

AFPI Accreditation Program for Primary Care Clinics in India:

Establishing standards to promote, monitor, and incentivize quality, safety, and patient-centered care in outpatient practice

INTRODUCTION

The Academy of Family Physicians of India (AFPI) is a nonprofit national body of primary care physicians, promoting Family Medicine as a specialty and advancing competency-based training across India. Its vision is to transform healthcare delivery through high-quality, community-based care, and its mission is to improve community health by driving change and reform in primary care.

The Indian healthcare system is experiencing rapid socio-economic and technological change, and Primary Care Clinics (PCCs) must adapt to remain effective. Unlike hospitals, which follow established accreditation processes, PCCs often lack clear standards, quality assurance systems, and awareness of best practices. Their independent nature, minimal staffing, and absence of networks make this especially challenging. Introducing accreditation can help ensure uniformity, safety, patient-centered care, and continuous improvement in primary care delivery.

AFPI plans to develop practical quality standards that Primary Care Clinics (PCCs) can realistically achieve to gain accreditation certification. These standards will assess the structures and processes that guide healthcare delivery. Using them as part of a stepwise quality improvement approach will empower primary care providers to deliver comprehensive services while ensuring the safety of patients, staff, and visitors. The AFPI standards will address the full range of clinical services and management functions in a PCC.

What is accreditation?

Accreditation is a voluntary process where trained external reviewers assess a healthcare organization's compliance with established performance standards. It enables organizations to improve client outcomes, enhance health system performance, and foster a culture focused on safety and quality. By uniting the entire team toward these goals, accreditation drives continuous improvement for the benefit of both patients and the health system.

Benefits of Accreditation :

Accreditation demonstrates a clinic's commitment to quality care, excellence, and continuous improvement, benefiting patients, staff, the community, and the wider health system. For patients, it ensures care by qualified professionals, protection of rights, and regular evaluation of satisfaction. For clinics, it builds community trust, supports benchmarking with the best, and fosters a strong focus on safety and quality. For staff, it offers continuous learning, a supportive work environment, and professional growth. For regulators and insurers, it provides a reliable, objective basis for empanelment and certified information on facilities, infrastructure, and care standards.

VISION, AIMS AND OBJECTIVES

VISION: To standardize primary healthcare nationwide through a network of AFPI-accredited clinics focused on quality and safety.

AIM: To introduce standards for Primary Health Care services with independent quality assessments that enhance performance and ensure measurable quality and patient safety.

OBJECTIVES:

1. Improve quality of primary care through external evaluation and stepwise quality improvement.
2. Create a performance-based certification system for healthcare improvement.
3. Provide transparent information on healthcare quality to the public and stakeholders.
4. Operate within a legal framework accepted by local authorities, adaptable to national certification for public and private providers.

OUTLINE OF THE AFPI ACCREDITATION PROGRAM

AFPI has identified key service elements, each with specific criteria to assess compliance with standards. It provides technical support and partners with the PCC to advance along a measurable, stepwise quality improvement path. To recognize progress in raising care standards and reducing risks to patients, staff, and visitors, AFPI awards certificates of Improvement.

Following each assessment, the PCC shall receive a detailed performance report for each service element, along with a Quality Improvement Plan specifying measurable actions to address urgent issues. An AFPI Technical Committee, with representation from regional chapters, oversees and coordinates the accreditation process through assessment teams.

Assessment team will comprise of members AFPI accreditation committee who will:-

- a) Assess the services of the clinics based on a pre decided checklist
- b) Develop standardized processes to improve efficiency
- c) Mitigate risk and support the uptake of best practices
- d) Build a culture of quality, safety, and excellence
- e) Identify leading and commendable practices
- f) Publicly promote their commitment to offering safe, high-quality services

DEVELOPMENT OF QUALITY STANDARDS

System-wide standards are adapted for primary care to cover governance, leadership, infection control, and medication management, with additional service-specific standards for particular services.

