REPUBLIC OF RWANDA

Ministry of Health

RWANDA PRIMARY HEALTH CARE ACCREDITATION STANDARDS

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INTRODUCTION

Access to primary and preventive care plays a pivotal role in improving the health status of communities. Moreover, improvements in quality of care in a primary care setting controls costs of health care by decreasing inappropriate use of higher cost health center services. Accordingly, the Rwandan primary health care standards are a community health model. The strength of this model is based on the integration of primary care medical with preventive and public health-oriented services and community engagement associated with the delivery of community health services.

Rwanda promotes "people-centered care". The World Health Organization (WHO) describes people-centered care as "focused and organized around the health needs and expectations of people and communities, rather than on diseases". Further, people-centered care encompasses clinical encounters and includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.

"Integrated health services encompasses the management and delivery of quality and safe health services so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course."[1]

This model supports a comprehensive set of services ranging from care management of chronic conditions and urgent self-limited conditions to preventive care. The Rwandan primary health care standards are systems-based to support improving clinical outcomes, community needs assessment and program evaluation for resource allocation, and community engagement for ultimate improvement in health status indicators. In addition, the standards were developed according to the International Society for Quality in Healthcare (ISQua) standards, an organization that accredits health care standards.

The standards were developed to support the following priorities adopted for the fourth Rwandan MOH Health Sector Strategic Plan 2018-2024 (HSSP IV):

1. Maintain the achieved MDGs 1 (nutrition), 4 (child), 5 (MCH) and 6 (Disease control) and achieve SDGs
2. Improve accessibility to health services (financial, geographical, community health)
3. Improve quality of health provision (QA, training, medical equipment, supervision).

SCOPE AND PURPOSE

This is the first set of Rwandan primary health care standards. The standards are intended for implementation within all Rwandan facilities that provide primary health care services. These standards have been designed to meet the needs of the healthcare system in Rwanda, and as such, there is no intent for other accrediting organizations to use these standards.

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[1] WHO. Accessed on 6 April 2016 at http://www.who.int/healthsystems/topics/delivery/en/

STANDARDS DEVELOPMENT

A team of healthcare professionals developed the initial draft of the Rwandan primary health care standards guided by an international expert in standards development. Thereafter, a Standards Development Task Force was convened that included stakeholders from the Ministry of Health (MOH), professional councils and health facilities. The group reviewed the standards against the criteria of "good" standards: valid, reliable, clear, realistic and measurable. They made recommended changes, which were incorporated into this version. In addition, the group identified standards that they considered critical.

The standards and assessment tool will be used to conduct baseline assessments in selected primary health care centers. Through this exercise, the new standards will be evaluated to determine whether they meet the criteria of "good" standards. The standards and associated assessment tool will be revised based on this feedback.

STANDARDS FRAMEWORK

The Rwandan Primary Health Care Standards were organized under five "risk areas" on which to focus quality and safety improvement efforts. These five areas were originally developed from an extensive international literature search on health care quality and safety conducted by Joint Commission International[2]. "Levels of Effort" are identified for each standard to provide a means for evaluating progress in reducing risk and improving quality. An overview of the risk areas is provided in Table 1; the highlighted standards have been identified as "critical".

Organization of Standards

This document covers the following information:
- The five Risk Areas widely recognized as the major domains toward which risk-reduction strategies should be directed.
- The Standard that represents the risk-reduction strategies for that domain.
- The "Risk Link" describes the reason that this issue poses a risk to patients and/or staff
- The Levels of Effort that represent progressive achievement in reaching the expectations found in a standard.
    - At Level 0, the desired activity is absent, or inconsistent activity related to risk reduction.
    - At Level 1, the policies, procedures and plans are in place to address the risk.
    - At Level 2, the policies, procedures and plans are being carried out consistently and effectively.
    - At Level 3, quality monitoring is conducted of the policies, procedures and plans.

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[2] Joint Commission International. "*International Essentials of Health Care Quality and Safety. 2009. JCI: Oakbrook Terrace, IL, USA.*

Classification of Standards

The standards are classified as critical or core. The guiding definitions are as follows:

- **Critical:** Critical standards are those standards that are required by national laws and regulations or, if not met, may cause death or serious harm to patients, visitors, or staff. **Critical Standards are highlighted in the table.**

- **Core:** Core standards are the standards addressing systems, processes, policies and procedures that are important for patient care or providing quality services.

Eligible Organizations

Public and private primary health care centers within Rwanda are eligible for accreditation.

Table 1. OVERVIEW OF RISK AREAS (Standards highlighted are "critical".)

Risk Area ▶	1	2	3	4	5
Standards	Leadership Process and Accountability	Competent and Capable Workforce	Safe Environment for Staff and Patients	Clinical Care of Patients	Improvement of Quality and Safety
1	Leadership structure	Personnel files available, complete, up-to-date	Maintain safe environment	Correct patient identification	Leadership for quality and safety
2	Community health needs assessment	Credentials of clinicians and allied health professionals	Management of hazardous materials	Informed consent	Quality and patient safety program
3	Strategic and operational planning	Orientation program to facility and jobs	Fire safety program	Patient assessments complete	Effective customer care program
4	Health promotion and disease prevention	Competent staff members	Biomedical equipment safety	Laboratory services available and reliable	Patient satisfaction monitored
5	Management of health information	Sufficient staff to meet patient needs	Stable safe water sources	Written treatment plans	Complaint and suggestion process
6	Document management and communication	Oversight of students and trainees	Stable electricity sources	Management of non-communicable diseases	Clinical outcomes monitoring
7	Mentorship and oversight of health posts & community health workers within catchment area	Resuscitation training	Prevention and control of health care-associated infections	Complete reproductive and maternal health care	Incident reporting system
8	Financial management	Staff performance management	Effective hand hygiene	Complete newborn and child health care	Staff engaged in quality improvement
9	Efficient use of resources	Staff health and safety program	Clean and sanitary environment	Comprehensive prevention and care of HIV/AIDS	Staff satisfaction monitored
10	Quality and safety requirements in contract management		Effective disinfection & sterilization of medical instruments	Comprehensive tuberculosis (TB) prevention and care	
11	Compliance with national laws and regulations		Effective washing and storage of linen	Comprehensive malaria prevention, diagnosis and treatment	
12	Commitment to people-centered care		Barrier techniques are available and used (protective personal equipment)	Mental health care	

13	Patient access to services		Proper disposal of sharps and needles	Gender-based violence assistance and care	
14	Efficient registration processes		Proper disposal of infectious medical waste	Minor surgical procedures performed effectively	
15	Effective inventory management		Prevention, control and monitoring of communicable diseases	Nutrition program	
16	Effective patient file management			Effective emergency triage	
17				Essential emergency equipment and supplies	
18				Ambulance/Transport services	
19				Safe medication use	
20				Patients educated to participate in their care	
21				Communication among those caring for patients	
22				Referral/Transfer information is communicated	
23				Complete and thorough clinical documentation	
24				Home-based care program	