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DEPARTMENT OF HEALTH

Standard for Primary Healthcare Services in Emirate of Abu Dhabi

September 2022

PUBLIC عـــام

Document Title	*Standard for Primary Healthcare Services in Emirate of Abu Dhabi*		
Document Ref. Number	*DOH/HPI/SS/2/2022*	*Version*	*V.2*
Effective Date	*September 2022*		
Previous Versions	*DOH/HPI/SS/1.1/2019*		
Document Owner	*Healthcare Facilities Sector*		
Applies to	*All Healthcare Providers in the Emirate of Abu Dhabi*		
This Standard should be read in conjunction with related Abu Dhabi and UAE laws, DOH standards, policies, and circulars (general and related to Emergency Disaster Management & Preparedness), CBRNE, NCEMA Standards, Policies, DOH Manuals, licensing regulations and reporting requirements.			

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1. *Purpose*

1.1 *This Standard sets the minimum requirements for the provision of Primary Healthcare Services in the Emirate of Abu Dhabi.*

2. *Scope*

This standard applies to all healthcare providers that wish:

2.1 *To be licensed by DOH as providers of primary healthcare services OR*

2.2 *To add primary healthcare services to the list of services they provide.*

3. *Definitions*

3.1 ***Primary healthcare****: is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum, from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment.*

3.2 ***Primary healthcare services:*** *A primary care practice serves as the patient's entry point into the health care system and as the continuing focal point for all needed health care services. Primary care practices provide patients with ready access to their own personal physician and health care team. It includes care that is: Person and family-oriented, continuous, comprehensive and equitable, team-based and collaborative, coordinated and integrated, accessible, and high value.*

3.3 ***Primary healthcare service providers:*** *Any DOH licensed facility provide primary healthcare services in the Emirate of Abu Dhabi*

3.4 ***A primary care physician (PCP)****: is a family medicine physician who leads the primary service that provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.*

3.5 ***Referral:*** *is a request from one physician to another to assume responsibility for management of one or more of a patient's specified problems. This may be for a specified period of time (consultation), until the problem(s) is resolved, or on an ongoing basis (shared care).*

3.6 ***Transition of care:*** *The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.*

4. *General Duties for Primary Healthcare Providers*

4.1 *Ensure patients receive integrated and continuous care delivered by a team organized and trained to provide effective team-based care in coordination with the family physician/General Practitioner.*

4.2 *Establish a culture of data-driven performance improvement on clinical quality, efficiency and patient experience and engage the staff and patients/families/caregivers in the quality improvement activities.*

4.3 *Review quarterly the safety and quality performance of the healthcare service and compare them with best practices to improve clinical outcomes and patient experience. Appendix 1*

4.4 *Comply with DOH's requests to inspect, audit records and cooperate with DOH/ADPHC authorized auditors as required by DOH/ADPHC.*

4.5 *Comply with DOH and/or ADPHC' requirements for data management including sharing of screening/diagnosis and where applicable, pathology results, electronic patient records and disease management systems in compliance with ADHICS standards for data security.*

4.6 *Use of digital technologies for health in ways that facilitate access to care and service delivery, improve effectiveness and efficiency, and promote accountability.*

4.7 *Comply with Data requirements for Muashir ranking of primary care, which DOH applies to classify distinguished healthcare facilities according to the Diamonds Rating System.*

4.8 *Must participate in DOH patient experience survey program.*

4.9 *Ensure continuity of care through a referral system to the appropriate service, with coordination and integration of care provided in other facilities through the followings:*

- 4.9.1. *Ensure availability of a minimum of one care coordinator for* ***Appendix 3.***
- 4.9.2. *Monitor referral rates per physician, analysis of referral to identify improvement opportunities (e.g. training programs, updating referral guideline) Appendix 5*
- 4.9.3. *Use referral guidelines based on international best practices.*

4.9.4. *Family medicine physician should provide information about reason for referral, relevant clinical information, Expectations of the consultation outcome (e.g. medical opinion only, treatment, shared care, etc.);*

4.9.5. *Primary care physician remains responsible for any follow-up care required as a result of any investigations ordered or consultations requested by him unless another physician has accepted the responsibility to provide the follow-up care*

4.9.6. *The Primary care facility communicates with other health care facilities to support patient safety throughout care transitions with appropriate and timely documentation.*

4.9.7. *Shares patient clinical information with admitting hospitals and emergency departments.*