The standards development process is thorough and in-depth with oversight from standards working groups comprised of sector-specific experts, surveyors, and clients. Our program development team:-

- a) Conducts literature reviews and environmental scans
- b) Researches best practices and field-specific trends
- c) Consults with subject matter experts, other allied health practitioners, client organizations, academics, and policy makers
- d) Hold focus groups and national consultations
- e) Pilot tests the standards in the field

The set of accreditation standards are made into a framework making them easy for client primary care clinic and assessors to use.

Steps of Application and Accreditation Process:

1. The Clinic (through an applicant) shall voluntarily apply to AFPI on the application form, as on the website.
2. Payment of 5000/- as application fee should be paid by applicant via NEFT or UPI mentioned in the application form.
3. Please note the Applicant should be a registered medical practitioner with valid medical council registration in modern allopathic medicine.
4. After filling the form, the applicant should send the mentioned documents (in the application form) as pdf/image file attachments to the email ID accreditation.afpi@gmail.com.
5. The application form and documents will be reviewed by our team and acceptance of the same will be communicated within 3 weeks.
6. Once application is accepted, the applicant should download and fill the self assessment kit (available on the website) within next 3 months time. Any need for extension of this time frame to fulfill the assessment criteria may be granted on case by case basis. Same can be communicated to us by mail accreditation.afpi@gmail.com.
7. Once self assessment document is submitted, a direct assessment will be scheduled with our assessor. Cost of conveyance, boarding and stay (as applicable) for the assessor will be borne by the Applicant Clinic.
8. The Clinic shall be able to demonstrate to AFPI assessment team that all standards, as applicable, are followed. The applicant clinic must have conducted self-assessment against AFPI Standards for PCCs maximum 3 months prior to direct assessment and must ensure that it complies with it. The clinic shall ensure that the standards are implemented in the organization for which the accreditation is applied for.
9. After each AFPI assessment, facilities receive a detailed report outlining the facility's performance for each Service Element. A comprehensive **Quality Improvement Plan** is linked to each assessment, detailing specific measurable activities that address the most urgent issues identified during the assessment. Non-compliant criteria that represent a high risk in terms of safety, quality or financial sustainability are identified as the highest priority for resolution.
10. The assessing team will send its recommendations to the Technical advisory Committee for approval.
11. Once the Technical advisory committee is satisfied that all the criteria is met, the assessment document is sent to the AFPI National executive for approval and award of **AFPI Certificate of Accreditation** which is valid for a period of **five years** before applying for renewal of accreditation.

STANDARDS FOR ASSESSMENT

Definition of Primary Care Clinic (PCC)

PCC means – a medical facility with a focus on general practice or primary care run by a single or groups of doctors practicing modern medicine providing only outpatient services with or without any additional facility for day care procedures, observation beds. The facility should have a **valid license**, issued by an acknowledged healthcare licensing authority and the facility should meet the following **mandatory criteria**

- a) The lead doctor working in that clinic should be a life members of AFPI
- b) Clinic should have general practice or family medicine as the main focus

Service elements that will be assessed:

AFPI has defined service elements with criteria to assess compliance across all clinical and management functions. High-risk non-compliances in safety and quality are prioritized for resolution.

Assessment is done under following areas:

- (A) VALID LICENCES**
- (B) ACCESS TO CARE**
- (C) FACILITY MANAGEMENT**
- (D) ENVIRONMENTAL SANITATION AND WATER SUPPLY**
- (E) INFECTION CONTROL**
- (F) SAFETY AND SECURITY**
- (G) HUMAN RESOURCE MANAGEMENT**
- (H) MEDICAL RECORDS MANAGEMENT**
- (I) MANAGEMENT OF CLINICAL SERVICES**
- (J) EMERGENCY CARE SERVICES AS APPLICABLE TO PRIMARY CARE CLINICS**
- (K) MANAGEMENT OF SUPPORT SERVICES**
- (L) CONTINUITY OF CARE**

Assessment requirements and guidelines under each area are expanded below

(A) VALID LICENCES

The facility should have a **valid license**, issued by an acknowledged healthcare licensing authority, to operate as a healthcare facility. These licenses should cover all services offered such as pharmacy, laboratory and diagnostic imaging as applicable. All practicing doctors at the clinic should possess valid medical council registration.

