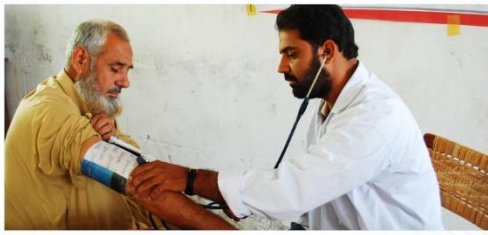
# Khyber Pakhtunkhwa Health Care Commission

# MINIMUM SERVICE DELIVERY STANDARDS

# REFERENCE MANUAL


## Basic Health Units

KP HCC-05RM-Ed1

1st Edition

# Minimum Service Delivery Standards

# REFERENCE MANUAL

Basic Health Units (BHUs)

March 2022

# Message from Chairman

Aristotle stated, “Quality is not an act, it is a habit.” In order to ensure that quality in the health care sector becomes a habit, the government established the Khyber Pakhtunkhwa Health Care Commission (KP HCC) through the Khyber Pakhtunkhwa Health Care Commission Act, 2015. The KP HCC is a statutory body of the Government of Khyber Pakhtunkhwa to regulate both public and private Health Care Establishments (HCEs) in the province.

Prior to 2015 the private health institutions including hospitals, nursing homes, maternity homes, medical & dental clinics, blood banks, clinical laboratory, x-ray clinics and operation theaters etc. were registered under the Medical and Health Institutions and Regulation of Health Care Services ordinance 2002 (Amendment Act, 2010), which was subsequently repealed through the Act of 2015.

The legal mandate of KP HCC is to regulate the health care services on sound and technical footings in the public and private sectors, make provisions for safe and high quality health care services to the people of Khyber Pakhtunkhwa, and to provide mechanism for banning quackery in all its forms and manifestations.

The Government of Khyber Pakhtunkhwa through the Health Care Commission is committed to improve and maintain the quality of health care. The KP HCC is already registering the various types of Health Care Establishments. The other mechanism to ensure optimum level of safety and quality is the framework of clinical governance. To achieve this end the KP HCC initiated the process of licensing of Health Care Establishments.

The former Board of the KP HCC strived very hard and visited the sister organizations in the other provinces for experience sharing. In order to save energies and resources, the Board adopted the Minimum Service Delivery Standards (MSDS) of the Punjab Healthcare Commission (PHC). I, on behalf of the Board and Khyber Pakhtunkhwa Health Care Commission, am very grateful for support provided by PHC in this regards.

The journey of ensuring quality is not easy and assistance of various stakeholders is required. I would specifically mention the all-out support of the Government of Khyber Pakhtunkhwa and especially the Minister for Health and Secretary to the Government of Khyber Pakhtunkhwa, Health Department. Without their support, initiation of licensing of the HCEs to ensure quality was not possible.

I would take this opportunity to reach out to all the health acre establishments to get themselves registered with KP HCC and implement the Minimum Service delivery Standards in their respective establishments to achieve the required quality of health care and get a license to function. Providing health care without getting license from KP HCC is illegal and may lead to legal consequences, including, but not limited to, closure of the facility.

**Dr. Ikram Ghani**
**Chairman, Board of Commissioners**

# Foreword

Quality costs but poor-quality costs higher. This is true for all walks of life; however, in the health sector its importance cannot be overemphasized. It ensures safety of patients as well health care providers. Patient safety is not new in the medical field but is relatively newer concept for general public. Regulation of health care services is now a priority at the national and provincial government level. In order to ensure quality of care and safety in health care system of Khyber Pakhtunkhwa, the provincial government established the Khyber Pakhtunkhwa Healthcare Commission (KP HCC) through the promulgation of Khyber Pakhtunkhwa Health Care Commission Act, 2015. KP HCC is a statutory body, constituted to regulate Health Care Establishments (HCEs), both in public and private sectors in the province, to improve quality of health care, and ensure safety of patients and health care providers.

To ensure quality the HCEs are regulated through assessment against set standards. The Punjab Healthcare Commission (PHC) developed the Minimum Service delivery Standards (MSDS) through extensive consultations with the stakeholders. PHC developed MSDS for Category I and II hospitals, providing in-patient care. Moreover, MSDS were also developed for different kinds of Category III HCEs, offering out-patient services, including Basic Health Units in the public sector, and the clinics of general practitioners, dental clinics, clinical laboratories, radiological diagnostic centers, as well as homeopathic clinics and Tibb clinics.

The former Board of Khyber Pakhtunkhwa Healthcare Commission took the right decision and approved adoption of the MSDS of Punjab in its 34th meeting on 6th January 2022. The KP HCC duly acknowledges this gesture of support by the Punjab Healthcare Commission.

Subsequent to adoption, appropriate amendments were required to adapt the MSDS to the local context and legal provisions of Khyber Pakhtunkhwa. This was a challenging assignment and despite shortage of staff, KP HCC made the required amendments, utilizing its internal resources. I would like to thank the former Board of KP HCC for its wholehearted effort towards improving the quality of healthcare through adoption of PHC MSDS. My thanks are also due to the whole KP HCC team for working tirelessly and completing the process of adaptation in a very short time. The role of senior management was commendable. Moreover, I am highly grateful to Mr. Adil Waqas, Mr. Zeeshan Khan, Mr. Muhammad Latif Khan, Mr. Malik Waqar Ahmad, Mr. Zia Mohyuddin and Mr. Muhammad Farhan Khan of KP HCC for thoroughly reviewing all the manuals of MSDS, identifying the sections to be changed, and finding appropriate replacements for making the required amendments for adaptation.

The MSDS Reference Manual for Basic Health Units comprises 24 standards and 75 indicators. It also provides the survey and scoring methodology, in addition to the guidelines to facilitate implementation and assessment of compliance.

Every journey begins with the first step and I firmly believe that this first step followed by implementation of the MSDS will lead to improved quality of healthcare in Khyber Pakhtunkhwa.

**Dr. Nadeem Akhtar**
**Chief Executive Officer**

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# STANDARDS AND INDICATORS

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|---|---|
| AAC | Access, Assessment, and Continuity of Care |
| AEFI | Adverse Event Following Immunization |
| ADR | Adverse Drug Reaction |
| ACR | Annual Confidential Report |
| ANC | Ante-Natal Care |
| BLS | Basic Life Support |
| BHU | Basic Health Unit |
| BoD | Burden of Disease |
| CBA | Child Bearing Age |
| CDC | Communicable Disease Control |
| CMW | Community Midwife |
| COP | Care of Patient |
| CQI | Continuous Quality Improvement |
| CRP | Central Registration Point |
| DAOP | District Annual Operational Plan |
| DEWS | Disease Early Warning System |
| DHIS | District Health Information System |
| DHO | District Health Officer |
| DOH | Department of Health |
| EDL | Essential Drug List |
| EmONC | Emergency Obstetric and Newborn Care |
| EPHS | Essential Package of Health Services |
| EPI | Expanded Programme on Immunization |
| FLCF | First Level Care Facility |
| FMS | Facility Management and Safety |
| FMT | Female Medical Technician |
| FPAHS | Faculty of Paramedical and Allied Health Sciences, Khyber Pakhtunkhwa |
| HCE | Health Care Establishment |
| HCP | Health Care Provider |
| HWM | Hospital Waste Management |

| | |
|---|---|
| IC | Infection Control |
| ICT | Information, Communication Technology |
| ID | Identity |
| IEC | Information, Education and Communication |
| ILR | Ice Liner Refrigerator |
| IUCD | Intra Uterine Contraceptive Device |
| JCAH | Joint Commission for Accreditation of Hospitals |
| JCI | Joint Commission International |
| JD | Job Description |
| KP HCC | Khyber Pakhtunkhwa Health Care Commission |
| LAMA | Left/Leaving Against Medical |
| LHW | Lady Health Worker |
| LHV | Lady Health Visitor |
| MBBS | Bachelor of Medicine & Bachelor of Surgery |
| MCH | Mother and Child Health |
| MLCs | Medico Legal Cases |
| MNCH | Maternal, Newborn and Child Health |
| MO | Medical Officer |
| MOM | Management of Medication |
| MSDS | Minimum Service Delivery Standards |
| NGO | Non-Government Organization |
| NIC | National Identity Card |
| OEM | Original Equipment Manufacturer |
| OPD | Outpatient Department |
| ORS | Oral Rehydration Salt |
| PAS | Performance Appraisal System |
| PER | Performance Evaluation report |
| PHC | Punjab Healthcare Commission |
| PM&DC | Pakistan Medical & Dental Council |
| PNC | Pakistan Nursing Council |
| PRE | Patient Rights and Education |

| | |
|---|---|
| QA | Quality Assurance |
| QHA | Quality Holistic Accreditation |
| QI | Quality Improvement |
| RHC | Rural Health Centre |
| ROM | Responsibilities of Management |
| RTI | Reproductive Tract Infection |
| SMPs | Standard Medical Procedures |
| SOPs | Standard Operating Procedures |
| STI | Sexually Transmitted Diseases |
| TBA | Traditional Birth Attendant |
| TB | Tuberculosis |
| UK | United Kingdom |
| USA | United States of America |
| VCO | Verbal Consent Obtained |
| VPD | Vaccine Preventable Diseases |
| WHO | World Health Organisation |
| WMO | Women Medical Officer |

# 1. Introduction

The Government of Khyber Pakhtunkhwa promulgated the Khyber Pakhtunkhwa Health care Commission Act, 2015, to establish the Khyber Pakhtunkhwa Health Care Commission (KP HCC) as a regulatory body with the prime objective to improve the quality of healthcare services and ban quackery in Khyber Pakhtunkhwa in all its forms and manifestations. The KP HCC is legally mandated[1] to regulate all Health Care Establishments (HCEs) in the public and private sectors through registration and licensing. It is the responsibility of the HCEs throughout the province to get registered with KP HCC. Moreover, the KP HCC is ensuring to improve and maintain quality of healthcare through the implementation of Minimum Service Delivery Standards (MSDS). The HCEs are required to follow these standards in order to get license. No Health care Establishment can function legally without being registered and licensed by the Khyber Pakhtunkhwa Care Commission.

The KP HCC has adopted MSDS developed by the Punjab Healthcare Commission (PHC) for the three recognized systems of treatment; Allopathy, Homeopathy, and Tibb. These Minimum Service Delivery Standards include hospitals (Up to 15 beds, 16 to 30 beds, 31 to 49 beds, 50 and more beds), Basic Health Units, General Practitioner and Specialist Clinics, Dental Clinics, Clinical Laboratories and Collection Points, Radiological Diagnostic Centers, Homeopathic Clinics, Tibb Clinics.

## 1.1 Service Delivery Standards

Setting service delivery standards and indicators is an established practice for continually improving the provision of quality services in the health sector. Joint Commission International (JCI) in the USA is one such organisation that sets standards to improve the quality of health services. Likewise, the Quality Care Commission in the UK ensures clinical governance with the help of a system of setting standard and facilitating compliance. The Indian Public Health Standards' were introduced in 2005 and since then the Quality Council of India expanded their scope with the launching of 'Standards for the Health and Wellness Industry in 2008. The Australian Council on Healthcare Standards was initiated in 1974 that has facilitated the development of the New Zealand and Singapore Councils. Accreditation Canada (formerly the Canadian Council on Health Services Accreditation) became independent from the Joint Commission for Accreditation of Hospitals (JCAH) in 1953. The Quality Holistic Accreditation (QHA) Trent Accreditation Scheme is based in the UK and Europe and has serviced hospitals in Asia. Internationally accredited hospitals can be found in Pakistan, India, Bangladesh, Kazakhstan, China and Iran.

Standardization of healthcare services by implementing Minimum Service Delivery Standards is however, a newer concept in Pakistan, and Khyber Pakhtunkhwa province has taken the initiative by establishing the Khyber Pakhtunkhwa Health Care Commission.

## 1.2 Reference Manual for Basic Health Units

In order to meet its legal obligations towards all recognized systems of healthcare, the Commission has developed the Minimum Service Delivery Standards and Indicators for implementation at Clinics of General Practitioners and Specialists. The document comprises 24 standards with 75 associated

[1] Khyber Pakhtunkhwa Health Care Commission Act, 2015

indicators grouped in 10 universally accepted Functional Areas for such services along with Reference Material and Assessment Scoring Matrix. Keeping in view the ground realities, these standards have been kept **dynamic** and subject to evidence based improvement. All aspects of implementation, assessment and scoring have been included in this single document to better facilitate the implementers at HCEs as well as the surveyors involved in inspections.