4.9.8. *Implements with receiving hospitals processes to consistently obtain patient discharge summaries from the hospital and other facilities.*

4.9.9. *Establishes an invitation system to ensure successful participation of eligible population for preventive screening programs (call and recall system).*

4.10 *Primary care facility remains responsible to systematically manage diagnostic tests and have policies to address the following:*

4.10.1. *Flagging abnormal lab results/imaging results, bringing them to the attention of the clinician (as using alert system).*

4.10.2. *Notifying patients/families/caregivers of lab and imaging test results either negative or positive.*

4.10.3. *Defines critical results that may represent urgent or emergent life-threatening values for diagnostic tests.*

4.10.4. *Diagnostic testing should be consistent with evidence-based, best practice standards.*

4.11 *Provision of responsive, reactive access to patient needs through:*

4.11.1. *Provides same-day appointments to meet identified patients' needs.*

4.11.2. *Tele consultation.*

4.12 *All physicians ensure appropriate documentation of patient's centered care plan for identified high risk conditions and high utilization encounters with involvement of patient/family.*

4.12.1. *Documentation of care plan is to be based on evidence-based care in alignment with international best practices*

4.13 *All physicians must provide education and counselling to patient and establishing process for outpatient medication reconciliation:*

4.13.1. *The facility must have an appropriate policy and procedure for medication reconciliation.*

4.13.2. *Assesses understanding and provides education, as needed, on new prescriptions.*

4.13.3. *Assesses and addresses patient response to medications.*

4.14 *Healthcare facilities that are licensed to provide primary healthcare services must participate in all relevant DOH public health programs based on the approval of the Abu Dhabi Public Health Centre's requirements and ensure compliance with DOH health informatics/ IT patients 'care platform requirements.*

4.15 *Must have Blood Sample Collection Station/Phlebotomy.*

5. *Primary Healthcare Service Requirements*

5.1 ***Facility Licensing:*** *For the purpose of facility licensing, Standalone Outpatient facilities should be licensed as Primary Health Care Centre sub type under Center type. Hospital and One Day Surgery Centers should add primary care as a specialty.*

5.1.1. *Display the correct signage of the Primary Care Logo which is published on DOH website. (Upon implementation).*

5.1.2. *Must integrate their electronic medical record system with Health Information Exchange system (Malaffi).*

5.1.3. *Register their facility on the virtual care platform* ***Appendix 4****. Utilizing the virtual care platform in due course upon payment of a fee by providers, if applicable. (Upon implementation).*

5.1.4. *Each primary care facility should ensure there is a pharmacy at a 10-minute walk or needs to provide pharmacy on site.*

5.1.5. *Ensure access to basic diagnostic services (lab &radiology) (or have agreement with outsource providers).*

5.1.6. *Must add license Telemedicine service to provide virtual care services.*

5.2 *Staffing Requirements: the primary healthcare service must be*

5.2.1. *A medical director is required to lead the clinical team in all patient care issues. The medical director is to be consultant / or specialist family physician.*

5.2.2. *Ensure appropriate staffing by a DOH licensed multi-disciplinary team based on the scope of services provided and the needs of population served.*

5.3 *Range of Services to be provided:*

5.3.1. ***Services*** *that* ***must*** *be provided in a primary healthcare setting include but are not limited to:*

5.3.1.1 Family medicine. (Family medicine scope of practice; https://www.doh.gov.ae/en/resources/guidelines)

5.3.1.2 Healthcare promotion, screening and prevention services;

5.3.1.3 Vaccinations and immunizations;

5.3.1.4 Treatment of acute illness;

5.3.1.5 Management of non-communicable diseases;

5.3.1.6 Screening, of common mental illnesses using evidence-based tools and subsequently management by treatment intervention or referral to specialized care by primary care providers.

6 Enforcement and Sanctions

DOH licensed healthcare providers must comply with the terms and requirements of this Standard, and all DOH relevant Standards as well as all related rules and regulations including Jawda Primary Healthcare KPI's, Malaffi and Shafafiya data reporting requirements. DOH may impose sanctions in relation to any breach of requirements under this Standard in accordance with the disciplinary regulations of the healthcare sector.