(B) ACCESS TO CARE

1. The health facility renders services at least for five days a week.
2. There is a working, usable access road to the facility including approach of ambulance and fire services.
 - a. The road is accessible throughout the year.

- b. Should have a clear and legible signboard with Name of clinic and purpose clearly indicated including in local language.
- 3. A Contact number including in case of emergency is available.
- 4. Facility of appointment booking exists – either manual or digital
- 5. Services provided, hours of operation and details of all the doctors practicing within the clinic are clearly mentioned on the premises.
- 6. Information is provided in a way and in a language that is understood by those making the care decisions.

(C) FACILITY MANAGEMENT:

1. Facility Layout and Safety
 - The layout of the facility should support effective patient flow.
 - The clinic should be of a size of minimum 250 sq feet or above
 - Fire safety equipment must be installed and maintained as per local fire safety authority rules. Fire safety protocols should be clearly displayed.
 - Oxygen cylinders must be stored according to local safety protocols.
2. Hygiene and Sanitation
 - Separate sanitary facilities should be provided for staff.
 - Hand-washing facilities with water, soap, and towels must be available.
 - The Clinic should have provisions for safe drinking water
 - The clinic should have availability for wash room for the patients to use.
3. Patient Care Areas
 - Outpatient and waiting areas should be clean, well ventilated, well maintained, adequately equipped, and designed to ensure privacy.
 - Consultation rooms should also be clean, well ventilated, well maintained, and adequately equipped.
4. Emergency Preparedness – refer section (j)
5. Inventory and Supplies
 - An inventory of equipment, consumables, and supplies should be maintained and checked regularly.
 - A system must be in place for safe disposal of expired stock, including pharmaceuticals.
6. Administrative Systems
 - Clinics should have an effective invoicing and billing system for healthcare services. Records must be updated and maintained within one week of inspection.
7. Patient Rights and Experience
 - Patient rights and responsibilities, as defined by the Medical Council of India (MCI), must be clearly displayed.

- Patient satisfaction should be monitored through a defined process.
- The clinic must enlist services available along with its charges
- The State Medical Registration Certificate should be displayed at a prominent place.

8. Quality Management

- There should be a system for reporting on quality management and improvement matters.
- Processes for communication with relevant stakeholders must be in place.

(D) ENVIRONMENTAL SANITATION AND WATER SUPPLY

1. Surrounding Environment Standards

- No **open garbage dumps, waste burning, or exposed biomedical waste** shall be present **within the clinic compound**.
- Maintain a **minimum 10 metres clear buffer zone** around the clinic boundary free from unmanaged waste, stagnant water, or uncovered drains.
- No **open drains, sewers, or waste collection points** should be located **within 50 metres** of the clinic building.
- **Municipal landfills, waste processing plants, or large disposal sites** should be situated **at least 500 metres** from the clinic, wherever feasible.
- Where these distances cannot be met due to local constraints, **mitigation measures** (covering drains, sealed waste storage, pest/vector control, daily cleaning, and liaison with local authorities) must be implemented and documented.

2. Drainage and Wastewater Management

- All drains and sewers within or near the clinic must be covered, functional, and regularly cleaned to prevent leakage, backflow, and vector breeding.
- Septic tanks, manholes, and sewer lines must be intact, sealed, and maintained as per local building/plumbing codes.
- Stagnant water inside or around the premises must not be permitted.