A **Color Coding** scheme has been included to facilitate the staff of Health Care Establishments (HCEs) responsible to implement and assess implementation status at their own level before formal Assessment by the KP HCC. The RED indicators are required to be fully implemented and have been ascribed 100% weightage while in case of YELLOW, partial compliance at least to the extent of 80% is acceptable to qualify for a license from KP HCC and accordingly these indicators have been ascribed 80% weightage. Following scoring scale shall be used for self-assessment by the HCE staff as well as by the KP HCC assessors:

| **Lowest** | | | **Shades of Levels of Implementation** | | | | | | | **Highest** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

43 indicators require full compliance and have ascribed 100% weightage while 32 are acceptable even at partial compliance at least to the extent of 80% (ascribed 80% weightage). The HCE staff is advised to have self-assessment to ensure complete implementation, before the KP HCC assessors carry out formal assessment and score the HCE for licensing on the basis of criteria described above.

An Implementation Assessment Scoring Matrix has been given at the end of each Standard and set of Indicators for self-assessment practice by the HCE Staff, whereas additional details are provided for the assessors. It is highly desirable to achieve 100% scoring in all areas as these standards are already minimum. Summary Scoring Matrix is given at **Annexure A**.

# PART 2
# STANDARDS, INDICATORS AND ASSESSMENT SCORING MATRIX

# 2. Standards, Indicators and Assessment Scoring Matrix

## 2.1 Responsibilities of Management (ROM)

## Standard 1. ROM-1: BHU is identifiable as an entity and easily accessible.

### Indicators (1-2):

**Ind 1. The BHU is identifiable with name, and KP HCC registration / licence number on sign board(s).**

**Survey Process:**
The indicator requires that any one approaching the BHU is able to locate it with the help of direction/ sign board(s)[2] with the name of the BHU and the Registration/Licence number[3] (as applicable) issued by KP HCC clearly written on the board(s). Surveyor is required to assess this indicator while approaching the BHU from a distance of about 30-40 Meters.[4]

**Scoring:**

- If there is a direction / sign board(s) with clearly written name of the BHU and the KP HCC Registration / Licence number, then score as **fully met** OR If there is a main direction / sign board(s) with clearly written name of the BHU and the KP HCC Registration / Licence number displayed on a board inside[5] the BHU, then also score as **fully met.**
- If there is no direction / sign board or there are non-conformities to above, then score as **not met.**

**Ind 2. Location of the BHU is easily accessible to the people.**

**Survey Process:**
Surveyors should ascertain that the location of the BHU is easily accessible to the patient. Main

[2] Registration/license number can be on the main sign board or on separate smaller board or plate as considered feasible and the detailed list of services as per Essential Primary Healthcare Services of the Health Department is prominently displayed inside the BHU.

[3] Under Section 12 of KP HCC Act, 2015, all HCEs are required to get registered with the KP HCC.

[4] Minimum 3x4 ft. size of the board is recommended.

[5] Relaxation in terms of displaying KP HCC Registration/Licence number on the main sign board is for initial ONE year of the publication of this document.

entrance is free from encroachment as far as possible[6] and preferably has separate IN and OUT gates[7] to facilitate smooth access to the Ambulances/Transport/Fire Fighting Vehicles. The entrance of the HCE should also provide an easy access to the old and disabled people with a RAMP or stairs.

**Scoring:**

- If the location of the BHU is accessible as described above, then score as **fully met.**
- If the location of the BHU is not easily accessible as above but there are visible efforts by the management to improve the situation, then score as **partially met.**
- If the location of the BHU is not easily accessible to a common patient/in emergency and there are no efforts on record by the management to improve the situation, then score as **not met.**

[6] A BHU should preferably be located in an area having easy access. The District Health Administration will be responsible to coordinate in writing with the relevant authorities to keep the approach road/gate cleared.

[7] All new constructions/conversions will be responsible to cater for this requirement.

# Assessment Scoring Matrix

## Standard 1. ROM-1: BHU is identifiable as an entity and easily accessible.

| Indicator 1 – 2 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 1.** | **The BHU is identifiable with name, and KP HCC registration / licence number on sign board(s).** | 10 | **100%** | |
| **Ind 2.** | **Location of the BHU is easily accessible to the people.** | 10 | **80%** | |
| **Total** | | 20 | | |

# Standard 2. ROM-2: The Staff on duty is identifiable.

## Indicators (3-2):

### Ind 3. Door plates at offices/rooms clearly display name, qualification(s), designation(s) of the staff[8] on duty, as well as the pertinent services.

**Survey Process:**

Observe the placement of the door-plate(s), qualification(s) and designation(s) of the staff, as well as the door- plates indicating the designated service areas and conformity of the text on the plates with the prescribed / ethical guidelines. It generally requires that the name, designation, authorized qualification(s) in full or with permissible abbreviations and the door plates indicating service areas/sections as the case may be, are written clearly.

**Scoring:**

- If all the door-plates are according to the above, then score as **fully met.**
- If about 80% of the door-plates are present and display full information as above, then score as **partially met.**
- If less than 80% of the door-plates exist/display full information as above, then score as **not met.**

### Ind 4. The staff on duty uses the provided identity badge[9]

**Survey Process:**

The essence of the indicator is to ascertain that every employee of the BHU[10] who is on duty can be identified by means of official identity badge with clearly written name and designation, duly signed & stamped by the issuing authority.[11]

**Scoring:**

- If the staff is using an identification badge which clearly identifies the BHU staff as above, then score as **fully met.**
- If the authorized identification badge is not in use or there are non-conformities to above, then score as **not met.**

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[8] Means a full identity card with photo and signatures to be issued by the designated / authorized Officer of the District Health Department.

[9] Means a full identity card with photo and signatures to be issued by the designated / authorized Officer of the District Health Department.

[10] Photograph on the identity badge is optional for the female staff who may not like their photos to be displayed and in such case a modified system having designation on the badge may be sufficient.

[11] District Health Officer/Deputy District Health Officer etc.

# Assessment Scoring Matrix

## Standard 2. ROM-2: The staff on duty is identifiable.

| Indicator 3 – 4 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 3.** | **Door plates at offices/rooms clearly display name, qualification(s), designation(s) of the staff on duty, as well as the pertinent services.** | 10 | **80%** | |
| **Ind 4.** | **The staff on duty uses the provided identity badge.** | 10 | **100%** | |
| **Total** | | 20 | | |

# Standard 3. ROM-3: The responsibilities of all the staff are defined.

## Indicators (5-10):

### Ind 5. In-charge displays the organogram of BHU.

**Survey Process:**
The indicator requires displaying the organogram of the BHU on a notice board or a chart. The surveyor should review the notice board / chart that displays organizational structure of the BHU prominently depicting the static and outreached services.

**Scoring:**

- If the notice board /chart depicts the organogram indicating all the static and outreach services then score as **fully met.**
- If not as above, then score as **not met.**

### Ind 6. In-charge displays sanctioned versus filled posts of BHU.

**Survey Process:**
Review the notice board / chart that depicts the status of sanctioned vs filled positions of static and outreach staff at the BHU in terms of the approved yard stick.

**Scoring:**

- If all the sanctioned versus filled positions are displayed and updated then score as **fully met.**
- If not as above, then score as **not met.**

### Ind 7. There are arrangements for monitoring the attendance, presence and punctuality of the staff.

**Survey Process:**
The intent of this indicator is to ensure that once the staff marks their attendance, then they are not permitted to leave the place of duty without taking permission so that management is able to make some other staff responsible for leaving persons job. This is done by first taking permission and then entering the details into the movement register which is then signed by the leave sanctioning authority/in charge.

**Scoring:**

- If the movement register is maintained as above, then score as **fully met.**
- If the movement register is not maintained as above, then score as **not met.**

## Ind 8. The BHU's mission statement is displayed.

**Survey Process:**

Observe that the mission statement developed and approved by the appropriate authority is displayed and it correlates with the scope of services. Interview the key staff members if they are aware of their mission.

**Scoring:**

- If the mission statement is displayed and key staff members are aware of the mission, then score as **fully met.**
- If there is no mission statement, or if the staff is not aware of it, then score as **not met.**

## Ind 9. BHU in-charge is responsible to monitor and measure the performance of the BHU against the given targets.

**Survey Process:**

There should be objective indicators that allow monitoring of progress toward meeting the BHU's targets set by the relevant supervisory tiers and the BHU in-charge monitors the performance accordingly. Review DHIS record, monthly reports and minutes of prescribed meetings.

**Scoring:**

- If there is documented evidence of monitoring the progress toward the BHUs given targets, then score as **fully met.**
- If there is no documentation, then score as **not met.**

## Ind 10. The BHU staff addresses the BHU's social and community responsibilities.

**Survey Process:**

Look for documents that demonstrate that the BHU staff is aware and has shown sensitivity towards its community's healthcare needs as per the scope of services. Also look for mandatory as well as voluntary out- reach activities catering for community's health needs such as Health Education Sessions, health awareness campaigns, routine and special Immunization campaigns, School Health Services, and providing aid to people hit by calamities/epidemics etc.

**Scoring:**

- If there is documented evidence that the BHU is responding to the social and community needs mentioned as above, then score as **fully met.**
- If there is no evidence of compliance, then score as **not met.**

# Assessment Scoring Matrix

**Standard 3. ROM. 3: The responsibilities of all the staff are defined.**

| Indicator 5 - 10 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 5.** | **In-charge displays the organogram of BHU.** | 10 | **100%** | |
| **Ind 6.** | **In-charge displays sanctioned vs filled posts of BHU.** | 10 | **100%** | |
| **Ind 7.** | **There are arrangements for monitoring the attendance, presence and punctuality of the staff.** | 10 | **100%** | |
| **Ind 8.** | **The BHU's mission statement is displayed.** | 10 | **100%** | |
| **Ind 9.** | **BHU in-charge is responsible to monitor and measure the performance of the BHU against the given targets.** | 10 | **100%** | |
| **Ind 10.** | **The BHU staff addresses the BHU's social and community responsibilities.** | 10 | **100%** | |
| **Total** | | 60 | | |

# Standard 4. ROM-4: BHU premises support the scope of work / services.

## Indicators (11-13):

### Ind 11. The BHU space is in accordance with the minimum requirement.[12]

**Survey Process:**

Observe that the clinical and non-clinical areas have space sufficient to cater for the minimum requirements and to allow performing the functions related to patient care and support services. The space allows comfortable sitting and movement for patients and the staff between various areas.[13] Observe availability of residential area for the essential staff that support the scope of work.

**Scoring:**

- If the BHU has well demarcated portions to cater for the portrayed clinical and related support services and there is residential area for the essential staff, then score as **fully met.**
- If the BHU has well demarcated portions to cater for the portrayed clinical and related support services but no residential area for the essential staff, then score as **partially met.**
- If the BHU does not have well demarcated portions to cater for the portrayed services, then score as **not met.**

### Ind 12. BHU has adequate facilities and civic amenities for the comfort of the patients and attendants.

**Survey Process:**

BHU has adequate facilities and civic amenities for the comfort of the patients and attendants.

1. Intact main gate and boundary wall
2. Internal roads
3. General Cleanliness/sanitation
4. Sitting arrangement in OPD, waiting areas for patients and attendants.
5. Alternate arrangements of electricity in all patient care areas particularly the site for handling patient and in Labor Room.
6. Waste container /receptacle(s).[14]
7. Proper ventilation.
8. Mosquito and fly proofing (wire gauze).
9. Clean drinking water.
10. Toilets with adequate hand washing facilities.

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[12] As provided in the Standard Design/Blue print of the BHU by the Government (5-6 kanals).

[13] Comfortable sitting may include a comfortable posture and not touching each other. Comfortable movement may include not hitting / touching each other when crossing each other. Minimum 10 patients at a time may be considered to be there in the BHU's waiting area.

[14] As per EPA, Khyber Pakhtunkhwa Hospital Waste Management Rules, 2018.

**Scoring:**

- If the BHU has facilities from 1 to 10, then score as **fully met.**
- If at least 80% of the above requirement are fulfilled then score as **partially met.**
- If more than 20% of the facilities stated at 1 to 10 are not existing, then score as **not met.**

## Ind 13. BHU has adequate arrangements for the privacy of patients during consultation / examination / procedures etc.

**Survey Process:**

Observe that arrangements for patient's privacy during consultation/examination and performing procedures are available and the privacy of the patients is respected.[15] It is unethical / undesirable to even take history when other unrelated persons are sitting close by and overhearing. The history taking and examination should not be visible to any unrelated person by any means.

**Scoring:**

- If adequate arrangements for patient's privacy during consultation/ examination/ performing procedures are available and the privacy of the patients is respected, then score as **fully met.**
- If privacy arrangements are not available, then score as **not met.**

[15] Female patient and minors are not examined alone. In such an event another female should be requested to remain present. Conversation during history taking not audible and interview/examination place not visible to others not concerned.