7 Appendices

Appendix 1: Guidance on Recommended Indicators for Primary Healthcare

Note: The below list is only a guidance on the recommended quality indicators for Primary Care compiled for the benefit of the healthcare providers.
Only JAWDA KPIs are mandated to be reported to DOH & for more information on these, access:
https://www.doh.gov.ae/en/programs-initiatives/muashir/jawda-indicators-submission-guidelines

Chronic Diseases Registers
Establishment and maintenance of registers/lists for patients diagnosed with: • *Diabetes* • *Cardiovascular diseases: ischemic heart disease (IHD), stroke* • *Hypertension* • *Chronic Respiratory diseases: asthma, Chronic Obstructive Pulmonary Disease (COPD)* • *Mental Health: depression, dementia, anxiety disorders, post-partum and post-menopausal depression* • *Osteoporosis*
Recommended Indicators
Percentage of children aged 1-4 years who were screened and diagnosed as overweight and obese category by using growth and Body Mass Index (BMI) measures (CDC/WHO growth chart) in last 12 months
Percentage of children aged 5-17 years who were screened and diagnosed as overweight and obese category by using growth and BMI measures (CDC/WHO growth chart) in last 12 months
Percentage of pregnant women categorized under high risk pregnancies (they are in their first trimester prior to their Antenatal visits started) in the last 12 months
Percentage of attending patients aged 18 or over that have had a BMI and waist circumference measure recorded in the last 12 months
Percentage of attending patients aged 18 or over with a BMI ≥30 in the last 12 months
Percentage of attending patients aged 18 or over who their BP have a recorded in the last 12 months
Percentage of patients aged 18 & above with high LDL levels)
Number of women 25-65 years who had at least one pap test to screen for cervical cancer according to DOH cervical cancer screening specifications
Percentage of women 40 years to 69 year who had at least one mammogram to screen for breast cancer

Number of adults 40–75 years who had conducted colorectal cancer screening through a Fecal Immunochemical Test (FIT) annually or colonoscopy every 10 years according to DOH colorectal cancer screening specifications
Percentage of infants 2-12 month) identified with congenital abnormalities and referred for further medical intervention.
Percentage of patients with suspected cancer, referred urgently, within 2 weeks (14 calendar days), to appropriate specialized care.
Percentage of (1week to 6 years aged children) that have been screened in the last 12 months for well child visits as per DOH Standards for well child visits.
Percentage of school students who have been screened for comprehensive school screening in the last 12 months as per DOH school screening standards. (Exclude private providers)
Number of students received from school screening program due to Substance use disorders
Percentage of students that were referred through the comprehensive school screening for different follow-up/ disease management cases in the last year.
Percentage of children 12 years and older who were screened for smoking.
Percentage of children who were identified as smokers referred for smoking cessation clinics.
Percentage of children 12 years and older who were screened for depression.
Percentage of children who were identified with depression risk referred to the mental healthcare provider.
Percentage of Patients who received all the following screening tests during the prenatal period within the specified time frames: • *Hepatitis B specific antigen screening at first visit (patients with documented immunity to Hepatitis B or active Hepatitis B are excluded)* • *HIV screening at first visit (patients with a diagnosis of HIV are excluded)*
Percentage of women who give birth and had post-partum care visits within 8 weeks of giving birth and received breast feeding evaluation and education, post-partum depression screening and glucose screening.
Percentage of registered adult nationals 18 years and over who received the comprehensive screening in the last 12 months
Percentage of screened individuals annually for the comprehensive screening with ESC risk assessment score of >10% by ESC definitions who are referred urgently, within 2 weeks (10 working days), to appropriate management; PHC or specialized care interventions
Percentage of registered adult nationals 18 years and over who are re-screened within 30-36 months of their previous comprehensive screening
Percentage of registered males 65 years old and above who had ever had screening for abdominal aortic aneurysm (ever smoker)