3. Solid Waste Management including Bio Medical Waste

- Temporary storage of clinic waste (general and biomedical) must be in covered, ventilated, and secured containers/rooms, located away from patient care areas
- Biomedical waste should be segregated in colour coded containers (Refer Annexure)
- Staff is trained in handling bio-medical waste and adhere to policy and procedure
- Waste must be regularly handed over to authorized municipal and biomedical waste handlers, with records maintained.
- Open dumping or burning of waste within the premises is strictly prohibited.

5. Water Supply and Safety

- The clinic must have continuous access to potable water for drinking, handwashing, and sanitation.
- All **drinking-water sources** (wells, boreholes, tanks) must be located at least **15 metres away from any drain, sewer, or wastewater discharge point**.
- Water storage tanks must be **covered, cleaned, and disinfected at least once every 6 months** (or more frequently if needed).
- Regular water quality testing (e.g., residual chlorine, bacteriological tests) should be undertaken as per local public health standards.

- Separate handwashing stations with running water, soap, and towels/hand-dryers must be available in patient-care areas and staff facilities.

6. Monitoring and Compliance

- Environmental sanitation and water safety should be **assessed at least quarterly** using the standard audit checklist.
- Non-compliance must be recorded with **time-bound corrective actions**.
- Clinics in high-risk or resource-limited areas must document **mitigation measures** if full compliance with distance criteria is not possible.

(E) INFECTION CONTROL

Effective infection prevention and control (IPC) practices are essential to protect patients, staff, and visitors from healthcare-associated infections. All primary care clinics must implement standardized cleaning, disinfection, sterilisation, and hand hygiene practices in line with national and WHO recommendations.

1. Cleaning, Disinfection and Sterilisation

- Cleaning of premises (floors, surfaces, waiting areas, toilets) must be carried out at least daily, and more frequently in high-use or high-risk areas.
- Disinfection of frequently touched surfaces (door handles, counters, examination tables) using approved disinfectants.
- Sterilisation of instruments must follow recommended methods (autoclaving, dry heat, or chemical sterilant depending on resources and instrument type).
- Fumigation or terminal disinfection should be carried out quarterly and after outbreaks of communicable diseases.

2. Hand Hygiene

- Hand hygiene practices must be rigorously followed by all healthcare personnel.
- Hand washing and disinfecting facilities must be available in all relevant areas, including:
 - Running water with soap, disposable paper towels or air-dryers
 - Alcohol-based hand sanitizers at point-of-care and entry/exit points.
- Clinics must display posters and visual reminders on effective hand hygiene techniques
- Staff must receive periodic training and reinforcement on hand hygiene compliance.

3. Use of Personal Protective Equipment (PPE)

- Appropriate protective clothing (e.g., gloves, masks, aprons, gowns, goggles/face shields where required) must be available and used correctly.
- PPE must be stored in accessible, clean locations and replenished regularly.
- Staff must be trained in correct donning and doffing procedures to prevent self-contamination.

4. Surveillance and Reporting

- The organisation must report all notifiable diseases promptly to the appropriate external public health agencies, as mandated by national/state law.
- The clinic must maintain records of reported cases and comply with any follow-up actions required by public health authorities.

(F) SAFETY AND SECURITY

The clinic must provide a safe and secure environment for patients, staff, and visitors.

1. Facility Safety

- The clinic premises must be well maintained, free of structural hazards (loose wiring, broken flooring, unsafe stairways).
- Adequate lighting and ventilation must be ensured in all areas, including entrances, corridors, consultation rooms, and toilets.
- Electrical installations should be properly insulated, regularly inspected, and compliant with safety codes.
- Emergency exits must be clearly marked, unobstructed, and known to all staff.

2. Fire Safety (as applicable)

- Valid Fire NOC should be available based on local building laws
- Fire extinguishers of appropriate type (e.g., ABC, CO₂) must be installed at accessible points, clearly labeled, and checked at least annually.
- All staff must be trained in the use of fire extinguishers and basic evacuation procedures and fire safety drills should be conducted at least once a year.

