

Supplementary File

Appendix 1.

PubMed		
Set	Strategy	Results
#1	Quality [Title/Abstract]	1.196.074
#2	"Primary Healthcare"[Title/Abstract] OR "PHC"[Title/Abstract] OR "Primary Care"[Title/Abstract] OR "Primary health services"[Title/Abstract] OR "Basic Healthcare"[Title/Abstract]	141.682
#3	"Assessment"[Title/Abstract] OR "Evaluation"[Title/Abstract] OR "Monitoring"[Title/Abstract] OR "Measurement"[Title/Abstract] OR "Improvement"[Title/Abstract] OR "Indicator"[Title/Abstract] OR "Index"[Title/Abstract]	4.442.505
#4	"pattern"[Title/Abstract] OR "framework"[Title/Abstract] OR "model"[Title/Abstract]	3.290.764
#5*	#1 AND #2 AND #3 AND #4	2.820
*Filters activated: English		

Scopus		
	Strategy	Results
	(TITLE-ABS-KEY (quality) AND TITLE-ABS-KEY ("Primary Healthcare" OR "PHC" OR "Primary Care" OR "Primary health services" OR "Basic Healthcare") AND TITLE-ABS-KEY ("Assessment" OR "Evaluation" OR "Monitoring" OR "Measurement" OR "Improvement" OR "Indicator" OR "Index") AND TITLE-ABS-KEY (pattern OR framework OR model)) AND (LIMIT-TO (LANGUAGE , "English"))	7.934

WOS		
	Strategy	Results

<p>TOPIC: (quality) AND TOPIC: ("Primary Healthcare" OR "PHC" OR "Primary Care" OR "Primary health services" OR "Basic Healthcare") AND TOPIC: ("Assessment" OR "Evaluation" OR "Monitoring" OR "Measurement" OR "Improvement" OR "Indicator" OR "Index") AND TOPIC: (pattern OR framework OR model)</p> <p>Refined by: LANGUAGES: (ENGLISH)</p> <p>Timespan: All years. Indexes: SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI.</p>	5.909
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Appendix 2.

Japan	-----
Austria	-----
Iran	-% of population, age 30 to 59 years old with overweight and obesity who received consultation services for behavioral change
EU	-To what extent do GPs provide the following individual counselling if this would be needed in the practice population? Counselling in case of obesity
Australia	-----
USA	-Children ages 2-17 who received advice from a doctor or other health provider about healthy eating - Glucose in past year in patients with a diagnosis of obesity
CANADIAN	-Dietary advice in PHC -Overweight rate -Fruit and vegetable consumption rate
OECD	Obesity prevalence
WHO(EMRO)	-----
NO.	Nutrition and obesity

-----	Smoking cessation Smoking habits	-----	
-----		-----	-----
-----	-% of smokers, age 18 and older who receive smoking cessation consultation	-----	-----
-To what extent do GPs provide the following individual counselling if this would be needed in the practice population? Counselling	-To what extent do GPs provide the following individual counselling if this would be needed in the practice population? Counselling in case of smoking cessation	Health promotion: To what extent do GPs provide the following individual counselling if	-----
-----	-----	-----	-----
-----	-Patients with acute myocardial infarction (given smoking cessation counselling while hospitalized) - Current smokers age 18 and over receiving advice to quit smoking -Smoking cessation counselling in past year for	- Alcohol counselling in past year for patients with alcohol abuse	- Adult patients screened for at-risk drinking in past 2 years
- Advice on physical activity in PHC -Physical activity rate	- Smoking cessation advice in PHC - Smoking rate	- Alcohol consumption advice in PHC	- Heavy drinking rate
Physical activity	Smoking rate -Smoking cessation counselling for asthmatics	-----	-----
-----	% of substance users including tobacco users in receipt of brief intervention	-----	-----
Physical activity	Smoking, alcohol and substance abuse		