Percentage of screened individuals with abdominal aortic aneurysm (AAA) ≥5.5cm referred within one working day to appropriate specialized care intervention.
Percentage of Screening of iron deficiency in children from 1-5 years
Percentage of Children 18 to 30 months of age who had the screened for length for age, weight for age, weight for length, BMI. During episode of care
Percentage of children (18- 24 month) of age who had the screened for Autism using evidence-based tool (ex; mChat screening form)
Immunization
Percentage of registered patients aged 65 or older +who received pneumococcal and Influenza vaccine in the last 12 months
Percentage of registered children in PHC completed their age-appropriate immunization schedule as per DoH program
Percentage of children who received the recommended vaccines by their second birthday *Recommended vaccines:* ● *Three doses of pneumococcal conjugate (PCV) at 2,4,6 months* ● *Diphtheria, tetanus, acellular pertussis, haemophilus influenza type b, injectable polio vaccine (DTap-Hib-IPV) at 18 months*
Communicable diseases
Percentage of suspected or confirmed patients of communicable diseases who were reported through the Infectious Diseases Notification (IDN) in the last 12 months.
Percentage of reported vaccine cold chain failure occurred in the last 12 months.
Percentage of patients who received vaccine and had adverse events, who were reported through Adverse Event Following Immunization (AEFI) system in the last 12 months
Management of Chronic Diseases & their Risk Factors
Smoking
Reference to the Circular (2022/ 57) Providing Data for "Smoking Cessation Services in the Emirate of Abu Dhabi", It is been requested from the smoking cessation services to provide data related as per below: *For the data collection, service providers must send the requested data biannually (first week of January and first week of July). Data must include the following:* *• Number of visitors for the smoking cessation services (UAE National/ non -national).* *• Number of counseling sessions for each case through 2-12 treatment weeks.* *• Number of follow up calls/ visits weekly through 4-8 weeks from the first visit.* *• Calls records for Quitters at 6 and 12 months after smoking cessation to monitor their smoking status.* *• Number of UAE nationals and residents who succeeded on quitting smoking and number of attempts /year.*

• *Number of referred cases from the hospital/ other clinic to the smoking cessation services clinic.*
Percentage of patients aged 18 or over who were screened for tobacco use in the last 12 months
Percentage of patients who had 12 months and identified as a tobacco user, who referred for cessation counseling intervention.
Percentage of patients aged 12 and over who report smoking daily or occasionally
Obesity
Percentage of adults aged 18 or over who have been diagnosed as an overweight & obese and metabolic syndrome in PHC offered weight management intervention in the last 12 months (referral to Dietitian, loss weight medications, referred to weight management program (life style intervention)
Percentage of children younger than 18 years identified as an overweight or obese in PHC, who are referred to weight management program.
Percentage of patients aged 12 and over who report being physically inactive
Hypertension
Percentage of patients 18 - 85 years per thiqa comprehensive screening who had a diagnosis of hypertension overlapping and whose most recent blood pressure was adequately controlled (< 140/90 mmHg)
Percentage hypertensive who had an annual dyslipidemia screening
Percentage of hypertensive 18 years of age and older who had a nephropathy screening test-eGFR within the past 12 months.
Percentage of patients with hypertension who received a record of estimated glomerular filtration rate or serum creatinine testing performed in the last 12 months
Diabetes Mellitus
Percentage of adult diabetic patients (age 18-75) who received at least one lipid profile (age 18-75) in the last 12 months
Percentage of adult diabetic patients (age 18-75) who had a record of estimated glomerular filtration rate or serum creatinine testing) in the last 12 months.
Percentage of diabetics (age 18-75) who had a retinal or dilated eye examination by an eye care professional during the reporting period
Percentage of diabetics (age 18-75), who had a hemoglobin A1c measurement in the last 12 months
Percentage of diabetics (age 18-75) years who had hemoglobin A1C <7.0% (good control) for the most recent test during the reporting period

Percentage of diabetics (age 18-75) years who had hemoglobin A1c > 9.0% (poor control) for most recent test during the reporting period
Percentage of adult diabetic patients who had BP less than or equal to 130/80 mm Hg in the last 12 months
Percentage of adult diabetic patients who had BP greater than 140/90 mm Hg in the last 12 months
Percentage of diabetic patients (greater than or equal to 2 years of age) who received Pneumococcal vaccination
Percentage of patients with diabetes, on the register, who have had influenza immunization in the last 12 months
Percentage of patients with diabetes whose most recent LDL cholesterol test in the last 12 months was <1.8 and 50% reduction from baseline
Percentage of diabetics (age 18-75) who had a nephropathy screening test or evidence of nephropathy during reporting period
Percentage of diabetics (age 18-75) who had annual foot examination
Coronary heart disease
Percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
Percentage of patients with coronary heart disease who have had influenza immunization in the last 12 months
percentage of patients with coronary heart disease in whom the last LDL reading (measured in the preceding 12 months) is 1.4 mmol/l or LESS
Smoking Cessation referral in CAD patients who continue to smoke
Stroke & Transient Ischemic Attack
Percentage of patients with stroke or TIA who have had influenza immunization in the preceding in 12 months
percentage of patients with stroke or TIA last LDL reading (measured in the preceding 12 months) is 1.4 mmol/l or LESS
Asthma
Percentage of patients with uncontrolled asthma or unresponsiveness to therapy after 3-6 months of treatment. who were referred to Pulmonary specialist as per DOH standard
Percentage of patients aged six years and over whose diagnosis of asthma was confirmed by spirometry or a methacholine challenge test
Percentage of patients with asthma diagnosis who received controller medications

Percentage of patient with asthma diagnosis who received Flu Vaccine in the past 12 months
Chronic obstructive pulmonary disease (COPD)
Percentage of patients with COPD who have had influenza immunization
Smoking Cessation referral in COPD patients who continue to smoke
lung cancer screening
Mental Health
Percentage of patients with severe depression or anxiety referred to appropriate management at the specialized care.
Percentage of patients with mild to moderate depression or anxiety offered support at the PHC or referred to appropriate care.
Percentage of patients aged 18 year older who were screened annually for depression using an age appropriate standardized tool (PHQ 9)
Percentage of Patients who referred to a practitioner who is qualified to diagnose and treat depression within in 10-30 days of a positive depression screen finding (moderate, severe), using an age appropriate standardized tool.
Osteoporosis
Percentage of patients age 60 and above who had osteoporosis screening and had either a bone mineral density test or received a prescription for a drug to treat osteoporosis every three years
Oral Health
Percentage of pregnant women who visited the dentist during pregnancy
Percentage of individuals under 75 years who received at least one comprehensive oral screening per year
Dental Referral (Thiqa): Percent of well childcare patients age 12 months to 15 months who referred for a dental examination.
Outpatient Referral Rates

Appendix 2: Facility self-assessment check list

Facility Self-assessment Check List	*Check*
1. General Duties for Primary Healthcare Providers	
Primary care Centre management quarterly reviews the safety and quality performance of the healthcare service and compare them with best practices to improve clinical outcomes and patient experience	
Must participate in DOH patient experience survey program	
Ensure continuity of care through a referral system to the appropriate service, with coordination and integration of care provided in other facilities through the points from 4.9.1 to 4.9.9	
Primary care facility remains responsible to systematically manages diagnostic tests and have policies to meet the requirements from 4.10.1 to 4.10.4	
Provision of responsive, reactive access to patient needs through: ➢ *Provides same-day appointments to meet identified patients' needs.* ➢ *tele consultation*	
All physicians ensure appropriate documentation of patient's centered care plan	
All physicians must provide education and counselling to patient and establishing processes for outpatient reconciliation	
Proof of provision of public health related screening programs for (when applicable for license or ADPHC approvals)	
2. Facility Licensing Requirements:	
Display the correct signage of the Primary Care Logo which is published on DOH website.	
Integrate facility electronic medical record system with Health Information Exchange system (Malaffi)	
Register their facility on the virtual care platform once implemented	
Each primary care facility should ensure there is a pharmacy 10-minute walk or need to provide pharmacy on site	
Ensure access to basic diagnostic services (lab &radiology) (or have agreement with outsource providers)	
3. Staffing Requirements:	
3.1. The Primary Healthcare specialty service must be:	
A medical director is required to lead the clinical team in all patient care issues. The medical director is to be consultant / or specialist family physician.	
Staffed by a multi-disciplinary team based on the scope and services provided	

4. Service Availability:	
Family Medicine	
Healthcare promotion, screening and prevention services	
Vaccinations and immunizations	
Treatment of acute illness	
Management of non-communicable diseases	
Screening, of common mental illnesses using evidence-based tools and subsequently management by treatment intervention or referral to specialized care by primary care providers	

** This is in addition to general audit check list for primary healthcare centers*

Appendix 3: PC Care Coordinator Job Description

Core Duties and Responsibilities:

- *Support care delivery to patients*

- *Communicate and provide resources to patient and caregivers about patient's conditions and treatment requirements*

- *Recognize and appropriately manage challenging behaviors of patient and caregivers*

- *Liaise and follow through with patients and all health and social care providers to keep everyone informed and updated*

- *Organize patient information for efficient data transfer to relevant internal staff and external providers*

- *Receive and collate information from new, existing and transfer patients*

- *Liaise with other providers to ensure patients at risk are monitored adequately*

- *Conduct checks on data input to ensure quality and consistency*

- *Generate reports for population health management*

- *Coordinate among multidisciplinary teams in the provider's setting*

- *Liaise with clinical and non-clinical staff for effective patient management*

- *Organize and manage minutes of internal meetings as needed*

- *Follow up and tracking of preventive screening results to ensure the timeliness and completeness of follow-up as specifications and care-pathway*