# Assessment Scoring Matrix

**Standard 4. ROM. 4: BHU premises support the scope of work / services.**

| Indicator 11 - 13 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 11.** | **The BHU space is in accordance with the minimum requirement.** | 10 | **80%** | |
| **Ind 12.** | **BHU has adequate facilities and civic amenities for the comfort of the patients and attendants.** | 10 | **80%** | |
| **Ind 13.** | **BHU has adequate arrangements for the privacy of patients during consultation / examination / procedures etc.** | 10 | **100%** | |
| **Total** | | 30 | | |

## 2.2 Facility Management and Safety (FMS)

# Standard 5. FMS-1: The BHU in-charge is aware of and complies with the relevant regulations and bylaws.

### Indicators (14-15):

### Ind 14. The BHU in-charge is conversant with the relevant by-laws and regulations.

**Survey Process:**
Check to see that the BHU in-charge is conversant with the relevant by-laws and regulations including fire safety requirements, handling of contaminated material, clean water supply, sanitation, ventilation and safe food etc.

**Scoring:**

- If there is clear evidence that the in-charge is conversant with the relevant by-laws and regulations etc. then score as **fully met.**
- If the in - charge is not conversant with relevant regulatory requirements, then score as **not met.**

### Ind 15. The In-charge ensures implementation of these requirements.

**Survey Process:**
Check to see if the concerned staff is aware of the compliance requirements and the documentation supports implementation and that this is confirmed with observable examples.

**Scoring:**

- If the concerned staff is aware of the requirements of prevailing by - laws and regulations and there is evidence of compliance, then score as **fully met.**
- If the concerned staff is aware of the requirements of prevailing by-laws and regulations but the compliance is inconsistent, then score as **partially met.**
- If the concerned staff is not aware of the requirements of prevailing by-laws and regulations and / or there is no compliance, then score as **not met.**

# Assessment Scoring Matrix

**Standard 5. FMS-1: The BHU in-charge is aware of and complies with the relevant regulations and by laws.**

| Indicator 14 - 15 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 14.** | **The BHU in-charge is conversant with the relevant by-laws and regulations.** | 10 | **100%** | |
| **Ind 15.** | **The In-charge ensures implementation of these requirements.** | 10 | **80%** | |
| **Total** | | 20 | | |

# Standard 6. FMS-2: The BHU has a system for clinical and support service equipment management.

## Indicators (16-16):

**Ind 16. The BHU in-charge ensures maintaining inventory, periodic inspection & service and proper functioning of equipment.**

**Survey Process:**

There should be a documentary evidence such as stock register/ equipment log book/lists of condemned items duly maintained and updated by the concerned staff showing entries and the functional status of all available equipment. The surveyors should review the documentation.

**Scoring:**

- If ALL the above requirements are documented, then score as **fully met.**
- Since this is a significant patient safety issue, if any of the requirements are not documented, then score as **not met.**

# Assessment Scoring Matrix

**Standard 6. FMS-2: The BHU has a system for clinical and support service equipment management.**

| Indicator 16 - 16 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 16.** | **The BHU in-charge ensures maintaining inventory, periodic inspection & service and proper functioning of equipment.** | 10 | **100%** | |
| **Total** | | 10 | | |

# Standard 7. FMS-3: The BHU has arrangements to cater for fire and non-fire emergencies within the facilities.

## Indicators (17-19):

### Ind 17. The BHU has arrangements and provisions for i. Early detection and ii. Management of fire and non-fire emergencies.

**Survey Process:**
Review the arrangements to ensure that it addresses early detection and management in case of any fire and non-fire emergency. Determine by observation and interview that all the necessary arrangements are available.

**Scoring:**

- If the arrangement are available according to the requirements and key staff is aware of these arrangements, then score as **fully met.**
- If not as above, then score as **not met.**

### Ind 18. The BHU has safe exit (evacuation) arrangements in case of fire and non-fire emergencies.

**Survey Process:**
Observe that the safe exit and evacuation arrangements are in place and the staff is aware of that.

**Scoring:**

- If the safe exit and evacuation arrangements are in place and the staff is aware of the same, then score as **fully met.**
- If the safe exit and evacuation arrangements are in place but about 20% staff are not aware of the same, then score as **partially met.**
- If not as above, then score as **not met.**

### Ind 19. Simulation exercise is held at least once in a year and staff members are trained for their role in case of such emergencies.

**Survey Process:**
The idea of this indicator is to ensure control / minimize the damage to human lives and the property in case of fire and non-fire emergencies. Look for documentation that simulation drills involving different areas and different staff have been done at least once in the past year. The activity report should depict date, time, the staff involved, activities carried out, major observations and any subsequent recommendation for improvement.

**Scoring:**

- If the arrangement are available according to the requirements and key staff is aware of these arrangements, then score as **fully met.**
- If not as above, then score as **not met.**

# Assessment Scoring Matrix

**Standard 7. FMS-3: The BHU has arrangements to cater for fire and non- fire emergencies within the facilities.**

| Indicator 17 - 19 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 17.** | **The BHU has arrangements and provisions for i. Early detection and ii. Management of fire and non-fire emergencies.** | 10 | **100%** | |
| **Ind 18.** | **The BHU has a safe exit (evacuation) arrangements in case of fire and non-fire emergencies.** | 10 | **80%** | |
| **Ind 19.** | **Simulation exercise is held at least once in a year and staff members are trained for their role in case of such emergencies.** | 10 | **100%** | |
| **Total** | | 30 | | |

## 2.3 Human Resource Management (HRM)

# Standard 8. HRM-1: The staff[16] joining the BHU are oriented to the environment, respective sections and their individual jobs.

### Indicators (20-22):

**Ind 20. Each regular / contract based / short term employee, is appropriately oriented to the BHU's mission and goals as well as relevant section / service / program policies and procedures.**

**Survey Process:**

There should be a process for orientation of the staff and should cover three areas: i. Orientation to the BHU i.e., overall scope of services, Infection Control (IC), fire and general safety and Continuous Quality Improvement (CQI)/Quality Assurance (QA), ii. Orientation to the assigned section /service/program, and iii. Orientation to the specific job. The content of each level of orientation should be written to ensure that whoever provides the orientation always covers the same topics. Moreover, orientation is provided about ethics. Statement of ethics is given at **Annexure B**.

**Scoring:**

- If there is documented orientation process covering all three areas, then score as **fully met.**
- If the orientation process covering the three areas is there but no details of what is to be covered or if it is partially conducted (two out of three areas), then score as **partially met.**
- If there is no orientation process, then score as **not met.**

**Ind 21. Each regular / contract based/ short term employee is made aware of their Job Description.**

**Survey Process:**

The spirit of the indicator is to stress upon the importance of developing and enforcing the post specific Job Descriptions (JDs) of all the employees for performing the assigned duties effectively. Each individual employee should be provided detailed Job descriptions and made fully aware of requirements given therein. The record should bear the signatures of the employees certifying that it has been read and fully understood.

**Scoring:**

- If the JDs are available and signed by all employees, then score as **fully met.**

[16] Staff include all full time/regular/short term employees.

- If the JDs are available but not signed by any one employee, then score as **not met.**

## Ind 22. Each regular / contract based / part time employee is made aware of his / her rights / responsibilities and patient's rights / responsibilities.

**Survey Process:**

This standard requires that written job description (JDs) of each staff member points to his/her responsibilities towards patients and others as well as his / her rights. Staff member's rights are detailed in the employee's JDs or other such documentation. The rights and responsibilities of the patients are available as Patient Charters and HCE's Charters. There should exist an evidence that each employee has been provided orientation to make him/her aware of the same.

**Scoring:**

- If there is evidence of orientation of each staff member as above, then score as **fully met.**
- If evidence of orientation of any of the staff member as above does not exists, then score as **not met.**

# Assessment Scoring Matrix

**Standard 8. HRM-1: The staff joining the BHU are oriented to the environment, respective sections and their individual jobs.**

| Indicator 20 - 22 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 20.** | **Each regular / contract based / short term employee, is appropriately oriented to the BHU's mission and goals as well as relevant section / service / program policies and procedures.** | 10 | **80%** | |
| **Ind 21.** | **Each regular / contract based/ short term employee is made aware of their Job Description.** | 10 | **100%** | |
| **Ind 22.** | **Each regular / contract based / part time employee is made aware of his / her rights / responsibilities and patient's rights / responsibilities.** | 10 | **100%** | |
| **Total** | | 30 | | |

# Standard 9. HRM-2: An appraisal system for evaluating the performance of the employees exists at BHU.

## Indicators (23-23):

### Ind 20. Performance appraisal is carried out at pre-defined intervals and is regularly documented in their files.

**Survey Process:**

The Administrative Department has defined the system and the frequency of performance appraisals of the staff. Customarily this is carried out annually for all employees. The surveyors should ascertain two things: i. Is the BHU in-charge/staff aware about the system of appraisal and the frequency of appraisal defined by the Department and ii. What percent of employees have had their appraisal on time. It is common that a BHU in- charge / staff is aware of the schedule for periodic appraisals, but does not follow it consistently. Select a representative sample of the record and determine if the performance appraisal was carried out and if it was done "on time."

**Scoring:**

- If the in-charge /staff is aware of the defined frequency of employees' appraisal and appraisals are carried out timely, then score as **fully met.**
- If the frequency of employees' appraisal is defined and there is evidence that appraisals of more than 80% employees have been completed timely, then score as **partially met.**
- If appraisal of more than 20% staff are still pending, then score as **not met.**

# Assessment Scoring Matrix

**Standard 9. HRM-2: An appraisal system for evaluating the performance of the employees exists at BHU.**

| Indicator 23 - 23 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 23.** | **Performance appraisal is carried out at pre-defined intervals and is regularly documented in their files.** | 10 | **80%** | |
| **Total** | | 10 | | |

# Standard 10. HRM-3: There is a documented personnel record for each staff member and process for verification of credentials.

## Indicators (24-25):

### Ind 24. The employees' record/information regarding posting, qualification / education, in-service training, disciplinary background, job description, performance appraisal and health status is maintained at the BHU.

**Survey Process:**

Although the personal files of the staff employed at the BHU are maintained at the Health Directorate, some personal information about the employees is also required to be maintained at the BHU. This may include the employee's posting orders and information regarding qualification / education, in-service training, disciplinary background, record of performance appraisal as applicable, health status and job description. Randomly select representative sample of employees (either from a list of all employees, or by name of the personnel identified during visits to different sections of the BHU). Then determine if personal record of all of them are maintained and are available.

**Scoring:**

- If the record regarding all the above mentioned information is maintained at the BHU, then score as **fully met.**
- If the record is not complete or any file does not contain all the required information, then score as **not met.**

### Ind 25. There is an evidence of verification of the credentials (education, registration, training and experience) of medical professionals including doctors and paramedics permitted to provide patient care without supervision.

**Survey Process:**

Only medical professionals permitted by law, regulation and the notification of the health department are authorized to provide patient care without supervision as per the job description. The District Health Officer (DHO) /Department of Health (DOH) has to ensure that the medical staff posted at the BHU has the appropriate and required qualification and documents demonstrating their legal permit to care for the patients. The DHO/DOH has a process to ensure validation of the accuracy of these documents (there are multiple examples locally as well as internationally of fraudulent credentials). The DOH has to ensure that the documents are verified from the primary source – such as the university or the training organization and that all professionals are currently registered with their respective councils etc.

**Scoring:**

- If there is an evidence that the credentials of all staff members have been duly verified, by the relevant authority then score as **fully met.**
- If there is no evidence regarding validation of the credentials, then score as **not met.**

# Assessment Scoring Matrix

**Standard 10. HRM-3: There is a documented personnel record for each staff member and process for verification of credentials.**

| Indicator 23 - 23 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 24.** | **The employees' record / information regarding posting, qualification / education, in-service training, disciplinary background, job description, performance appraisal and health status is maintained at the BHU.** | 10 | **100%** | |
| **Ind 25.** | **There is an evidence of verification of the credentials (education, registration, training and experience) of medical professionals including doctors and paramedics permitted to provide patient care without supervision.** | 10 | **100%** | |
| **Total** | | 20 | | |

## 2.4 Information Management System (IMS)

# Standard 11. IMS-1: The BHU has a complete and accurate medical record of every patient/client.

### Indicators (26-32):

### Ind 26. Every medical record has a Unique Number/Identifier.[17]

**Survey Process:**
The requirement of the indicator is to allocate a unique identification number to the record of each patient/client. The record of the patient/client can be traced through this number even if BHU is using different numbers for different services e.g. immunization, Antenatal Care (ANC), Outpatient Department (OPD) etc. Surveyor needs to identify that medical record each patient/client has a unique identifier.

**Scoring:**

- If there is a clear mechanism to positively identify each patient/client record, then score as **fully met.**
- If not as above, then score as **not met.**

### Ind 27. Only authorized person/s make entries in the record.

**Survey Process:**
The BHU in-charge will assign the task of maintaining record to the concerned staff according to their job description as per policy and authorization by Health Department. Name and designation of the doctor/healthcare provider writing the prescriptions and the person making entries in other record must be mentioned therein, in pen or by stamp and signed.[18]

**Scoring:**

- If the person writing prescription or maintaining patient records can be identified by name and designation from the record checked, then score as **fully met.**
- If the person writing prescription or maintaining patient records can be identified as above in 80% of the record checked, then score as **partially met.**
- If the person writing prescription or maintaining patient records can be identified as above but in less than 80% of the record checked, then score as **not met.**

[17] An alpha/numeric system that gives each patient their own code number.

