in their medication reconciliation policy. Target populations may be identified due to their risk based on the medications they are taking (e.g., more than four medications, or high alert medications), or because of patient factors (high risk of non-adherence, more than three co-morbidities, at risk for frequent hospital admissions). The policy also specifies when medication reconciliation is repeated (e.g., upon return from referral or once per year).

Organization commitment to medication reconciliation also requires investment, with resources allocated towards staffing, education, tools, information technology, etc. Physician and staff education about medication reconciliation should include the rationale for and steps involved in medication reconciliation. Evidence of education can include orientation checklists, a list of education sessions offered, attendance lists, competency evaluation forms, sign-off sheets for having read policies/procedures, etc.

It is important to monitor whether the medication reconciliation policy is being followed (e.g., do target clients receive medication reconciliation, whether the BPM is documented) and the quality of the process (e.g., completeness of the BPMH, whether medication discrepancies are identified and resolved).

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MEASURES OF QUALITY

26.1	There is a medication reconciliation policy and process that describe how an accurate and complete list of medications will be collected, maintained, and shared across care transitions.	Safety	Basic
26.2	The roles and responsibilities of clinicians (physicians, nurses, pharmacists) responsible for completing the medication reconciliation process are documented.	Safety	Basic
26.3	There is documented evidence that team members are provided with education on how to complete the medication reconciliation process, according to their roles and responsibilities.	Safety	Basic
26.4	The organization identifies and documents the types of clients/populations (chronic diseases, multiple medications) for whom medication reconciliation is required.	Safety	Basic
26.5	For clients/populations with whom medication reconciliation is required, the organization identifies and documents how frequently medication reconciliation should occur.	Safety	Basic
26.6	During or prior to the initial primary care visit, the team generates and documents the Best Possible Medication History (BPMH), with the involvement of the client, family, and caregiver (as appropriate).	Safety	Basic
26.7	During or prior to subsequent primary care visits, the team compares the Best Possible Medication History (BPMH) with the current medication list.	Safety	Basic
26.8	When generating or updating the BPMH, the team identifies and resolves any discrepancies.	Safety	Basic
26.9	When medication discrepancies are resolved, the team updates the current medication list and retains it in the client record.	Safety	Basic
26.10	The team provides the client and family with a copy of the BPMH	Safety	Basic
26.11	The team educates the client and family about the importance of keeping the BPMH current, by sharing it with all health care providers.	Safety	Basic
26.12	Upon referral, the team provides the next care provider (e.g., medical specialist, long-term care, home care) a complete list of medications the client is taking.	Safety	Basic

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| 26.13 | Compliance with and the quality of the medication reconciliation process is monitored and improvements are made when required. | Safety | Excellence |
|-------|--|--------|------------|

MAINTAINING ACCESSIBLE AND EFFICIENT HEALTH INFORMATION SYSTEMS

STANDARD

27. The clinic keeps client information accurate, accessible, up-to-date, and secure.

GUIDELINES

Client records may be electronic or paper-based. The client record should include the client's name and history of all prior contacts with the team. The clinic should have a minimum data set of what information is required in a comprehensive client record. It has been found that staff having access to up-to-date and accurate client information and being knowledgeable about the client's medical history is a significant predictor of (client's perspectives of) the quality of primary care services.

Often referred to as charting, staff must have a way to ensure that the services provided to clients are consistently and precisely recorded. Although there is a movement toward electronic information systems because of the potential for increased effectiveness, reliability, and security, what is important is that there is a system to collect and store information in a way that promotes the best possible outcomes for clients. Mechanisms for keeping the information system secure and protecting client confidentiality will depend on whether it is electronic or paper-based. For example, for paper-based files, the team has a secure storage area; for electronic files, the team may use a password-protected system to limit access to health information. Non-lockable files (or a non-secure computer) should only be available in working areas.

The sharing of client information serves to facilitate transitions and hand-offs, as well as reducing redundancy and duplication in obtaining client information. In cases where client information is shared between the primary care clinic and other providers, the clinic's policies and procedures state what information is shared. The clinic's policies and procedures also address information that is shared electronically, such as through client portals, electronic health records, and email communication.