Chronic disease management (annual eye examination in <i>diabetics</i>)	-----	-----	-----
-----	-----	-----	-----
-----	% of registered diabetic patients with fasting blood sugar controlled at last 2 follow up visits % of population, age 30	% of diabetic people with HbA1C less than 7%	% of risk factors Assessment for AIDS in The population covered.
-----	Crude percentage of diabetic population aged >25 years with eye fundus inspection in the	Diabetes care: Crude percentage of diabetic population aged >25 years with HbA1C > 7, 0%.	To what extent do GPs carry the following preventive
-----	-----	-The percentage of patients with diabetes whose last recorded HbA1c within the previous 12 months	-----
- Adult's age 40 and over with diabetes who had all 3 recommended services for diabetes in the past year -Hospital admissions for lower extremity	Adult's age 40 and over with diabetes who had all 3 recommended services for diabetes in the past year	- Most recent HbA1c <7% - HbA1c measure in 6 months - Diabetes Electronic Composite Measure . Diabetes Patients with HbA1c Poor Control	- New AIDS cases per 100,000 population age 13 and over -Adult HIV patients
- Glycaemia control for diabetes - Screening for modifiable risk factors in adults with diabetes - Screening for visual impairment	Percentage of Population, Age 20 And Older, With Diabetes Mellitus Who Had An Eye Exam	Percentage of Population, Age 20 And Older, With Diabetes Mellitus Who Received Testing for All of the Following: <input type="checkbox"/> Hemoglobin A1c (Hba1c);	-----
Diabetes prevalence	-----	-----	HIV screen for prenatal patients
-----	% of Diabetes mellitus patients who had fundus	% of Diabetic patients with HbA1C less than 7%	-----
Diabetes			AIDS

-----	-----	-----
-----	-----	-----
- % compliance with Hand Hygiene guidelines	-----	% of health facility staff immunized for Hepatitis B (3 doses).
Safety of the staff and patients - Smoking is not allowed in the practice The practice has: A sterilizer or an autoclave, A container for used equipment, A leak proof container	Preventive care: To what extent do GPs carry the following preventive activities?	-----
Occupational health and safety	-----	-----
-----	- Tetanus immunization in past 10 years for patients ≥12 years - Influenza	-----
- PHC workplace safety - PHC workplace injuries	-----	-----
-----	- Adolescent immunization	- Hepatitis B immunization for high-
-----	-----	% of health facility staff immunized for
Safe condition	Vaccination	

-----	Pneumococcal vaccination	Infant immunization
-----	-----	-----
-----	% of under 23 months children immunized according to the national protocol	-----
-To what extent do GPs carry the following preventive activities? Influenza vaccination for high-risk groups	-----	-Mother and child & Reproductive health care: To what extent are GPs (or practice nurses) involved in infant vaccination on: Diphtheria, tetanus, pertussis, measles,
-----	-----	Childhood immunization coverage rates by general practices and by Division.
- Influenza vaccination for high-risk groups	- Pneumococcal vaccination for high-risk groups	- Children 19-35 months who received all recommended vaccines
- Influenza immunization, 65+	- Pneumococcal immunization, 65+	- Child immunization
Influenza vaccination for high-risk groups	Pneumococcal vaccination for high-risk groups	-----
% of high risk group immunized against Influenza	-----	% of under 23 months children immunized according to the national protocol

-----	-----	Chronic disease management (lifestyle modification)
-----	-----	
-----	-----	% of registered NCD patients with blood pressure recorded twice at last follow up visit
Preventive care: To what extent do GPs carry the following preventive activities? Immunization for tetanus, Allergy vaccinations, Influenza vaccination for high-risk groups -Mother and child & Reproductive	-----	Treatment and follow-up of diseases: To what extent will patients with the following diseases
-----	Percentage of patients who have had a Myocardial Infarction (MI) in past 12 months	-----
- Tetanus immunization in past 10 years for patients ≥12 years	-----	Heart failure patients who received recommended hospital care for heart failure (evaluation of left ventricular ejection
-----	- Emergency department visits for congestive heart failure	-----
-----	- Congestive heart failure readmission rate	-----
% of pregnant women fully vaccinated against tetanus	-----	-----
Chronic heart disease		