[18] Doctor in-charge of the BHU himself; such as "The person responsible to prescribe medications & advise the proper use of medication, dosage, etc." uses stamp under signatures. The LHV has to fill the record of relevant section/ registers, the Vaccinator record related to immunization and the Dispenser has to write expense of medicines/ store items.

## Ind 28. Every record entry is legible, dated, timed and signed.

**Survey Process:**

This is a difficult standard to meet since the timing of all entries especially in the OPD and preventive services record may be difficult to achieve. However, all entries in the record are required to be legible, dated and signed by the authorized person making the entries. Check the entries in the record of OPD, anti-natal, vaccination, preventive programs and the expense register etc. for the last one quarter.

**Scoring:**

- If all entries are legible, dated, timed and signed then score as **fully met.**
- If all entries are legible, dated and signed but not timed, then score as **partially met.**
- If any entry is not legible, dated or signed then, score as **not met.**

## Ind 29. The record contains information regarding patient/client identity, presenting complaints, diagnosis, action taken and details if shifted[19]/referred/died as the case may be.

**Survey Process:**

Review DHIS registers and record of other preventive services in order to ensure compliance of record keeping regarding patient/client identity, presenting complaints, provisional diagnosis, action taken and details if shifted /referred to other facility /died as the case may be. Record should be accurate, legible, and complete in all respect.

**Scoring:**

- If all the required elements mentioned above are documented in all the records, then score as **fully met.**
- If any of the required elements is missing in any record, then score as **not met.**

## Ind 30. Weekly reports of notifiable/Vaccine Preventable Diseases are submitted regularly.

**Survey Process:**

Review OPD registers and record/report of other preventive services in order to ascertain compliance regarding notifiable and Vaccine Preventable Diseases (VPDs) as notified by the department from time to time. Even if no case is registered/recorded during the week, Zero reporting for VPDs is required to be submitted by the in-charge. Copies of the same should be available at the BHU record.

**Scoring:**

- If weekly reports for notifiable and VPDs are prepared & submitted regularly as per BHU record,

[19] Ask for the medical record of 3 or more patients who were transferred to another health facility /HCE. The date of shifting, the reason for the shifting and the name of the receiving HCE is recorded.

then score as **fully met.**

- If any report is missing in record, then score as **not met.**

## Ind 31. Monthly DHIS reports are submitted regularly.

**Survey Process:**

Review BHU record/reports in order to ascertain compliance regarding submission of monthly reports under District Health Information System (DHIS) as per requirement of the department. Record/ copies of the monthly reports must be available for each month at the BHU.

**Scoring:**

- If the BHU record shows that the monthly DHIS reports are prepared & submitted regularly, then score as **fully met.**
- If report for any month is missing in record, then score as **not met.**

## Ind 32. The medical records are reviewed regularly/periodically.

**Survey Process:**

The in-charge BHU should ensure regular periodic review of the representative sample of the record pertaining to the curative and different preventive services in order to identify any deficiency / error in record keeping. The review should focus on accuracy, legibility, timeliness and completeness of the record by different service providers and duly documented by putting date of review and signatures on the margin of the reviewed record or by keeping formal minutes. Guidance for keeping old record is given at **Annexure C**.

**Scoring:**

- If the BHU has a record of review process and a schedule complying the above, then score as **fully met.**
- If the BHU has a record of review process, but it is inconsistent, then score as **partially met.**
- If the BHU does not have a medical record review process, then score as **not met.**

# Assessment Scoring Matrix

**Standard 11. IMS-1: The BHU has a complete and accurate medical record of every patient / client.**

| Indicator 26 - 32 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 26.** | **Every medical record has a Unique Number / Identifier.** | 10 | **100%** | |
| **Ind 27.** | **Only authorized person/s make entries in the record.** | 10 | **80%** | |
| **Ind 28.** | **Every record entry is legible, dated, timed and signed.** | 10 | **80%** | |
| **Ind 29.** | **The record contains information regarding patient / client identity, presenting complaints, diagnosis, action taken and details if shifted /referred/died as the case may be.** | 10 | **100%** | |
| **Ind 30.** | **Weekly reports of notifiable / Vaccine Preventable Diseases are submitted regularly.** | 10 | **100%** | |
| **Ind 31.** | **Monthly DHIS reports are submitted regularly.** | 10 | **100%** | |
| **Ind 32.** | **The medical records are reviewed regularly / periodically.** | 10 | **80%** | |
| **Total** | | 70 | | |

## 2.5 Quality Assurance (QA)/Quality Improvement (QI)

# Standard 12. QA-1: The BHU has Quality Assurance / Improvement system in place.

### Indicators (33-33):

**Ind 33. A quality assurance and internal monitoring system is in place.**

**Survey Process:**

This indicator is to ensure that activities performed by the staff and the services/ facilities portrayed to be provided are delivered to the patients according to the minimum required standards and as per the portrayal. The BHU in-charge should use a prescribed checklist to periodically monitor the performance of static and outreach staff and assess how the patients are being received and managed. He should also check that the facilities for the comfort of patients like sitting arrangements, drinking water, ventilation etc., are intact. He/she shall assure quality of services through prescheduled monitoring by using checklist to ascertain that the services provided at the BHU conform to the minimum standards. The findings of the monitoring shall be compiled on weekly/monthly/yearly basis as the case may be, and corrective actions taken/ recommended and documented accordingly.

**Scoring:**

- If there is a written record of periodical monitoring using prescribed checklist as per given schedule and corrective actions taken/ recommended are documented then score as **fully met.**
- If there is no record, then score as **not met.**

# Assessment Scoring Matrix

**Standard 12. QA-1: The BHU has Quality Assurance / Improvement system in place.**

| Indicator 33 – 33 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 33.** | **A quality assurance and internal monitoring system is in place.** | 10 | **100%** | |
| **Total** | | 10 | | |

# Standard 13. QA-2: Sentinel events are assessed and managed.

## Indicators (34-35):

### Ind 34. The BHU has defined sentinel events.

**Survey Process:**
Review the written definition of a sentinel event and the list of likely sentinel events, which should include at least: i. All unexpected deaths including infants and mothers, ii. Serious adverse patient events that caused, or could have caused, harm to the patient, e.g. wrong patient, wrong-site, wrong-procedure, medication error, iii. Patient violence against staff, iv. Violence against patients, and v. Infant abduction etc. and the possible preventive strategies. Although not specifically required, it is good practice to also include near misses.

**Scoring:**

- If there is a list of defined sentinel events with possible preventive strategies/actions, then score as **fully met.**
- If the above is not there, then score as **not met.**

### Ind 35. Sentinel events are intensively analysed when they occur.

**Survey Process:**
Ask for any documentation of analysis of any sentinel event that has occurred in the past 12 months. (It is highly unlikely that none have occurred). If none were reported, the surveyors should explore the reporting process. Determine the corrective actions taken as a result of the analysis.

**Scoring:**

- If there was a reported sentinel event and it was intensively analyzed, including corrective action to prevent or reduce the likelihood of reoccurrence, then score as fully met OR If no sentinel event was reported, but if one would have occurred it would have been reported and analyzed, then also score as **fully met.**
- If there was a sentinel event, but there was either no analysis or the analysis was superficial such as limited to assigning blame to an individual, then score as **not met.**

# Assessment Scoring Matrix

## Standard 13. QA-2: Sentinel events are assessed and managed.

| Indicator 34 – 35 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 34.** | **The BHU has defined sentinel events.** | 10 | **100%** | |
| **Ind 35.** | **Sentinel events are intensively analysed when they occur.** | 10 | **100%** | |
| **Total** | | 20 | | |

## 2.6 Access, Assessment, and Continuity of Care (AAC)

# Standard 14. AAC-1: Services are provided as portrayed.

### Indicators (36-36):

**Ind 36. The services being provided at the BHU are displayed.**

**Survey Process:**

This will require knowledge of the scope of services provided at the BHU and observation of the provision of displayed services both, on and off site. The Menu board should clearly display the scope of services as per the Essential Package of Health Services (EPHS) notified by the Health Department which the patient should expect from a BHU.

BHUs being primary health care centers should be providing preventive and promotive services including Health Education, Mother and Child Health Services, Immunization, Nutrition, Control of Communicable Diseases, Sanitation etc., besides OPD based curative care regarding treatment of minor illnesses, conducting normal deliveries and provision of drugs included in the level specific Essential Drug List (EDL).

**Scoring:**

- If the displayed services match the services being actually delivered, then score as **fully met.**
- If there is superfluous / misleading information or no information about the scope of services is displayed, then score as **not met.**

# Assessment Scoring Matrix

## Standard 14. AAC-1: Services are provided as portrayed.

| Indicator 36 – 36 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 36.** | **The services being provided at the BHU are displayed.** | 10 | **100%** | |
| **Total** | | 10 | | |

# Standard 15. AAC-2: The HCE has a well-established Patient Management System.

## Indicators (37-40):

### Ind 37. There is a well-established registration and guidance process.

**Survey Process:**

Observe as well as check from the record that there is a well-established patient registration and guidance[20] process with written Standard Operating Procedures (SOPs) to cater for the needs of the patients. Patients should be able to access the reception desk comfortably and the reception staff is to be polite and guide the patients to the healthcare service provider as per SOPs where they are examined, assessed and managed or are explained such other requirements.

**Scoring:**

- If there are written SOPs for registration and guidance of patients and same are practiced, then score as **fully met.**
- If there are non-conformances to the above then, score as **not met.**

### Ind 38. There is a well-established patient assessment process.

**Survey Process:**

Observe and check the records if patients are assessed by the doctor / designated healthcare services provider by documenting the presenting complaints, signs, symptoms, provisional diagnosis and relevant diagnostic evaluations,[21] where applicable with the objective of providing quality care at outdoor or for referral within the facility or outside the facility, in accordance with the prescribed Code of Ethics.[22] Check documented evidence by reviewing the record of few patients or by observation while the patients are being examined.

**Scoring:**

- If all checked records of the patients show documentation of patient's assessments according to the above, then score as **fully met.**
- If less than 20% of the record is deficient on the above, then score as **partially met.**
- If the record shows more than 20% deficiency on the above, then score as **not met.**

[20] Disposal means directing/guiding the patients regarding further actions in connection with their medical needs and its management i.e. OPD or Laboratory or medical store/dispensary etc.

[21] Clinical Methodology to be adopted while examining the patients. Records must be completed once the examination/emergency is over.

[22] Available at the PM&DC website.

## Ind 39. Health Education is provided as per guidelines

**Survey Process:**

The surveyors are required to look for the display of relevant health educational messages on prevention of disease and promotion of health. The surveyors should also see that the Information, Education & Communication (IEC) material / written instructions are available and are delivered to the patients by the care provider at health facility as applicable.

**Scoring:**

- If there is a display of relevant health educational messages and IEC material is available and consistent evidence that patients are guided on it, then score as **fully met.**
- If there is a display of relevant health educational messages/IEC material but inconsistent evidence that patients are guided on it, then score as **partially met.**
- If there is neither display of relevant health educational messages/IEC material nor any evidence that patients are guided on it, then score as **not met.**

## Ind 40. The Preventive Services are provided as per guidelines.[23]

**Survey Process:**

The surveyors are required to look for the display of list of preventive services like Immunization, Family Planning, Health Education, Nutrition, TB DOTS, Malaria Control etc. being provided. The specialized preventive services if being provided should conform to the guidelines prescribed under the relevant program.

**Scoring:**

- If the services being provided are displayed and the services being provided conform to the prescribed guidelines, then score as **fully met.**
- If the services being provided are not displayed or if the display is not complete but the services being provided conform to the guidelines prescribed by the programs then score as **partially met.**
- If there is no display of services being provided and any one of the services being provided does not conform to the prescribed guidelines, then score as **not met.**

[23] Applicable only when portrayed.

# Assessment Scoring Matrix

**Standard 15. AAC-2: The HCE has a well-established patient management system.**

| Indicator 37 - 40 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 37.** | **There is a well-established registration and guidance process.** | 10 | **100%** | |
| **Ind 38.** | **There is a well-established patient assessment process.** | 10 | **80%** | |
| **Ind 39.** | **Health Education is provided as per guidelines.** | 10 | **80%** | |
| **Ind 40.** | **The Preventive Services are provided as per guidelines.** | 10 | **80%** | |
| **Total** | | 40 | | |

## 2.7 Care of Patients (COP)

# Standard 16. COP-1. Essential arrangements for emergency care exist.

### Indicators (41-46):

## Ind 41. The BHU has essential arrangements to cater for emergency care.

**Survey Process:**

Check for the availability of list of emergencies portrayed to be managed and the required arrangements to cater for emergency care i.e. SOPs, guidelines & emergency / first aid kits[24] etc.