MEASURES OF QUALITY

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|------|--|---------------|-------|
| 27.1 | The clinic maintains an up-to-date medical record for each client. | Effectiveness | Basic |
| 27.2 | The clinic's staff have timely access to accurate client information. | Accessibility | Basic |
| 27.3 | The clinic assigns each client a unique file number. | Effectiveness | Basic |
| 27.4 | The clinic has a standard process to collect and store client information. | Effectiveness | Basic |
| 27.5 | The clinic keeps client records confidential and secure. | Effectiveness | Basic |
| 27.6 | Every entry in the client record is dated and signed and includes the name of each staff member providing a service. | Effectiveness | Basic |

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27.7	Every entry in the client record is legible.	Effectiveness	Basic
27.8	Documentation in the client record is comprehensive, factual and sequential.	Effectiveness	Basic
27.9	Each page of the client record has client identifying information.	Effectiveness	Basic
27.10	The clinic respects the client's privacy when sharing clinical information and coordinating its flow among other health care providers.	Continuity of Care	Basic
27.11	The clinic provides clients with the opportunity to access information in their health record.	Effectiveness	Basic

STANDARD

28. The clinic has health information systems that support appropriate and timely management of client information including transfer of adequate information upon referrals.

GUIDELINES

Examples of information technology include electronic medical records (EMR), client tracking systems, and waiting list management systems.

The clinic may use information technology, e.g. reminder systems, to make decisions about when to follow up with clients for another appointment. Also, the use of care maps and clinical practices guidelines embedded in information technology can help the team provide high-quality, evidence-based services.

A registry of clients (also known as a client registration, client selection or a patient list system) means that clients register with a particular primary health care provider or group of providers. Having this tool may assist in practice management through maintenance of comprehensive client records, provision of coordinated and continuous care, minimize duplication of services, and efficient referrals. In the paper-based or electronic registry or list of clients, there must be a clear definition of the community served by a particular practitioner or the clinic in order to effectively plan and deliver services. The registry or list of clients and families identifies the clients and families who receive the clinic's services. Clients and families are not necessarily committed to receiving all of their services from the clinic.

To facilitate the ongoing management and follow-up of clients, staff should have access to tools such as information technology and reminder systems that provide alerts and reminders about clients needing services.

MEASURES OF QUALITY

28.1	The clinic's managers select health information systems based on staff needs and with innovation in mind to support high-quality primary care services.	Appropriateness	Basic
28.2	The clinic's staff receive education and training on the health information systems.	Effectiveness	Basic

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28.3	The clinic uses health information systems to support decisions about client care and services.	Continuity of Care	Excellence
28.4	The clinic has a registry of clients and families who access the team's primary care services.	Efficiency	Basic
28.5	The clinic uses a shared registry in which the designation for coordination of care for a client is specified where there are multiple providers of service.	Efficiency	Advanced
28.6	The designated person is clearly identified in the client's record and is known to all team members as well as the client.	Continuity of Care	Excellence
28.7	The clinic records any changes in responsibility from one service provider to another in the client record.	Continuity of Care	Excellence
28.8	The clinic has access to information tools that provide them with reminders about clients needing follow-up services.	Continuity of Care	Excellence
28.9	The clinic has information systems, a policy or process to transfer adequate documentation and information for referrals.	Continuity of Care	Excellence
28.10	The clinic has information systems, a policy or process to effectively follow-up on cancelled appointments.	Continuity of Care	Excellence

MONITORING QUALITY AND ACHIEVING POSITIVE OUTCOMES

STANDARD

29. The clinic uses primary care evidence-based guidelines and best practice information to improve the quality of its services.

GUIDELINES

The clinic uses evidence-based guidelines, clinical practice guidelines and care pathways. Policies and protocols may include government laws or regulations; professional standards; guidelines or codes of conduct; or terms set out in contracts. Guidelines may be established internally by a committee, a council, or an individual who develops tools and makes recommendations to the team. The guidelines are based on the best evidence available.

The process for selecting guidelines is standardized and formalized. It may include using content experts, a consensus panel, or the Appraisal of Guidelines Research and Evaluation (AGREE) instrument, which allows organizations to evaluate the methodological development of clinical practice guidelines from six perspectives: scope and purpose, stakeholder involvement, rigour of development, clarity and presentation, applicability, and editorial independence.