	% of registered NCD patients age 30 and older with 10 years' cardiovascular risk recorded in past 1 year
Treatment and follow-up of diseases: To what extent will patients with the following diseases receive treatment / follow up care from their GP? congestive	-----
-----	Percentage of patients who have had a Myocardial Infarction (MI) in past 12 months who are on a beta blocker -Total number of patients on the coronary heart disease
- Heart failure patients who received recommended hospital care for heart failure (evaluation of left ventricular ejection fraction and prescribed ACE inhibitor or ARB at discharge, if indicated.	-----
- Treatment of congestive heart failure	Percentage of Population, Age 50 To 74, With Established Diabetes Mellitus Who Had an Acute Myocardial Infarction, Had an Above- Or
-----	-----
-----	% of registered NCD patients with 10 years cardiovascular risk recorded in past 1 year

	Chronic disease management (peak expiratory flow rate readings in asthma)
	% of individuals with COPD that have had a follow-up visit and treatment during the last year. % TB screening in high risk groups
-----	Percentage of individuals with COPD that have had a follow-up visit in primary care during the last year.
Percentage of patients who have had a Myocardial Infarction (MI) in past 12 months who are on a beta blocker	-Number and proportion of general practices using a practice register/recall/reminder system to identify patients with asthma for review and appropriate action. -Division takes a systematic approach to support
- Patients with acute myocardial infarction (AMI) who received recommended hospital care for AMI (administered aspirin and beta blocker within 24 hours of admission.	- Controller prescription for children 5 to 17 years old with asthma in past year - Controller prescription for adult asthma patients in past year -Completion of tuberculosis therapy.
- Treatment of acute myocardial infarction	- Asthma control
-----	-----
-----	-----
	Respiratory/infectious disease

% Hypertension patients with Initial laboratory investigations	% of registered hypertension patients with BP < 140/90 at last 2 follow up visits		
Crude percentage of diabetic population aged >25 years with blood pressure above 140/90 mm Hg measured in the last 12 months.	-----	-----	-----
Percentage of patients with diabetes whose last recorded Blood Pressure (BP) reading was less than or equal to 130/80 mmHg within the previous 12 months	-----	Percentage of patients with CHD whose last recorded Blood Pressure (BP) within the last 12 months was less	The proportion of clients with complete care plans that are in accordance with agreed clinical guidelines
<ul style="list-style-type: none"> - BP* measure in 6 months - Most recent BP <130/80 mm Hg - Adults: BP measure in 2 years - HTN patients with BP measure in 6 months - HTN diagnosis for 3 BPs >140/90 mm Hg in 1 	<ul style="list-style-type: none"> - HTN patients with most recent BP <140/90 mm Hg -Blood pressure monitoring 	Heart disease and stroke -Adults: BP measure in 2 years	<ul style="list-style-type: none"> - Patients with DM* and HTN* with ACE inhibitor or ARB prescription in 1 year - HTN patients with antiplatelet prescription in 1 year
-Percentage of Population, Age 20 And Older, With Hypertension for A Duration of at Least 12 Months, Who Reported Having Blood Pressure	-----	-----	- Screening for modifiable risk factors in adults with hypertension
Blood pressure measurement	Re measurement of blood pressure for	Blood pressure measurement	- Initial laboratory investigations for hypertension
% of registered hypertension patients with BP <140/90 at last 2 follow up visits	-----	% of registered NCD patients with blood	% Hypertension patients with Initial laboratory investigations
Hypertension			

		the percentage of positive answers to the question 'Does the clinic's staff answer properly when you ask questions about health care, welfare or
		Shared Decision Making
% of catchment population who received at least one basic visit		
Population/patients registered with a general practitioner	-The practice has an appointment system, -All patients receiving regular/repeat medications	-----
Number and proportion of general practices registered in the General Practice Immunization	-----	-The Division's programs are well informed by relevant community input, - Key priorities to address needs within the Divisions boundaries have been identified
-----	- Average 3rd Next Available Appointment in PC Clinics. - Urgent Care Utilization Rate	-----
- PHC client/patient registries for chronic conditions	- Population with a regular PHC provider, - Percentage of Population, Age 12 And Older, Who Reported Having	- Community input for PHC planning
-----	-----	-----
% of catchment population registered with	-----	-----
Population coverage		Community participation, coordination