**Scoring:**

- If BHU has arrangements to manage the portrayed/listed emergencies then score as **fully met.**
- If there is any deficiency in the arrangements described above, then score as **not met.**

## Ind 42. Emergency services also address handling of medico-legal cases.

**Survey Process:**

As per the system notified and currently practiced by the Health Department regarding Medico legal reporting/ certification, BHUs do not issue medico legal reports. However, in view of the provisions of the Injured Persons **(Medical Aid) Act 2004,** the SOPs should define how first aid will be provided to medico-legal cases and also define the referral path for such cases. The staff should also be conversant with the medico legal reporting system and SOPs notified by the Health Department. Surveyors should review the record of reported cases, as well as interview the staff to assess how such cases have been managed.

**Scoring:**

- If there are SOPs that define what types of cases are medico-legal and how to handle/refer such cases, then score as **fully met.**
- Since this is a legal requirement, if there are no SOPs, then score as **not met.**

[24] List of Standard First Aid Kits/boxes/trays/trollies with guidelines/SOPs and listing of the types of emergencies portrayed to be managed as the case may be are to be maintained. Arrangements to manage; 1. Respiratory distress, 2. Anaphylactic shock, 3. Control of bleeding and 4. Splinting of fractures of at least ten patients each at a time should be available at the BHU. Additional portrayal will be checked accordingly as an optional binding of the service provider.

## Ind 43. The BHU has referral SOPs.

**Survey Process:**

Check the availability and practice of written standard operating procedures for safe and speedy transfer of patients/victims in emergency which describe (i) Whom to be referred and (ii) how a patient is guided to be cared, during transportation and there is no confusion and delay in taking over at the receiving facility.

**Scoring:**

- If the BHU maintains and practices the Referral SOPs as described above, then score as **fully met.**
- If the BHU does not maintain or practice the Referral SOPs as described above, then score as **not met.**

## Ind 44. The BHU has list of contact numbers of the referral facilities, medico legal authorities, concerned police stations, Ambulance/Rescue Services and the Social Services Organizations.

**Survey Process:**

Check the availability of list of different referral hospitals /centers with their contact numbers for transfer of patients/victims in emergency to obviate confusion and delay in transfers. The BHU should also maintain the address and contact numbers of medico legal authorities, concerned police stations, ambulance / Rescue services and social service organizations.

**Scoring:**

- If the BHU maintains the list with contact numbers as described above, then score as **fully met.**
- If the BHU does not maintain the list with contact numbers as described above, then score as **not met.**

## Ind 45. Discharge to home or transfer to another HCE/organization is documented.

**Survey Process:**

Review relevant medical records/registers or any other documentation (emergency services log book) of patients who were provided emergency service. Observe the records and determine the discharge process. Review the advice and information provided to the patient or referral facility and determine if it is adequate to ensure support, recovery and continuity of care and follow-up treatment that is clinically required.

**Scoring:**

- If this is 100 percent documented, then score as **fully met.**
- If only up to 20% cases fail to meet this requirement, then score as **partially met.**

- If more than 20% of the cases reviewed do not document this, then score as **not met.**

## Ind 46. The Policy regarding home visit/ domiciliary services is portrayed and accordingly practiced.

**Survey Process:**

As per policy of the Health Department, some of the staff posted at the BHUs is required to carry out home visits to provide domiciliary care to the people in the catchment area particularly related to the Mother & Child Health (MCH). The objective of this indicator is to see whether the policy regarding home visits /domiciliary care is displayed and practiced or not.

**Scoring:**

- If the BHU portrays provision of home based/ domiciliary care and the same is practiced, then score as **fully met.**
- If the BHU does not portray provision of home based care but arrangements for the same exist, then score as **partially met.**
- If the BHU portrays provision of home based care but the same is not practiced or arrangements for the same do not exist, then score as **not met.**

# Assessment Scoring Matrix

## Standard 16. COP-1: Essential arrangements for emergency care exist.

| Indicator 41 - 46 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 41.** | **The BHU has essential arrangements to cater for emergency care.** | 10 | **100%** | |
| **Ind 42.** | **Emergency services also address handling of medico-legal cases.** | 10 | **100%** | |
| **Ind 43.** | **The BHU has referral SOPs.** | 10 | **100%** | |
| **Ind 44.** | **The BHU has list of contact numbers of the referral facilities, medico legal authorities, concerned police stations, Ambulance/Rescue Services and the Social Services Organizations.** | 10 | **100%** | |
| **Ind 45.** | **Discharge to home or transfer to another HCE / organization is documented.** | 10 | **80%** | |
| **Ind 46.** | **The Policy regarding home visit/ domiciliary services is portrayed and accordingly practiced.** | 10 | **80%** | |
| **Total** | | 60 | | |

# Standard 17. COP-2. Policies and procedures guide the care of obstetrical patients.

## Indicators (47-51):

### Ind 47. The BHU defines and displays the type of obstetric cases along with their neonates that can be cared for or not; and also displays definition of the high risk obstetric cases with referral guidelines.

**Survey Process:**

Since many obstetric patients /clients will not be aware of whether they are high risk or not, it is important that the BHU staff informs its obstetrical patients about the definition of high risk cases and its capability/competence to provide services for such cases and their neonates. The second important issue is that the BHU should inform those practitioners/Community Midwife (CMWs) / Lady Health Workers (LHWs) and the health facilities which might refer such patients, about the BHU's capability to provide care to obstetric cases and their neonates. There must be documentation of this information such as letters to referring practitioners and meetings with CMWs/LHWs. BHU must provide information to its own obstetric patients regarding availability of facilities and competent staff as per prevailing policy of the Government[25] [26]- regarding the care BHU can provide to the obstetric cases.

**Scoring:**

- If the BHU has informed its own obstetric patients and its referring practitioners/CMWs / LHWs about the type of obstetric cases it is capable to care for then score as **fully met.**
- If the BHU has informed its own patients, but not the referring practitioners/CMWs / LHWs, then score as **partially met.**
- If the BHU has neither informed its own patients nor referring practitioners/CMWs / LHWs, then score as **not met.**

### Ind 48. Staff caring for obstetric cases is competent and available.

**Survey Process:**

Surveyors should look for the availability of arrangements for obstetrical care services[27] relevant to the scope of work of the BHU and the staff who are accordingly qualified and trained in obstetrics care

[25] Availability of 24 hours/day, 7 days/week coverage by the staff who are fully qualified trained in obstetric care and who have advanced training in high-risk obstetrics and documented experience at the HCEs which function round the clock and 7 days a week. In addition, there should be evidence that the support staff who care for such patients have advanced training qualifications and documented experience where applicable.

[26] Dissemination of information contrary to availability of required services is equally important.

[27] There should be on call arrangement of Key staff members after the working hours at HCEs which function round the clock and 7 days a week.

and having documented experience. In addition, there should be evidence that the assisting staff has also documented experience in handling such cases under supervision.

**Scoring:**

- If the staff is competent and available as per working hours prescribed by the policy of the Government regarding BHUs to provide care to obstetric patients then score as **fully met.**
- If not as above, then score as **not met.**

## Ind 49. Obstetric patients / clients and children under five are also assessed for nutritional status.

**Survey Process:**

This will be assessed by reviewing the record (Antenatal /Obstetric register/ Child Health Register/ growth monitoring card and prescription etc.) of the obstetric patients / clients and children under five visiting at BHU for seeking health care.

**Scoring:**

- If all records document assessment of nutritional status of the obstetric patients / clients and children under five including corrective measures/advice (if needed), then score as **fully met.**
- If all records document assessment of nutritional status of the obstetric patients / clients and children under five but corrective measures/advice is inconsistent then score as **partially met.**
- If not as above, then score as **not met.**

## Ind 50. The BHU caring for obstetric cases has the facilities and technically competent staff to take care of neonates of such cases.

**Survey Process:**

Relevant to the scope of services to be provided at the BHU, technically competent staff with the following minimum supplies should be present in order to resuscitate neonates of such cases: i. Ambu bag with ii. Appropriate neonatal size oxygen masks, iii. An oxygen cylinder iv. Bulb sucker/suction machine v. Emergency neonatal resuscitation drugs etc. for use by the staff legally competent to prescribe.

**Scoring:**

- If all the above listed requirements are present in good working order and staff is competent to provide care, then score as **fully met.**
- If any of the above is not available, then score as **not met.**

## Ind 51. No treatment is administered until the identity of the patient is guaranteed.

**Survey Process:**

The surveyor should look for a system[28] of safe patient identification and confirm that the administration of all treatments and therapies are preceded by confirming the identity of the patient.

**Scoring:**

- If the identification of the patient is clearly observable for all patients and staff confirm identity accordingly, then score as **fully met.**
- If there is no system in practice to confirm identification, then score as **not met.**

[28] For all patients the system employed must be permanently with the patient and fail-safe.

# Assessment Scoring Matrix

**Standard 17. COP-2: Policies and procedures guide the care of obstetrical patients.**

| Indicator 47 - 51 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 47.** | **The BHU defines and displays the type of obstetric cases along with their neonates that can be cared for or not; and also displays definition of the high risk obstetric cases with referral guidelines.** | 10 | **80%** | |
| **Ind 48.** | **Staff caring for obstetric cases are competent and available.** | 10 | **100%** | |
| **Ind 49.** | **Obstetric patients / clients and children under five are also assessed for nutritional status.** | 10 | **80%** | |
| **Ind 50.** | **The BHU caring for obstetric cases has the facilities and technically competent staff to take care of neonates of such cases.** | 10 | **100%** | |
| **Ind 51.** | **No treatment is administered until the identity of the patient is guaranteed.** | 10 | **100%** | |
| **Total** | | 50 | | |

## 2.8 Management of Medication (MOM)

# Standard 18. MOM-1: Policies and procedures exist for the prescription of medications.

### Indicators (52-54):

### Ind 52. Policy on verbal orders is documented and implemented.

**Survey Process:**

Survey Process: Interview Lady Health Visitor (LHV), Dispensers & other paramedics who receive verbal orders. Observe a staff member receiving a verbal order. The policy and practice should clearly describe the process including writing down the verbal order and reading it back to ensure that it was clearly understood by both i.e. by the person who gave the order and the person who received the order.

**Scoring:**

- If there is a clear policy and practice for verbal orders, then score as **fully met.**
- If there is a policy but the process is not consistently followed, then score as **partially met.**
- If there is neither a policy nor a practice to verify verbal orders then score as **not met.**

### Ind 53. The BHU should follow the prescribed policy as to who can write medication orders/ prescriptions.

**Survey Process:**

The BHU should follow the policy which identifies the healthcare service providers/staff who may write medication orders in the medical record or on a prescription. However, determine if any other professionals such as LHVs, midwives, technicians are permitted to write limited medication orders to certain cases. The policy should delineate the healthcare service providing staff who can prescribe restricted classes of drugs.[29]

**Scoring:**

- If the clinical staff members are fully aware of the policy regarding their authorization and limitations as to what they can prescribe and there is documented evidence that the policy regarding writing medication orders is being followed, then score as **fully met.**
- If there is evidence of any confusion or the policy is not clear about who (which professionals) is permitted to order or prescribe medication, then score as **not met.**

[29] Example – chemotherapy, opiates, digoxin or thyroxin, steroids and antibiotics, or very expensive drugs or unlicensed drugs administered as part of some research program.

## Ind 54. Prescriptions are clear, legible, dated, timed, named / stamped and signed.

**Survey Process:**

Surveyors are required to check that the prescriptions are legible, dated, timed, named, and signed by the doctor. Names of the medicines (trade or generic) are clearly written and there is no coding.

**Scoring:**

- If representative sample of prescriptions are as described above, then score as **fully met.**
- If only up to 20% prescriptions are not as above, then score as **partially met.**
- If more than 20% prescriptions are not as above, then score as **not met.**

# Assessment Scoring Matrix

**Standard 18. MOM-1: Policies and procedures exist for the prescription of medications.**

| Indicator 52 - 24 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 52.** | **Policy on verbal orders is documented and implemented.** | 10 | **80%** | |
| **Ind 53.** | **The BHU should follow the prescribed policy as to who can write medication orders/ prescriptions.** | 10 | **100%** | |
| **Ind 54.** | **Prescriptions are clear, legible, dated, timed, named / stamped and signed.** | 10 | **80%** | |
| **Total** | | 30 | | |

# Standard 19. MOM-2: Policies and procedures guide the safe storage and dispensing of medications.

## Indicators (55-61):

### Ind 55. The BHU has the list of Essential Drugs to treat common diseases, as defined and notified by the Government.

**Survey Process:**
Review the list defining the medicines to treat common diseases. The updated list duly approved and notified by the government must be readily available to staff.