The clinic's review process includes ways to access the most up-to-date research and information, e.g. through literature reviews, content experts, national organizations or associations, or the Cochrane Collaboration, who

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conduct systematic reviews of the available evidence. Research information may include intervention research, program evaluations, and clinical trials. Other research may include intervention research, clinical trials, and meta-analyses. The clinic may participate directly in research initiatives to improve the quality of care to clients, e.g. clinical trials, assessments of new interventions or changes to existing ones.

MEASURES OF QUALITY

29.1	The clinic has a process to access, review, and select which evidence-based guidelines it will use.	Effectiveness	Excellence
29.2	The clinic follows a detailed process to deal with and decide among conflicting evidence-based guidelines, multiple recommendations, or the application of more than one guideline for clients with co-morbidities.	Effectiveness	Excellence
29.3	The team follows a process to monitor the consistent use of guidelines in the delivery of primary care services.	Continuous Improvement of Performance	Excellence
29.4	The clinic regularly reviews the selected evidence-based guidelines and its policies and protocols to make sure they are up to date and reflect current research and best practice information.	Continuous Improvement of Performance	Excellence
29.5	The clinic collects and uses other research and best practice information to improve its services.	Continuous Improvement of Performance	Excellence
29.6	The clinic communicates the use of evidence-based guidelines, research, and best practice information to its clients.	Effectiveness	Excellence

STANDARD

30. The clinic has a process for continuous quality improvement.

GUIDELINES

As part of the quality improvement process, the clinic should evaluate appropriateness, efficiency, effectiveness, safety and equity issues. Ongoing quality improvement initiatives and improvements are part of a broader organizational philosophy of quality improvement. The clinic works to monitor and improve the quality of its services (including the initial assessment, diagnostic examinations, health promotion/infection and disease prevention, care coordination, and transitions of care), risk management and client safety, and utilization management, i.e. the efficient use of resources. The clinic should have systems in place to verify that quality improvement objectives and activities are understood, implemented, maintained and reviewed at all levels of the service.

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By identifying process and outcome measures, clinics can continuously improve performance. Process measures describe the systems in which care and services are delivered. In primary care, process measures are often related to access, and population level measures such as vaccination coverage or screening rates. Process measures may also address resource allocation, or measures specific to chronic conditions. Outcome measures may include client continuity, measures of preventive screening, secondary prevention, worklife measures, and clinical outcomes. The clinic may monitor its client records system and use the data collected to improve performance as part of the quality improvement process.

To make improvements, the clinic may seek clients' perspectives through surveys, focus groups, interviews, or meetings.

In order to compare its results with similar interventions, programs and organizations, the clinic may participate in benchmarking opportunities and comparisons with peer organizations to assess its performance and identify opportunities for improvement. Areas for improvement are prioritized based on criteria such as high risk, high volume, and cost.

Sharing the results of evaluations and improvements helps staff become familiar with the philosophy and benefits of quality improvement. It also increases clients' and families' awareness of the clinic's commitment to the quality of its primary care services and its commitment to ongoing quality improvement.

MEASURES OF QUALITY

30.1	The clinic educates staff and service providers on quality improvement in general as well as the quality improvement plan.	Continuous Improvement of Performance	Basic
30.2	The clinic has designated a person responsible for quality improvement.	Continuous Improvement of Performance	Basic
30.3	The clinic has a quality improvement plan.	Continuous Improvement of Performance	Advanced
30.4	The clinic annually reviews the quality improvement plan and updates it as necessary.	Continuous Improvement of Performance	Advanced
30.5	The clinic monitors the achievement of the quality improvement plan.	Continuous Improvement of Performance	Excellence
30.6	The clinic holds bi-annual quality improvement meetings.	Continuous Improvement of Performance	Advanced
30.7	The clinic identifies and monitors process and outcome measures.	Continuous Improvement of Performance	Excellence
30.8	The clinic obtains feedback from clients about their safety and the quality of the primary care services.	Continuous Improvement of Performance	Advanced
30.9	The clinic compares its results with other similar interventions,	Continuous	Excellence

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	programs, or organizations.	Improvement of Performance	
30.10	The clinic uses the information it collects about the quality of its services to identify successes and opportunities for improvement and makes improvements in a timely way.	Continuous Improvement of Performance	Excellence
30.11	The clinic shares evaluation results with staff, clients, and families.	Continuous Improvement of Performance	Excellence