- Participation in quality circles		
- Amount of information about goals		
-----	-----	-Stakeholder involvement in PC policy development: Do organizations of stakeholders contribute to PC policy
The proportion of clients who have been invited to contribute to quality improvement activities based on the results of the patient experience	The proportion of clients who have been invited to contribute to quality improvement activities based on the results of	The Division's collaborations with key stakeholders influence local primary health care policy, planning and service delivery
Average Effective Partnership Rating	-----	-----
- Client/patient participation in PHC treatment planning	- Client/patient participation in PHC clinical decision making	-----
-----	-----	-----
-----	-----	-----

	For all patients, the percentage of positive answers to the question 'Does the clinic's staff answer properly when you ask questions about health care, welfare, or	
	Satisfaction with the doctor's communication	
% children age 6 to 9 months old screened for anemia % of women aged 30–59 yrs. who had at least 1 Pap test in the past 5 yrs.	Customer satisfaction rate (%)	Staff satisfaction rate
-----	Patient satisfaction: % of patients who are satisfied with: Their relation with their GP/PC physician; with the available time during consultations with their GP/PC physician; their trust in their GP/PC physician; the	-----
-The number of health assessments provided to at risk 45-49 year old patients within the Division (compared to the total population aged 45-49 years in the Division)	The proportion of regular clients who are very satisfied with specified elements of their patient experience within the previous 12 months (using a standard patient experience instrument)	-----
-----	- Adults who sometimes or never received patient centered care (whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them)	-----
- Health risk screening in PHC	- Client/patient satisfaction with PHC providers	- PHC provider satisfaction with use of professional skills - PHC provider satisfaction with work life balance
-----	-----	-----
-----	Patient satisfaction rate (%)	Staff satisfaction rate
Screening health risks	Customer and staff satisfaction	

			% of newborns who are exclusively breastfed for the first six months
Patient satisfaction: % of patients who are satisfied with: Their relation with	Patient satisfaction with access of PC in general: Patients that find it easy to reach and gain access to GPs.	Patient satisfaction with access of PC in general: Patients that find it easy to reach and gain access to GPs.	-----
-----	The proportion of regular clients who are very satisfied with specified elements of their patient experience within the previous 12 months (using a	The proportion of regular clients who are very satisfied with specified elements of their patient experience within	-----
----- -	-----	-----	- Infant mortality per 1,000 live births, birthweight <1,500
- Client/patient satisfaction with available PHC services	- Satisfaction with wait times for urgent, non-emergent PHC	- Satisfaction with wait times for routine PHC	-----
-----	-----	-----	- Low birth weight rate
-----	-----	-----	% of under 5 children that had weight and
			Maternal and child health

	% of women who delivered and received at least once postnatal care within the first 6 weeks, % of pregnant women received at least 6 ANC, % of pregnant women who received health education about: nutritional care, anemia, sanitation	
-----	-----	Breast cancer screening: % of women aged 52-69 yrs who had at least 1 mammogram in the past 3 yrs. -----
The number of hospital admissions for people with the following conditions per 100,000 population per year diagnosis of	-----	-----
-----	-Women 16 to 25 years old screened for chlamydia in 1 year	- Rate of breast cancer incidence per 100,000 women age 40 and over diagnosed at advanced stage - Women age 40 and over who reported they had a mammogram
- Hospital admissions for pediatric gastroenteritis per 100,000 population ages 4 months-17 years	-----	- Breast cancer screening
-----	Gonorrhea/chlamydia rates	-----
-----	-----	-----
Cancer screening		