**Scoring:**

- If the BHU has the list of medicines as described above, then score as **fully met.**
- If the BHU has the Essential Drug List (EDL) list of medicines as described above but it is not updated, then score as **partially met.**
- If the BHU does not have list of medicines (EDL) as described above, then score as **not met.**

### Ind 56. The BHU maintains appropriate stock of Essential Drugs to treat common diseases.

**Survey Process:**
Review the stock of the medicines to treat common diseases which must be readily available to staff. The buffer stock level of each medicine should not fall below a certain level at all times which is usually sufficient for three months.

**Scoring:**

- If the BHU maintains stock of medicines as described above, then score as **fully met.**
- If the BHU has a deficient stock of medicines but the deficiency is not more than 20%, then score as **partially met.**
- If the BHU has a deficient stock of medicines and the deficiency is more than 20%, then score as **not met.**

### Ind 57. The BHU defines a list of high-risk medication.

**Survey Process:**
Review the list defining the high – risk medicine. The list must be readily available to staff. The list of high-risk medications must include at least: concentrated electrolytes such as, KCl, steroids, very high cost drugs, look alike medications, sound alike medications, tranquillizers and psychotropic drugs etc.

**Scoring:**

- If the BHU has defined the list of high-risk medications, then score as **fully met.**
- If the BHU has the list of high-risk medications, but it does not include both look alike or sound alike medications, then score as **partially met.**
- If there is no list of high-risk medications, then score as **not met.**

## Ind 58. High-risk medication orders are verified prior to dispensing.

**Survey Process:**

Interview dispensing staff since the safety issue is not just dispensing, but also administration.

**Scoring:**

- If there is a clear practice (based on interviews with dispensing staff) of verifying the order for high-risk medications, then score as **fully met.**
- If there is no formally defined process, or if there is no list of high-risk medications (Ind 56), then score as **not met.**

## Ind 59. Medicines are stored as per guidelines.

**Survey Process:**

The guidelines for the safe storage include interalia: i. proper stacking in groups to differentiate common drugs, injections, look alike and sound alike medicines within the racks/cupboards; ii. Labelling.[30] iii. Ventilation iv. Temperature & humidity control/refrigerator for sensitive drugs like vaccines/sera etc. v. Protection of high risk and narcotic drugs and vi. Record of expiry dates/ shelf life.

**Scoring:**

- If the medicines are stored as per above referred guidelines, then score as **fully met.**
- If implementation of parameters at serial nos. i, & iii only is inconsistent, then score as **partially met.**
- If implementation of any one of the parameters at serial nos. ii, iv, v & vi is inconsistent then score as **not met.**

## Ind 60. Expiry dates/shelf life is monitored and checked prior to dispensing, as applicable

**Survey Process:**

Check 5 randomly selected medicines dispensed or to be dispensed. Verify that the medicines are within the expiry date printed on the label as per Drug Act/Rules.

[30] As per provision of the Drug Act 1976/ Drug Rules.

**Scoring:**

- If all 5 randomly selected medicines dispensed or to be dispensed are within the expiry date, then score as **fully met.**
- If any of randomly selected medicines dispensed or to be dispensed are not within the expiry date, then score as **not met.**

## Ind 61. Medicines / drugs are dispensed as per the prescription plan[31]

**Survey Process:**

The essence of the indicator is that medicines prescribed by the MO/ in-charge are correctly dispensed and accordingly utilized by the patient. Observe that the dispensed medicine/s, (bottle or sachet/envelope) indicate patient name/record number, instructions to use, dosage and date of issue. Check sample of 4-6 dispensed Medications to determine how they are labeled.[32]

**Scoring:**

- If all Medications are labeled as above, then score as **fully met.**
- If all Medications are not labeled as above, then score as **not met.**

[31] Manufacturing & Expiry dates as per provision of the Drugs Act/Rules.

[32] Instructions for use on the label /pamphlet substantiated with handwritten instructions on the prescriptions/envelops which the surveyors will check.

# Assessment Scoring Matrix

**Standard 19. MOM-2: Policies and procedures guide the safe storage and dispensing of medications.**

| Indicator 55 - 61 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 55.** | **The BHU has the list of Essential Drugs to treat common diseases, as defined and notified by the Government.** | 10 | **80%** | |
| **Ind 56.** | **The BHU maintains appropriate stock of Essential Drugs to treat common diseases.** | 10 | **80%** | ` |
| **Ind 57.** | **The BHU defines a list of high-risk medication.** | 10 | **80%** | |
| **Ind 58.** | **High-risk medication orders are verified prior to dispensing.** | 10 | **100%** | |
| **Ind 59.** | **Medicines are stored as per guidelines.** | 10 | **80%** | |
| **Ind 60.** | **Expiry dates / shelf life is monitored and checked prior to dispensing, as applicable.** | 10 | **100%** | |
| **Ind 61.** | **Medicines / drugs are dispensed as per the prescription plan.** | 10 | **100%** | |
| **Total** | | 70 | | |

# Standard 20. MOM-3: There are defined procedures for medication administration.

## Indicators (62-65):

### Ind 62. Medications are administered (dispensed) by those who are permitted by law and authorized to do so.

**Survey Process:**
The indicator requires that the person made responsible to dispense/administer the medicines is a qualified and registered professional able to correctly read and identify the medicines prescribed by the doctor from those in the store/cabinet/shelf. He/she is also able to correctly distinguish look alike and sound alike medicines and to dispense/administer correctly under supervision of the authorized service provider.

**Scoring:**

- If the drugs are dispensed/ administered by authorized staff only, then score as **fully met.**
- If there is an evidence of medication dispensed/ administered by someone not authorized to do so, then score as **not met.**

### Ind 63. Patient is identified prior to dispensing /administration of a drug.

**Survey Process:**
Review the procedure. At least 2 separate identifiers for positively identifying the patient should be used. Interview a paramedic to find out what is practiced while dispensing/administering medication and observe how he/she identifies the patient. Patients should have a system of identification that is reliable and is practiced at all times.[33]

**Scoring:**

- If 2 identifiers are routinely used, then score as **fully met.**
- If this practice is not uniformly followed (1 or more examples where there is failure to follow the procedure), then score as **not met.**

### Ind 64. Medication is verified from the order prior to dispensing /administration.

**Survey Process:**
Observe paramedics preparing/administering medication and verify that the medication order was readily available and the medicines were checked prior to preparing the medication. He/she is able to

[33] For ALL patients the system employed for identification must be permanently with the patient.

read from prescription and verifies dosage, route, timing, and expiry date etc. before dispensing/administering.

**Scoring:**

- If there is clear evidence that the orders are checked as above by name, then score as **fully met.**
- If any example of medication not being checked against the order is seen, then score as **not met.**

## Ind 65. Adverse Drug Reactions are reported.

**Survey Process:**

Check the SOPs regarding reporting of Adverse Drug Reactions (ADR) if any occurs.

**Scoring:**

- If there are SOPs to follow on occurrence of ADR and they are practiced, then score as **fully met.**
- If there are no SOPs to follow on occurrence of ADR or they are not practiced, then score as **not met.**

# Assessment Scoring Matrix

**Standard 20. MOM-3: There are defined procedures for medication administration.**

| Indicator 62 - 65 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 62.** | **Medications are administered (dispensed) by those who are permitted by law and authorized to do so.** | 10 | **100%** | |
| **Ind 63.** | **Patient is identified prior to dispensing /administration of a drug.** | 10 | **100%** | ` |
| **Ind 64.** | **Medication is verified from the order prior to dispensing /administration.** | 10 | **100%** | |
| **Ind 65.** | **Adverse drug reactions (ADR) are reported.** | 10 | **100%** | |
| **Total** | | 40 | | |

## 2.9 Patient Rights/Responsibilities and Education (PRE)

# Standard 21. PRE-1: A system for obtaining consent for treatment is practiced at the BHU.

### Indicators (66-68):

**Ind 66. The MO or other healthcare service provider obtains consent from a patient before examination.[34]**

**Survey Process:**
Healthcare Providers are required to politely seek permission from the patient/relative/parents before physical examination. The verbal consent so obtained is required to be recorded in the documentation/prescription at the minimum as "VCO." To validate the VCO the Surveyors are required to have an exit-interview of the patient who has undergone examination and also to review register/copy of prescription.

**Scoring:**

- If there is evidence of VCO then, then score as **fully met.**
- If there is evidence of VCO in up to 80% of cases, then score as **partially met.**
- If there is no evidence of VCO as above, then score as **not met.**

**Ind 67. The situations where Specific Informed Consent is required are listed as per prescribed policy.[35]**

**Survey Process:**
Review the policy or list of situations where specific informed consent is required. Then review medical records of representative sample of patients who should have a specific informed consent to validate that it is documented. This would include consent related to procedures and therapies as well as blood transfusion (if applicable), minor surgical procedures, Intra Uterine Contraceptive Device insertion, termination of pregnancy and high-risk medications etc.

**Scoring:**

- If all reviewed relevant records contain/document an informed consent, then score as **fully met.**
- Since this is also a medico-legal issue, if any record does not contain / document informed consent, then score as **not met.**

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[34] This is to maintain the respect, dignity and honor of the patients while examining and providing care and to comply with the Code of Ethics and the Patients Charters.

[35] A generic policy to be prescribed by the Health Department /District Health Administration.

## Ind 68. The policy to give consent when patient is incapable of independent decision- making is present and practiced.

**Survey Process:**

Review the policy to determine who is authorized to give consent when the patient is incapable of independent decision making and also ascertain that the same is practiced.

**Scoring:**

- If there is a policy describing who, other than the patient, may give informed consent, then score as **fully met.**
- If there is no policy, then score as **not met**

# Assessment Scoring Matrix

**Standard 21. PRE-1: A system for obtaining consent for treatment is practiced at the BHU.**

| Indicator 66 - 68 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 66.** | **The MO or other healthcare service provider obtains consent from a patient before examination.** | 10 | **80%** | |
| **Ind 67.** | **The situations where Specific Informed Consent is required are listed as per prescribed policy.** | 10 | **100%** | |
| **Ind 68.** | **The policy to give consent when patient is incapable of independent decision-making is present and practiced.** | 10 | **100%** | |
| **Total** | | 30 | | |

# Standard 22. PRE-2: Patient and families have a right to information on expected costs.

## Indicators (69-70):

### Ind 69. The patient/family is informed about the cost of treatment.

**Survey Process:**

Customarily the purchi fee is displayed or patients are informed about the OPD purchi fee / procedure at the reception desk (as applicable) and the cost list is shown if requested. The drugs available/ provided at the BHU as per the EDL are displayed so that the patient/ families know that the drugs not included in the EDL and prescribed to the patient have to be procured by them at their own cost.

**Scoring:**

- If there is evidence that the patients/families are informed about the treatment cost, then score as **fully met.**
- If the patients/relatives are not informed about the expected cost of treatment, then score as **not met.**

### Ind 70. The charges list is available to patients.

**Survey Process:**

Review the charges list and then ask how it is made available to the patients. Customarily this is only upon the patient's request. However, the list may be posted in the patient waiting/ examination area. Patients should be made aware that the charges list is available on demand.

Medicines / drugs available /provided at the BHU as per EDL should be displayed so that the patients are informed that the drugs not included in the EDL have to be purchased at their own cost if prescribed.

**Scoring:**

- If there is evidence that the charges list is readily available to patients, then score as **fully met.**
- If there is no procedure to make it available to patients, then score as **not met.**

# Assessment Scoring Matrix

**Standard 22. PRE-2: Patient and families have a right to information on expected costs.**

| Indicator 69 - 70 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 69.** | **The patient/family is informed about the cost of treatment.** | 10 | **100%** | |
| **Ind 70.** | **The charges list is available to patients.** | 10 | **100%** | |
| **Total** | | 20 | | |

# Standard 23. PRE-3: Patients and families have a right to refuse treatment and lodge a complaint.

## Indicators (71-74):

### Ind 71. Patients and families have a right to refuse the treatment

**Survey Process:**

Patient and families are expected to respect the instructions / medication order prescribed by the doctor. The patients however, have the right to refuse the treatment[36] and seek advice from any other doctor/HCE of their choice[37] as also provided in the KP HCC Charters, attached at **Annexure D**. The treating doctor also can refuse to treat a patient under some specific conditions as per Pakistan Medical and Dental Council (PM&DC) Code of Ethics of Practice for Medical and Dental Practitioners. In cases where patients refuse advice, procedures or treatment, or the doctor refuses to treat a patient, it has to be recorded in the patients' record/facility record.

**Scoring:**

- Unless the Surveyors have a reason to believe that the above provision of the charters are not being complied with, the score should default to **fully met.**

### Ind 72. HCE Charter is displayed and patients/families are guided.

**Survey Process:**

Surveyors are required to check that HCE Charters of Rights and Responsibilities of the patients and families are displayed at a prominent place in the BHU like waiting area or main entrance etc. Patient or families are expected to observe the social norms by waiting for their turn, avoid conflicting situation, follow instructions of the doctor regarding re-visit date and time. Also observe that guidance is provided on above aspects as a routine.