Key Interactions:

- *Internal Interactions*

- *Clinical lead*

- *Physicians within the facility*

- *Administrative within the facility*

- *Other clinically trained personnel such as pharmacists, technicians, physiotherapists, nurses, etc.*

- *External Interactions*

- *Other healthcare providers*

- *Service providers such as rehabilitation centers, homecare facilities, dialysis centers, outpatient pharmacies, etc.*

- *Social care services provided by psychologists, behavioral analysts, social workers, counselors, etc.*

- *Voluntary services*
- *Patients and their family members/caregivers*
  - *Reporting*
- *Clinically-trained personnel (e.g., clinical lead, senior nurses)*

Preferred Qualifications:

- *Diploma or equivalent certificate in Health-related fields (e.g., Health Care Administration, Public Health, Health Education), Social Sciences or Business Administration*
- *Bachelor's degree in Health-related fields (e.g., Health Care Administration, Public Health, Health Education), Social Sciences or Business Administration*

Preferred Experience:

- *Minimum 2 years of experience at a healthcare provider (e.g., hospital, outpatient clinic) or with a healthcare professional*
- *Experience in administrative duties and use of databases*
- *Experience in primary care services (such as chronic disease management, preventive services)*
- *Knowledge of medical terminology*

Note:

- *Experience requirements are flexible if appropriate education and training is met*

Skill Set and Attributes:

- *Excellent verbal and written communication skills in English and Arabic*
- *Strong organizational and documentation skills and attention to detail*
- *Strong critical thinking and problem solving skills*
- *Proficiency in the use of common word processing, presentation, spreadsheet, and email tools*
- *Data analysis and management skills*

Appendix 4 Brief about virtual care platform (VCP)

VCP will support in deployment of the below elements:

- *All citizens of Abu Dhabi will be required to register with a Primary Care Provider (PCP); registration will be enabled by the Virtual Care Platform (VCP). Using the VCP application, patients will be able to compare, select and review prospective PCPs and subsequently register themselves and their dependents.*
- *The Virtual Care Platform will serve as a central platform where referrals are initiated and processed between family physicians and specialist consultants, and from where patients can select the specialist they wish to consult with.*
- *VCP will allow the DoH, payors, and providers to track referrals, i.e. identify which PCP a patient is registered with and where they are referred, and this may be used to support future reimbursement models.*

Appendix 5: Recommended Referral Tracking Guide

Summary Log	
Dr. _____ *Week ___/___/___ to ___/___/___* *Total referred by PC physician :* *Example:* *Allergy/Immunology _____* *Cardiology _____* *Endocrinology _____* *Gastroenterology _____* *Hematology _____* *Infectious Diseases _____* *Nephrology _____* *Oncology _____* *Pulmonology _____* *Rheumatology _____* *PT/OT _____* *Nutrition _____* *Mental Health _____* *Surgery _____* *Hospital _____* *Home Health _____*	*Total managed in the PHC :* *Example:* *Allergy/Immunology _____* *Cardiology _____* *Endocrinology _____* *Gastroenterology _____* *Hematology _____* *Infectious Diseases _____* *Nephrology _____* *Oncology _____* *Pulmonology _____* *Rheumatology _____* *PT/OT _____* *Nutrition _____* *Mental Health _____* *Surgery _____* *Hospital _____* *Home Health _____*

Date	*Reference No.*	*Client ID*	*Sex*	*Date of Birth*	*Service Received a PC Facility (Use predefined codes)*	*Referred t (Organizat Name)*	*Services Referred for: (Use predefined codes)*	*Name of Referring Officer*	*Referral Services Complete (Yes/No)*	*Date Complete*	*Date Client Seen for Counter Referral*	*Follow-Up Needed: (Yes/No*

8. References:

- *Quality indicators https://www.doh.gov.ae/en/programs-initiatives/muashir/jawda-indicators-submission-guidelines . 29 July 2022*
- *National Safety and Quality Primary and Community Healthcare Standards | Australian Commission on Safety and Quality in Health Care https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare . 4 August 2022*
- *Definitions https://www.who.int/westernpacific/health-topics/primary-health-care . 6 July 2022*
- *Definitions https://en.wikipedia.org/wiki/Primary_care_physician 4 August 2022*

- *Conceptual and Strategic approach to implement Family Practice (who.int).15/09/2022*