	-	
	-	
	-	% of patients with mental disorders that have had a follow-up visit in defined period according to national protocol. % of population, age 20 and older, with depression who received exams.
Cervical cancer screening: % of women aged 21-64 yrs who	-To what extent do GPs carry the following preventive activities? cervical cancer screening, Breast cancer screening	-----
-----	The number and proportion of female patients aged 20-69 whose patient record shows that they have had a Pap smear during the	-----
-----	- Pap test in past 3 years in women 18 to 64 years without hysterectomy	- Adults age 18 and over with major depressive episode in the past year who received treatment for depression in the past year - Prescription for antidepressant in patients with depression in past year
- Cervical cancer screening	-Percentage of Female Population, Age 18 To 69, Who Reported Having Had A Papanicolaou Test.	- Treatment of depression - Depression screening for pregnant and post-partum women
-----	Cervical gonorrhea screening for pregnant women	-----
-----	-----	-----
Mental Health		

	Side effect monitoring after changing medication for chronic disease	
		- transfer quality - Communication
	Number of adverse events reported (immunization/medication)	
	-----	- Community health surveys: Are community health surveys conducted to
-Number and proportion of general practices using a practice register/recall/reminder system to identify those patients who have participated in a GP Mental Health Care Plan with their	The proportion of clients whose known adverse drug reactions and medication allergies are documented in the service's patient health record	-Quality improvement activities,
	- Persons age 12 and over who needed treatment for any illicit drug use and who received such treatment at a specialty facility in the past year - Avoiding the use of drugs always	-----
	- Treatment for illicit or prescription drug use problems	- Implementation of PHC clinical quality improvement initiatives
	-----	-----
The proportion of patients reporting to PHC per month who are being managed for mental	Number of adverse events reported (immunization/medication)	-----
	Adverse Event	Quality Improvement Program

For all patients, the percentage of positive answers to the question 'Do you have a record of current medications, history of side effects/allergies, and	For a patient who is referred to a specialist, the percentage of positive answers to the question 'Did the physician of the clinic prescribe a referral letter to
- Information Management System - Information on treatment from the patient's point of	
For every encounter the following are recorded: Reason why the patient presented; A defined problem/diagnosis; Data supporting the defined problem/diagnosis; A treatment plan; If medication is	- The practice has a computerized medical record system - The computer is used for: Patient medical registration; Referral letters
The proportion of regular clients with a comprehensive health summary, including information on allergies, current/past medical history, medications and risk factors, which was updated	-----
-----	-----
- Maintaining medication and problem lists in PHC	Percentage of Primary Health Care (PHC) Providers Who Use Electronic Systems To Complete Their Professional Tasks.
-----	-----
-----	-----
Health Information Management	

For a patient for whom a referral letter was prepared, all of the following information was documented in the referral letter: not		
System to process information - The practice has procedures that ensure incoming clinical information is seen by the patient's GP before filing in the patient's		For every encounter the following are recorded: Reason why the patient presented; A defined problem/diagnosis; Data supporting the defined problem/diagnosis; A treatment plan; If medication is
-The number and proportion of general practices within the Division using electronic register/recall/reminder systems to identify patients with a chronic disease		-The proportion of service referrals that contain appropriate identifying, clinical and contact information and a current medication list, -The proportion of clients whose medication list has been reconciled against the service's patient health
Health Information Technology: Focus on Electronic Health Records		-----
- Use of information and communication technology modalities in PHC organizations		- Information about prescribed medication by PHC providers
-----		-----
-----		-----

Items normally recorded in patients' medical file for every encounter (reason of visit; problem and/or diagnosis; supporting data; treatment plan;	Epidemiological data set: Are clinical patient records from GP/PC used at regional or local level to identify health needs or priorities for health policy?
-----	-----
-----	-----
	Percentage of Primary Health Care (PHC) Organizations That Used Information On the Composition of Their Practice Population to Allocate Resources For Programs And Services. (need based planning)
-----	-----
% of Individual patient file with unique identifier within the health care facility	-----