**Scoring:**

- If the HCE Charters are displayed and there is evidence that the patients/ families are also guided to observe the same then, score as **fully met.**
- If the HCE Charter is not displayed but there is evidence that the patients/ families are guided to observe the same then, score as **partially met.**
- If neither the HCE Charter is displayed nor there is evidence that the patients / families are guided to observe the same then, score as **not met.**

[36] Provisions 12, PM&DC Code of Ethics of Practice for Medical and Dental Practitioners allows refusal to treat a patient.

[37] Provisions 12. (b) and 13., PM&DC Code of Ethics of Practice for Medical and Dental Practitioners allows independent additional opinions.

## Ind 73. Patients and families have a right to complain and there is a mechanism to address the grievances.

**Survey Process:**

Patient and families have a right to complain and put forward their grievances on the spot on occurrence, with some delay, verbally, in writing or by any other means. There should be a mechanism to handle the complaints effectively. A functional complaint box or a complaint register, availability of complaint form and file record are evidence of the system being in place.

**Scoring:**

- If there is a display to guide the patients about their right of complaint and the system is being followed as above (including zero report recording in the register) then, score as **fully met.**
- If there is no display to guides the patients about their right of complaint and or the system described above is not being followed then, score as **not met.**

## Ind 74. The BHU in charge uses the results of complaint's investigations as part of the quality improvement process.

**Survey Process:**

Review the process and documentation to identify and observe actual examples of changes in the practice and procedures that have been made as a result of the outcome of complaints analysis. Complaint Management System guidelines are given at **Annexure E**.

**Scoring:**

- If there is evidence of quality improvement process which uses complaint-handling data and reports in this regard are available, then score as **fully met.**
- If there is a quality improvement process to use complaint handling data but no evidence of how that data was used for improvement, then score as **partially met.**
- If there is no process and practice of using complaint-handling data for quality improvement, then score as **not met.**

# Assessment Scoring Matrix

**Standard 23. PRE-3: Patients and families have a right to refuse treatment and lodge a complaint.**

| Indicator 71 - 74 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 71.** | **Patients and families have a right to refuse the treatment.** | 10 | **100%** | |
| **Ind 72.** | **HCE Charter is displayed and patients / families are guided.** | 10 | **80%** | |
| **Ind 73.** | **Patients and families have a right to complain and there is a mechanism to address the grievances.** | 10 | **100%** | |
| **Ind 74.** | **The BHU in charge uses the results of complaint's investigations as part of the quality improvement process.** | 10 | **80%** | |
| **Total** | | 40 | | |

## 2.10 Infection Control (IC)

# Standard 24. IC-1: An infection control system is in place at the BHU.

### Indicators (75-75):

**Ind 75. There are arrangement for infection control aiming at prevention and reducing risk of infections.**

**Survey Process:**

Observe if there are written instructions on infection control[38] which cover at least the following aspects:

1. Maintaining general cleanliness / hygiene in the BHU premises.
2. Facility of hand washing with soap and water or an alternative (disinfectant), as the case may be, before and after examination.
3. Facility of sterilizing of the equipment /instruments before procedures.[39]
4. Arrangement for controlling/preventing/reducing the risk of infections during the process of patient assessment/handling including: Use of disposable gloves and mask etc. by the Doctor/Healthcare Service Provider for certain specific conditions.[40]
5. Abiding of the instructions on infection control by the Dispenser / Medical Assistant while assisting the Doctor.
6. Safe handling of Medical / Clinical Waste.[41]

**Scoring:**

- If there is evidence of observing the infection control procedures and all above mentioned aspects are covered, then score as **fully met.**
- If there are no infection control procedures to cover the aspects prescribed above, then score as **not met.**

[38] Provided in Para 3.73 of Part 3.

[39] All instruments etc. required/used for procedures should either be disposable and/or properly sterilized.

[40] Listed/explained in the Para 3.73 of Part 3.

[41] In the light of Khyber Pakhtunkhwa Hospital Waste Management Rules, 2018 based on Environment Protection Act as applicable locally.

# Assessment Scoring Matrix

## Standard 24. IC-1: An infection control system is in place at the BHU.

| Indicator 75 - 75 | | Max Score | Weightage (Percentage) | Score Obtained |
|---|---|---|---|---|
| **Ind 75.** | **There are arrangements for infection control aiming at prevention and reducing risk of infections.** | 10 | **80%** | |
| **Total** | | 10 | | |

# PART 3

# GUIDELINES FOR INDICATORS

# 3. Guidelines for Indicators

## 3.1. Identification and Guidance to BHU

- Main board(s) are required to be fixed on the main entry / gate/s in a way that it is clearly visible to the people from a distance to facilitate identification.
- Main Board has the full name of the BHU and Registration / licence number issued by KP HCC. (Alternatively Board bearing Registration / License no, may be fixed inside the building as an immediate arrangement during first year of implementation till it is written on the main board).
- Road side directional board(s) with arrow showing directions to BHU/ main entrance on the approach roads are fixed if required/as feasible.[42]
- Boards are periodically checked by the responsible person for wear & damages and to ensure reporting to the in charge for appropriate actions /maintenance.

## 3.2. Accessibility

- In charge coordinates with District level health managers and other relevant authorities for maintenance of the approach road / passages to the BHU and from IN and OUT gates etc. and their clearance from encroachments (Dates and timings with name of the person with whom the in charge BHU had the meeting / telephonic or written communication).
- In charge BHU ensures Ramp / Stairs (if applicable) remain clear of any obstruction. Wheel chair / stretcher remains available at the entrance.
- Sign Boards with Directional Arrows indicating the location of specific sections within the BHU are to be placed and maintained.

## 3.3. Door Plates

- Door plates of a uniform pattern indicating the name/designation & authorized qualifications of the staff as well as for sections/ services provided therein are affixed.

## 3.4. Staff Identity Badges

- Officially provided uniform Identity badges are to be worn by the staff when on duty.
- Not worn when moving outside the working place for any reason & kept safely.
- Cards are not to be interchanged.
- Expired cards are deposited with the authorized staff for renewals.
- Cards are withdrawn and deposited on transfer/retirement/removal of the incumbent and record is maintained.

[42] It is very convenient to public to identify location, if two small boards showing distance in yards from the point where board are fitted.

- Retrieved ID Badges are cut into two halves and kept in safe custody till destroyed by burning in the presence of committee comprising of 3 persons including the in charge of the BHU. The Committee to sign the proceedings and made part of record.
- Any loss of card or damage is reported to the management for required actions.

## 3.5. Organogram

- Organogram as per the sample provided below based on the sanctioned strength is displayed on a board / Chart / panaflex of suitable approved size at Reception/waiting area / In charge office):

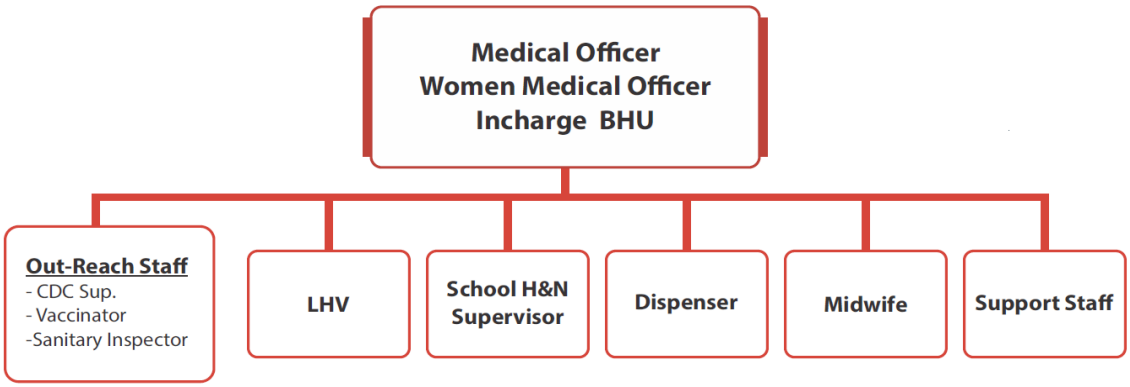



*Figure 1. Organogram Template*

- The contents of the board are kept updated/revised as per Government/Health department provisions.
- Display is maintained and revived as required.
- In charge of the BHU is responsible to ensure the above actions.

## 3.6. Display of Sanctioned Verses Filled Posts

- Sanctioned strength verses filled posts as per sample provided below is displayed on a board / Chart / Panaflex of suitable approved size at Reception/waiting area/In charge office):

*Table 1. Sanctioned verses Deficient Staff - BHU*

| Sanctioned verses Deficient Staff - BHU XYZ | | | | |
|---|---|---|---|---|
| **Designations** | **Sanctioned** | **Posted** | **Deficiency** | **Action Taken** |
| Medical Officer/WMO | 1 | 1 | | |
| School Health and Nutrition Supervisor | 1 | 1 | | |
| Computer Operator | 1 | 1 | | |
| LHV | 2 | 1 | 1 | Letter written |
| Medical Assistant/Technician | 1 | 1 | | |
| Sanitary Inspector | 1 | 1 | | |

| | | | | |
|---|---|---|---|---|
| Dispenser | 1 | 1 | | |
| Dai/Midwife | 2 | 1 | 1 | |
| Other Support Staff | 3 | 3 | | |
| **Out Reach Staff** | | | | |
| CDC Supervisor | 1 | | | |
| EPI Vaccinator | 1 | | | |
| LHWs and LHW Supervisor CMWs | 20 | | | |

- The contents of the board are kept updated/revised as per Government/Health department provisions.
- Display is maintained and revived as required.
- In charge BHU is responsible to ensure the above actions.

## 3.7. Staff Attendance

- All staff is required to report for duty on the notified time and remain on duty till the closing time.
- All leaves are required to be availed after approval of the sanctioning authority unless there is an emergency so that suitable arrangement for a reliever are made.
- All Staff marks his/her own attendance on arrival and departure in person on the attendance register or the biometric system whichever applicable.
- On a manual attendance register, Name, Designation, arrival and departure time with signatures are affixed. Format for register is provided below;

| Monthly System | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # Name ID *D | A<br>D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*D=Designation, A= Arrival, D=Departure

*Figure 2. Staff Attendance*

*Table 2. Movement Register*

| Movement Register | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| # | Date | Name | Designation | Reason of Movement | Time Out | Time In | Signatures | In-charge Signature |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4. | | | | | | | | |
| 5. | | | | | | | | |

- Register / biometric system is closed 15 minutes past the notified daily reporting time and attendance report / register placed before in-charge BHU for countersignatures by the person authorized to do so.
- All late comers/absentees are documented in the record and required action is taken as per policy.
- In case of proceeding on field duty / meeting or a short leave, prior permission of in charge is taken and record to that effect in the movement register without any exception.

## 3.8. Mission Statement

- The district level health management is responsible to prepare the Mission Statement in respect of the BHUs based on the overall policy and ensure it is displayed accordingly.
- Mission Statement prepared by the district level health management is provided to the BHUs officially with appropriate directions indicating their involvement in the development of mission statement.
- Mission Statement is displayed at two to three prominent locations in the BHU e.g., Reception/waiting area, OPD and In charge office for awareness of staff and patients/ clients (see 2.8.6).
- Display is maintained and revived as required.
- In charge BHU is responsible to ensure proper maintained and revived as required.
- Mission Statement sample for BHU which is close to reality is provided as under;

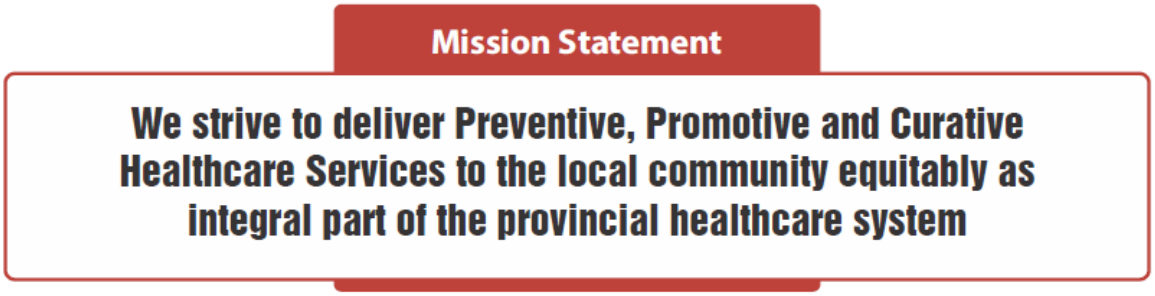



*Figure 3. Mission Statement Template*

## 3.9. Monitor and measure the performance of the BHU against the given targets

- In charge BHU;
- Remains aware of the assigned monthly Targets.
- Calculations of the targets, like ANC, Deliveries, T.T, EPI etc.
- Has the ability to identify issues / hurdles in achieving targets.
- Monthly DHIS review meetings, observing minutes of meetings, implementation of decisions to achieve the targets are conducted and recorded as per following format;

*Table 3 Facility Staff Meeting /Minutes of Meeting and Recommendations Template*

| **Facility Staff Meeting /Minutes of Meeting and Recommendations** | |
|---|---|
| **No. of Participants:** | **Date:** |
| **Topics Discussed:** | |
| | |
| | |
| **Follow - up of decisions of the previous meeting:** | |
| | |
| | |
| **Proceedings of the Meeting:** | |
| | |
| | |
| | |
| **Recommendation/Decision:** | |
| | |
| **Signature of facility In-charge:** | |

- Steps required for repair/maintenance / replacement of equipment are taken timely and record /certification maintained.
- Steps required for repair/maintenance of building infrastructure are taken timely and completion certification kept in record.
- Main Gates are kept free of encroachment clearway, easy opening/closing, sturdy, painted and manned.
- Boundary wall is maintained to stop Jumping over, no holes for animal/human passage, no garbage around i.e. they are kept intact, plastered and painted.
- Smooth for movement of patients, stretchers, wheel Chairs and Ambulances.
- Performance Appraisal Reports of subordinate staff are written in time.
- Required documents including MSDS, SOPs, SMPs, JDs and inspection centered SOPs are provided and are available with all staff.

- Security Arrangements as per specific orders / policy of the Health Department and provisions are planned and implemented.
- An ongoing cleaning / sanitation process is planned and implemented at all places.
- All wash rooms, floors, ramps, stairs, walls, roofs, doors are maintained and kept clean.
- Cleanliness is checked for ensuring implementation on daily basis.
- A detailed list being followed is as under;

*Table 4.Monitoring Checklist Template*

| **MONITORING CHECKLIST FOR INCHARGE BASIC HEALTH UNITS** | | |
|---|---|---|
| **A - INFORMATION OF HEALTH FACILITY** | | |
| Name of BHU: | Date & Time of inspection: | |
| Name of in charge of the facility: | Designation: | |
| **B - Daily Monitoring Tasks** | **Observation** | **Recommendation** |
| **1.** General Cleanliness | | |
| **2.** Washroom cleaned/Functional | | |
| **3.** Drinking Water available | | |
| **4.** Seating arrangement for patients | | |
| **5.** UPS/Generator functional | | |
| 6. **Staff Attendance:**<br>a). Attendance register/Biometric/ Movement<br>b). register/Leave register | | |
| **7.** Staff wearing identification badges | | |
| **8.** Field staff left for field as per Tour Program/s | | |
| **9.** ILR/Refrigerator Temperature chart recorded / maintained | | |
| **10.** Emergency room ready/ drug list/ essential supply | | |
| **11.** Oxygen cylinder filled/ready | | |
| **12.** Hospital waste disposed off properly | | |
| **13.** Sterilization /Hand washing facilities | | |
| **14.** Daily expense register maintained | | |
| **15.** Patient registration/Guidance system | | |
| **16.** Patients privacy ensured during consultation/examination | | |
| **17.** Health Education being provided | | |
| **18.** Medicines are being labelled while dispensing | | |
| **C- Weekly/Monthly Monitoring Tasks** | **Observation** | **Recommendation** |
| 19. **Medicine store:**<br>a) Storage as per guidelines<br>b) Physical Balance maintained as per Bin Cards / Stock register<br>c) Expiry dates<br>d) Essential drug list updated | | |

| | | |
|---|---|---|
| **20. Equipment functional status** | | |
| **21. Fire-fighting arrangements** | | |
| **22. DHIS Registers/record review focus on** | | |
| **23. Unique number, Completeness, accuracy, Authorization, Legibility** | | |
| **24. OPD/LR/ANC/Meeting/Stock registers etc.** | | |
| **25. VPD Reports submitted** | | |
| **26. DHIS Monthly Report submitted** | | |
| **27. Weekly/Monthly staff meetings conducted / Minutes recorded** | | |
| **28. Complaint register maintained/Reviewed** | | |
| **29. Any Sentinel event recorded** | | |
| **30. Display of IEC Material** | | |
| **31. High risk Obst. Cases identification and documentation** | | |
| **32. HCE/Patient rights charter displayed** | | |
| **33. Leave register maintained** | | |

**D-Public Opinion /Exit Interviews (please give number of persons in the relevant columns.) Weekly**

| **Views** | **Number of persons contacted in OPD/ Field** | **PUBLIC OPINION** | | | |
|---|---|---|---|---|---|
| | | **Good** | **Average** | **Unsatisfactory** | **No Response** |
| 1) Presence of Doctors/Staff | | | | | |
| 2) Attitude of staff towards patients | | | | | |
| 3) Waiting Time | | | | | |
| 4) Free availability of medicines | | | | | |
| 5) Vaccination outreach | | | | | |
| 6) Vaccination at Health Facility | | | | | |

Note: Names and Contact Numbers of at least two persons interviewed during the visit

| **Sr. No.** | **Name** | **Address** | **Contact Number** |
|---|---|---|---|
| | | | |
| | | | |

| **General Remarks** |
|---|
| 1. Problems identified during previous visit<br><br>2. Actions taken on previous report<br><br>3. Observations of Current Visit |

## 3.10. Social and Community Responsibilities

- BHU plans voluntary out-reach activities catering for community's health needs such as Health Education Sessions, health awareness campaigns, Walks, Immunization campaigns, School Health Education sessions, and providing aid to people hit by calamities/epidemics etc.
- At least one pager report of the above activities showing the outcome/output of these activities is prepared and kept in record for showing to the assessors/inspectors as per format given below;

*Table 5. Social & Community Responsibility Reporting Proforma*

| **SOCIAL & COMMUNITY RESPONSIBILITY REPORTING PROFORMA** | |
|---|---|
| **Name of HCE:** | **Date:** |
| **Name of Event:** | |
| **No, of Participants / patients.** | |
| | |
| **Detail of event** (Walk/Seminar/Medical Camp/ RTA etc.) | |
| **Outcome/Impact:** | |
| **Name of reporting officer:** | |
| **Designation:** | **Signatures:** |

- Pamphlets / Leaflets providing Information in simple language about the facilities & services are to be prepared, kept in stock, kept at reception for anyone to pick up and distributed at regular intervals amongst the locals to create awareness about the available Services in the Facilities.
- The above activity is linked with planned outreach activities like EPI, CDC, Sanitation and health awareness sessions and when possible, by camping to accomplish the social responsibility and the record maintained for showing to the assessors/inspectors.

## 3.11. Space Utilization

- Building and space provision in the HCEs/hospitals are level specific and responsibility of the Government. It is planned/designed/built through Chief Architect.
- All provided space is utilized for the purpose it was designed & built/setup. No alterations in structural design and layout are done without written permission of the relevant authorities.

- Following is the land area for a typical BHU:

*Table 6. Area of BHU*

| Basic Health Unit | Area |
|---|---|
| Total Land | 5-6 Kanals |
| Service Area | 1.5 Kanals |

## 3.12. Facilities for Comfort of Patients

- In charge is responsible to ensure the provision of adequate facilities & civic amenities for the comfort of patients and relatives.
- Provision of the facilities listed below is ensured;
  - General Cleanliness/sanitation.
  - Sitting arrangement in OPD, waiting areas for patients and attendants.
  - Alternate arrangements of electricity in all patient care areas particularly the site for handling patient and in Labor Room.
  - Waste container/receptacle(s).
  - Clean drinking water.
  - Toilets with adequate hand washing facilities.
  - Mosquito and fly proofing (wire gauze).
  - Proper ventilation.
  - Intact main gate and boundary wall
  - Internal roads.
- A staff member is made responsible to have a daily check and regular cleaning / maintenance.
- A regular repair and replacement plan is made and acted upon and record maintained.

## 3.13. Privacy

- Always honor the confidentiality of the information related to the patient. Do not disclose information about patient's medical record to anyone without explicit consent of the patient.
- Female patients are not to be examined by a male doctor or conducted by a male technician without the presence of another female (attendant of the patient or a staff member). (So if an FMT, LHV, Midwife or AYA is not available then another female patient or a female relative should be requested to remain present during any such technical conduct).
- Children are also not seen alone. A female attendant or a female relative or another female patient must be present.
- Consultations and examination are conducted with such arrangements that other patients/relatives and other staff can neither see nor hear the conversation.
- Second patient is allowed to enter the examination room only when the earlier one is free and has left the room.

- In charge personally explains the importance of privacy to the concerned staff in an organized way.
- Conducts frequent orientation/guidance sessions on the subject.
- Maintains record of the orientation session with signatures.
- Ensures that the requirements of privacy are complied with by frequent checking in person and through reporting.

## 3.14. Relevant Laws, by-laws and Regulations

- Copies of following laws/regulations are kept in record for ensuring practices accordingly.
- Health related laws are given at **Annexure F.**
- Following copies of standards, SOPs and SMPs applicable to BHUs are kept in record and provided to staff:
  - Minimum Service Delivery Standards and Indicators for Basic Health Units (MSDS) For BHUs provided by KP HCC.
  - Standard Operating Procedures (SOPs) for BHUs/EPHS provided by the parent Department.
  - Standardized Medical Protocols (SMPs) for BHUs provided by the parent Department.

## 3.15. Responsibility of in charge in implementation of relevant laws

- The copies of relevant laws duly updated are kept in record and in charge remains conversant with the requirements and ensures their implementation.
- All staff is oriented/trained in an organized way to comply the requirements.
- Orientation schedule and attendance sheets duly signed and countersigned should be maintained in the record.
- A staff member should be made responsible in writing for the above actions to be completed.

## 3.16. Inventory Management

- A BHU staff member is made responsible for inventory management (Stock Register).
- An inventory of all equipment, materials and fixtures (manual or electronic) is maintained by the authorized person.
- Yearly physical check is carried out by the in charge to curb the non-functioning/ losses/damages.
- Inventory(s) is/are updated on condemnation and new additions.
- Inventory(s) is/are signed by the responsible person and duly countersigned by the in charge with dates of signing.
- Authorized Person maintains the periodic inspection, repair and maintenance record.

## 3.17. Early detection and Management of fire and non-fire emergencies

- Adequate firefighting equipment is acquired and the records are kept up to date. At least the equipment as standardized by the Civil Defense Department is available and maintained in functional state;
  - Proper Ventilation.
  - Two water type Fire Extinguisher of 10 Liters capacity for Rooms and Corridors,
  - TWO $CO_2$ Fire Extinguishers Capacity 5 KG (Controlled type) or two Halotron type fire extinguishers Capacity 4 Kg for Dispensary and any electrical installation / laboratory.
  - One $CO_2$ Fire Extinguisher Capacity 5 KG. (Controlled type) for each main electric switch board/control panel (7 ft away from main switch board).
  - The staff is trained to visually pick up the smoke/fire or be able to smell and raise alarm before it becomes a problem.
  - The staff is oriented/trained in an organized training program to perform their duties under such eventualities for effective implementation of the plan.
  - The organized training is conducted by a trained and competent person and the Training program and the conduct/attendance are kept in record.
- Fire plan covering fire arising out of burning of inflammable items, explosion, electric short circuiting or acts of negligence or due to incompetence of the staff on duty is prepared and available with the authorized person. The staff is nominated for fire duties, duties of each staff in such events are written and provided to them under their signatures and copies kept in record. The duties are;
  - The person who detects and raises alarm (Shouting loudly).
  - The person who evacuates the patients/attendants outside the HCE.
  - The person who switched off the electric / Gas supply.
  - The staff who hears the alarm and tries to extinguish it.
  - The person to call the firefighters if it is uncontrollable.
  - The person to call off the alarm.
  - The duties after the fire alarm are over/fire is under control.
  - Reporting.

## 3.18. Evacuation in case of fire and non-fire emergencies

- A clear Evacuation plan is prepared and displayed.
- Exit routes are arrow marked to Assembly area.
- Assembly area is marked.
- A person is made responsible to ensure evacuation.
- The responsible person remains available and guides others in safe evacuation.

## 3.19. Simulation exercises

- Mock Fire Drills are scheduled quarterly/half yearly etc.
- All staff performs fire duties as per actual.
- A trained person is made responsible to conduct the simulation exercises.
- Mock Drill Records including participation/attendance are maintained.
- Mock drills are conducted for all staff and reported on following format;

*Table 7. Fire Drill Reporting Format*

| **Fire Drill Reporting Format** | |
|---|---|
| To be completed after every alarm or drill by designated fire safety officer | |
| Date: | Time: |
| Location of Alarm/Fire sign: | |
| 1). Rounds of hospital made by: | |
| Hallways Cleared: | |
| Visitors/Patients – Instructed Appropriately: | |
| Staff knows how and when to turn off: | |
| Fire Extinguishers on Location: | |
| Staff performed as per assigned role and responsibility: | |
| 2). Problems Identified: | |
| 3). Recommendations: | |
| Signed: _____ | Name/ Designation: |

## 3.20. