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PHC MODEL

#	Criteria	How can these criteria be measured at your institution?
1	Counseling	1) Direct observation (4) 2) # of consultation (2). 3) # of correct diagnosis. 4) Patient survey – ask if a physician/nurse provided counseling 5) Patients visit record.
2	Involvement of nurses in educational activities	1) Direct observation. 2) # of TOT for nurses. 3) # of trainings/lectures conducted by nurses (2) 4) # of conferences in which nurses participated 5) # of conference hours 6) # of teaching hours. 7) # of people who attended 8) Records of patient's visit 9) Nurse dairy/records. 10) Home visits 11) Club for breast feeding
3	Availability of patient education materials developed through partnership	1) Direct observation. 2) # of educational materials (developed, printed & distributed) (7) 3) Patient survey. 4) Check how materials are disseminated (during classes, in the doctor's office etc.)
4	Group health education/promotion classes for patients	1) Direct observation. 2) Schedules of classes (to ensure that such courses are regular) 3) # of health promotion training/courses (3) 4) Community/patient survey (2) 5) Demographical and statistical data review will measure improvement of health status of assigned population 6) # of participants. 7) # of classes. 8) Educational materials/curricula (2) 9) Use patient evaluation forms for each class. 10) # of patients clubs/group 11) Collaboration with journalists
5	Involvement of nurses in direct patient care	1) Direct observation. 2) Increased # of patient visits to nurses (2) 3) Increased # procedures performed by nurses independently (2). 4) Independent home visits (2) 5) Nurse survey – what has changed after the partnership 6) Patient survey (2) 7) Nurse dairy/record
6	Screening services	1) Screening protocols and results of screenings performed. 2) Compare # of catchment population to number of patients screened. 3) Check if screening is done according to clinical practice guidelines and appropriate protocols. 4) Check what screening services they provide – survey with clinic administrator. 5) Statistical forms (2)
7	Continuous quality improvement	1) Development of clinical practice guidelines, protocols (if implemented, and results of their implementation, if any) (2) 2) Patient records review. 3) Patient satisfaction survey (2) 4) Registration of patients' complaints and suggestions. 5) Review of statistical data. 6) Differentiation in payment for health professionals. 7) Pre-tests and post-tests. 8) Use of LRC (2) 9) OSCE (?) for various diseases. 10) Participation in conferences.

8	Expanded skills of PHC physicians and nurses	<ol style="list-style-type: none"> 1) Direct observation (2) 2) Examination of health professionals' knowledge and skills (3) 3) Availability of internal attestation system of health professionals at the center. 4) Usage of mammography, cervical cytology rates, BP consultation 5) Improvement of patient's health status 6) Quality of treatment. 7) Maintenance of medical documentation. 8) Data collection
9	Occupational health and infection control practices in place	<ol style="list-style-type: none"> 1) Direct observation. 2) Review of results of SES evaluations results. 3) IC protocols in use (2) 4) Purchase of disinfection materials 5) IC trainings. 6) Morbidity level among med staff 7) Test/exam on Infection Control
10	Community outreach	<ol style="list-style-type: none"> 1) Materials on health promotion published and distributed (3) 2) Existence of patient clubs. 3) Presence of social workers. 4) Existence of school-based programs. 5) Existence of community boards. 6) NGO engagement. 7) Work with high-risk groups. 8) # of educational training/lectures/group discussions with patients (2) 9) # of media events (2) 10) Community survey. 11) Record of community activities. 12) Survey with local officials. 13) Health promotion programs