	- specialist consultations with referral
% of Staff who have attended continuous training about quality and patient safety during last year	% of appropriate (upward) referrals during last 6 months (by specific conditions) with appropriate feedback
% of (re)trained PC professionals (other than general practitioners, physiotherapists, pharmacists, dentists or midwives) active in their profession of training	-System for communication/sharing information with colleagues and other health care providers - The practice has an up-to-date directory of
<ul style="list-style-type: none"> -General practitioner qualifications -Clinical staff qualifications -Training of staff who have non-clinical roles -The promotion of the service's eligible workforce who have 	INTEGRATION between GPs and Hospitals: -Division collaborates with relevant hospitals to facilitate local service planning, timely and
-----	Integration of information <ul style="list-style-type: none"> -Provider asking about medications and treatments from other doctors. -Electronic exchange of medication information.
- Professional development for PHC providers and support staff	<ul style="list-style-type: none"> -Recommendation of PHC provider to others -- Collaborative care with other health care organizations
-----	-----
% of Staff who have attended continuous training about quality and patient safety during last year	% of appropriate (upward) referrals during last 6 months (by specific
Health Worker Empowerment	Referral System

-Gatekeeping system: Do patients need a referral to access the following medical, para-medical and nursing disciplines? Gynecologist/obstetrician, Pediatrician, ...	-Referral system: To what extent are GPs using referral letters (including relevant information on diagnostics and treatment performed) when they refer to a medical
-----	-Continuity of comprehensive care -Continuity of the therapeutic relationship -Consistent approach -System for follow up of tests and results
-----	-----
- Access to interdisciplinary PHC organizations - Use of standardized tools for coordinating PHC	-----
-----	-----
-----	% of appropriate (upward) referrals during last 6 months (by specific conditions)

For a patient who was issued a primary doctor's letter of opinion and was certified to require long-term care <i>insurance, the name of the current care manager</i>		
	- Conducting a team survey - Participation in the team	
% of patients aware about Patients' rights and responsibilities		
-Medical records, and other files containing patient information, are not stored or left visible in areas where members of the public have unrestricted access. -The conversation at the reception desk cannot be heard by other	Shared practice: % of PC practices that are: Single handed (solo); 2 or 3 GPs in the same building without	All staff are invited to participate in team
-Physical conditions conducive to confidentiality and privacy -Respectful and culturally appropriate care -Patient feedback,	-----	-----
Right of patient	Effective PC Team Ratio	-----
- Client/patient satisfaction with PHC privacy practices, - Point of care access to PHC client/patient health information - Language barriers when communicating with PHC	- PHC physicians working in solo practice	- PHC physicians working in group
-----	-----	-----
% of patients aware about Patients' rights and responsibilities	-----	-----
Patient Rights	Team Working	

The practice produces an annual financial report, which includes all income and expenditure	The responsibility for financial management in the practice is clearly defined	Primary care expenditure:- Total PC expenditure: Total expenditure on PC as % of total expenditure on health
The organization has systems for written financial reporting to the Board, that include variance between actual expenditure and budget, financial	The organization's Board composition is appropriate to support the effective discharge of governance	-----
-----	-----	-----
-----	-----	- Average per capita PHC operational expenditures
-----	-----	-----
-----	-----	-----
Financing and Health Expenditure		

		% of prescriptions that include antibiotics in health centers and health posts
Remuneration system of PC workforce: -Remuneration system for salaried GPs: How are salaried GPs paid? Flat salary; 2. Salary related to the number of their patients; 3. Salary related to both the number of their patients and indicators of performance, -	Income of GPs: What is the (estimated) gross annual	Antibiotics consumption: The defined daily doses of antibiotics use in
an independent committee established to provide assurance on financial, remuneration and other matters to the Board	-----	-----
-----	-----	- Visits where antibiotics were prescribed for a diagnosis of common cold per 10,000
- PHC provider remuneration method	- Average PHC provider income by funding model	-----
-----	-----	-----
-----	-----	% of prescriptions that include antibiotics in
		Medication Prescription

<p>-To what extent do GPs carry the following preventive activities? Cholesterol level checking</p> <p>-Diabetes care: Crude percentage of the diabetic population aged >25 with cholesterol 5>mmol/l.</p>	<p>-Certification of providers: Do formal requirements exist for physicians (such as GPs/Family doctors) to work</p>	<p>-Patients of the practice have the opinion that they can contact the practice easily by</p>
<p>Number and proportion of patients with diabetes on practice register/recall/reminder systems whose most recent total cholesterol in the past 12 months was: less than 4.0 mmol/l : 4.0 mmol/l or more: or not measured</p> <p>- HDL measure in 1 year, - LDL measure in 1 year, - Most recent LDL <100 mg/Dl, - Most recent HDL >45 mg/Dl, - CHD* patients with measure of LDL in 1 year, - Atherosclerosis patients with measure of LDL in 1 year,- Atherosclerosis patients with most recent LDL<100</p>	<p>The organization is accredited by a recognized accreditation model</p>	<p>Telephone and electronic advice</p>
-----	-----	-----
-----	-----	-----
-----	-----	-----
Lipid Disorders	Accreditation program	Telephone consulting

	For all patients, the percentage of positive answers to the question 'how well do you know about your action plan if you get sick'		
home visits	- Information about supply outside opening hours		
Clinical staff provide home visits for patients who are physically not able to travel to the practice		% of pregnant women with first visit at the first trimester	% of the 13 essential non communicable diseases medicines with no stock out in last 3 months
-Clinical staff provide home visits for patients who are physically not able to travel to the practice -Home visits: Average nr. of home visits per week per	-A sign is displayed outside the practice, detailing the practice's opening hours and how to access after-hours care -After-hours PC: To what extent are the following models		Medical equipment, including drugs: - The practice has an up-to-date inventory list detailing what should be in the
Home and other visits	-Care outside normal opening hours - Scheduling care in opening hours		Doctor's bag
- Home health care patients who get better at walking or moving around - Home health care patients who had to be admitted to the hospital	-----	- Pregnant women receiving prenatal care in first trimester	Decrease Inappropriate Antibiotic Prescribing
-----	-----		-----
-----	-----	- First visit in first trimester	-----
-----	-----	% of pregnant women with	-----
Home visit	Out-of-hours care	Pregnancy care	Medication and equipment Sufficiency

		Emergency care (low back pain)
		Number of inpatient stays
	% of safe injections in the health care facility	
Medical equipment, including drugs: -The essential basic equipment is available, -The essential emergency and resuscitation	- All patients receiving regular/repeat medications are	-----
Practice equipment	-----	-----
-----	Average PCP Safe and Effective Care Rating	-----
-----	- Use of medication alerts in PHC - PHC support for medication incident	- Ambulatory care sensitive conditions
-----	-----	- Hospitalization for ambulatory care sensitive conditions.
-----	-----	Ambulatory Care Sensitive Conditions (ACSC)
	Safety of medication	Emergency/Ambulatory care

	For all patients, the percentage of positive answers to the question 'Does the clinic's staff provide proper consultation or support when you or your
<ul style="list-style-type: none"> - Waiting time - non-acute treatment appointment - waiting time – acute treatment appointment 	Support for self-management of chronic diseases
	Individual self-care program coverage

The proportion of clients whose wait from first contact to first service is within the locally agreed timeframe.	
<ul style="list-style-type: none"> -Getting care for illness or injury as soon as wanted. -ED waiting times. -Timeliness of cardiac reperfusion for heart attack patients - Established Primary Care Patient Average Wait Time in Days 	Consult for Community Care
Percentage of Population, Age 18 And Older, With Chronic Conditions, Who Reported Having Had Enough Time and The Opportunity to Ask Questions In Most Visits With Their PHC Provider. Wait times	

Average waiting time (min) at out-patient clinics	
Waiting time	Self - care