3. Security Measures

- Measures should be taken to prevent unauthorised entry to areas such as medicine stores, records, laboratory facilities, and clinical zones.
- Protocols must be in place for handling disruptive behavior, theft, or violence within the premises.

4.. Occupational Safety Protocols

- There must be documented protocols for:
 - Handling blood and body fluid spills (including immediate containment, disinfection, and disposal).
 - Managing needle stick injuries (first aid, reporting, post-exposure prophylaxis, and medical follow-up).
- Staff must be trained in these protocols and refresher training conducted periodically
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(G) HUMAN RESOURCE MANAGEMENT

- Employed staff should have clearly defined job roles.
- Administration of parenteral drugs and doing procedures should be only by a qualified nursing staff.
- Periodic training and reinforcement regarding safety, security, infection control, emergency and occupational hazard protocols should be done on a regular basis.
- All staff should be trained in Basic Life Support (BLS)

(H) MEDICAL RECORDS MANAGEMENT (PRIMARY CARE CLINICS)

1) Record Content (minimum data set for each consultation including tele consults/ video consultation)

- Patient identifiers: full name, age/date of birth, gender, contact number, unique clinic ID (in case of digital records)

- Date & time of consult, name designation and signature of the consulting doctor.
- Presenting complaints and relevant brief history and exam findings, diagnosis or differential, any allergies should be mentioned.
- Medications on each prescription should be mentioned in legible handwriting including trade name/ generic name – dosage, route of administration and other instructions.
- Informed consent should be taken wherever applicable.
- It is advised to use standardised fields/templates (vitals, long-term conditions, immunisations) mandatory fields and standard date formats to improve data quality and continuity.

3) Retention of Records

- Maintaining a carbon copy of all written prescriptions and case sheets as physical records is advised
- In case of digital records the software used should comply by the Digital Personal Data Protection (DPDP) Act, 2023
- Outpatient records are advised to be maintained for 3 years as per MCI guidelines.
- In case of Medicolegal case documents, maintain records for 10 years or till disposal of case in court of law.

4) Confidentiality, Security & Patient Rights

- Only those directly involved in patient care should have access to patient records.
- Effort must be made to ensure there is no unauthorised access
 - For physical records - locked record room/cupboards; no files left in public areas; controlled issue/return log.
 - For digital records – authentication password, regular backups, malware protection and sharing of reports and patient data only on encrypted communication platforms.
- Any breach in security/ confidentiality should be raised as an incident, concerned parties notified and corrective measures taken should be documented.
- Provide patients access to their own records on request within 72hrs of any such request
- Request for medical records sharing by relevant public health authorities should be documented and complied with as per local laws.

5) Disposal

- Responsible Disposal ensuring that no confidential patient data can be retrieved. such as shredding/incineration for paper; **digital records should be deleted using secure/irretrievable methods.**
- Documentation regarding disposal should be maintained.

6) Training & Monitoring

- **Induction + annual refresher** for all staff on documentation standards, consent, privacy
- **Quarterly mini-audits** of a sample of records checked for completeness of identifiers, problem/diagnosis entry, allergies, medications, signature. Feedback to staff and **close the loop** with corrective actions.

(I) MANAGEMENT OF CLINICAL SERVICES

Health facilities work to provide a safe, functional and supportive facility for patients, families, personnel, volunteers and visitors.

- Facilities, equipment and medication must be effectively managed. Planning and delivering care to each patient,
- Monitoring the patient to understand the results of the care.

- Modifying care when necessary and completing the follow-up should be ensured.

(J) EMERGENCY CARE SERVICES AS APPLICABLE TO PRIMARY CARE CLINICS

1. Policies and Records

- Written guidelines for providing primary emergency services must be available and followed.
- All emergency cases and their outcomes should be documented in a register or logbook.
- Regular case reviews should be conducted to assess the quality of emergency treatment and patient care.
- There must be a clearly defined process for handling medico-legal cases.
- A disaster management plan should be in place.

2. Staff Training and Readiness

- All staff must be trained in Basic Life Support (BLS) and records of training attendance should be maintained.
- Staff should be knowledgeable about emergency protocols and undergo periodic refresher training.
- A clear emergency algorithm, with contact numbers of ambulance services, nearest hospitals, police, and fire stations, should be displayed prominently.

3. Essential Equipment

- Basic resuscitation equipment must be available, including:
 - CPR board
 - Oral airways
 - Ambu bag and masks (adult and pediatric sizes)
 - Automated External Defibrillator (AED)
- This equipment should be checked daily, maintained in working order, and replaced immediately after use.

4. Medicines and Advanced Equipment

- A drug tray or trolley with facilities for intravenous therapy, naso-gastric tube insertion, drug administration, endotracheal tubes, and laryngoscopes (adult and pediatric sizes) is encouraged, especially in high-volume centers.
- Emergency medicines should include drugs for cardiac and respiratory arrest, coma, seizures, and shock (including pediatric doses), as well as plasma expanders. These are not mandatory but recommended for higher volume clinics.

(K) MANAGEMENT OF SUPPORT SERVICES

Pharmacy/ Dispensary : Relevant licences and compliance with local laws and governing bodies should be maintained and documented

Laboratory Services: Licences/ accreditations should be obtained by the laboratory council or equivalent body.

Diagnostic Imaging Service : The diagnostic imaging service is to be licensed by the radiation control council or equivalent body , compliant with PCPNDT rules. Any such diagnostic imaging should only be carried out by trained doctors or technicians and valid certifications of such personnel should be ensured.

(L) CONTINUITY OF CARE

- ✓ Policies and procedures holding patients for observation are implemented.
- ✓ Patient Database and medical records is maintained to ensure follow up and continuity of care.
- ✓ Clear Patient referral protocol for emergencies should exist and be followed .



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ANNEXURE 1 – BIO MEDICAL WASTE POSTER



SEGREGATE MEDICAL WASTE RESPONSIBLY!

FOLLOW MEDICAL WASTE DISPOSAL GUIDELINES

RED

IV LINE TUBINGS,
CATHETERS,
SALINE BOTTLES,
SYRINGES (WITHOUT
NEEDLE),
VACCUTAINERS,
URINE BAGS, STENTS,
GLOVES, PLASTIC
APRONS, ANY OTHER
CONTAMINATED
PLASTICS



YELLOW

SOILED LINEN,
BANDAGES,
DRESSINGS,
BLOOD BAGS,
ANATOMICAL
PARTS,
TISSUES,
PLACENTA,
SANITARY PADS,
LAB WASTE,
EXPIRED
MEDICINES,
CYTOTOXIC
WASTE



BLUE

VIALS, AMPULES,
ANY OTHER
BROKEN OR
DISCARDED
CONTAMINATED
GLASS.



WHITE PUNCTURE PROOF BOX

NEEDLES, SCALPEL
BLADES, LANCETS,
FORCEPS,
ANY OTHER
CONTAMINATED
SHARPS



ANNEXURE 2 – HAND WASH SIGNAGES

HAND WASHING

INSTRUCTIONS FOR SOAP AND WATER



Wet your hands with clean, running water



Apply soap generously



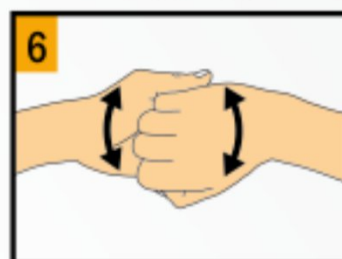
Lather up! Rub soap on palms in circular motion



Rub soap on back of both hands



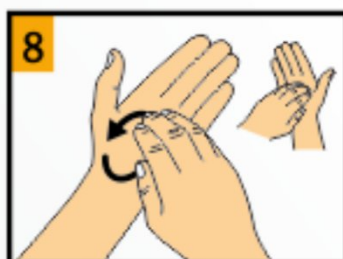
Rub soap between fingers



Rub soap on fingertips by interlocking them



Apply soap on both thumbs and rub it in half circles



Rub fingertips on palms



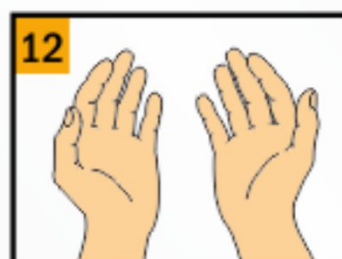
Rinse hands thoroughly



Wipe hands with clean, dry paper-towel



Use paper-towel to turn off the faucet



Hand washing should last 15-30 sec

ANNEXURE 3 – PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights

1. Right to Information

Every patient has the right to clear and complete information about their diagnosis, treatment options, associated risks, benefits, alternatives, and expected costs, explained in a language they understand.

2. Right to Medical Records & Reports

Patients are entitled to access their case records and test reports during admission or within a specified time after discharge.

3. Right to Emergency Medical Care

All patients must receive prompt and appropriate emergency care without discrimination.

4. Right to Informed Consent

No procedure or treatment may be undertaken without the patient's informed and voluntary consent, except in life-threatening emergencies.

5. Right to Confidentiality, Dignity & Privacy

Every patient's personal and medical information must be kept confidential. Privacy and dignity must be respected during examinations and treatment.

6. Right to Second Opinion

Patients have the right to seek a second opinion from a qualified medical practitioner, and the treating hospital or clinic must support this by providing necessary medical records.

7. Right to Transparency in Rates & Billing

Patients must be informed of the cost of treatment in advance. They are entitled to an itemized bill with clear details of charges.

8. Right to Non-Discrimination

All patients have the right to treatment without discrimination based on gender, age, religion, caste, socio-economic status, sexual orientation, or health condition.

9. Right to Safety & Quality Care

Patients have the right to receive safe, ethical, and quality care in a clean and supportive environment.

10. Right to Refuse Treatment

Patients may refuse treatment after being informed of the consequences, and such refusal must be respected and documented.

11. Right to Choose Pharmacy or Laboratory

Patients are free to purchase medicines or undergo diagnostic tests from any registered pharmacy or laboratory of their choice.

12. Right to Referral & Transfer

Patients must be informed of the reasons for referral or transfer and can expect safe and justified transfer without commercial influence.

13. Right to Patient Education

Patients have the right to receive information on their health condition, preventive measures, healthy lifestyle practices, insurance schemes, and grievance redressal mechanisms.

14. Right to Voice Grievances

Patients are entitled to lodge complaints regarding their care and receive a fair, timely, and written response.

Patient Responsibilities

1. Provide Accurate Information

Patients are responsible for sharing complete and truthful information regarding their medical history, symptoms, and prior treatments.

2. Follow Treatment Plans

Patients are expected to follow the treatment and care plans advised by their healthcare providers and to inform the care team if they are unable to comply.

3. Respect Rules and Staff

Patients and their families should respect the rights of other patients, hospital staff, and abide by institutional policies and rules.

4. Maintain Financial Responsibility

Patients are expected to understand treatment costs and ensure timely and complete payment and settlement of bills or submission of insurance documentation.

5. Use Resources Responsibly

Patients should use healthcare resources judiciously and avoid causing disruption, misuse, or damage to hospital property.

6. Engage in Care

Patients should take an active role in their care by asking questions, seeking clarifications, and participating in decisions regarding treatment.

Annexure 4 – Common emergencies encountered in primary care clinic

1. Anaphylaxis/ Severe Allergic Reaction
2. Myocardial Infarction
3. Acute Exacerbation of Asthma
4. Seizures
5. Stroke
6. Syncope
7. Hypoglycemia
8. Trauma/ acute blood loss
9. Preeclampsia/Eclampsia
10. Acute Abdomen
11. Animal Bite, Snake Bite
12. Poisoning
13. Fractured bones
14. Foreign Body in Eye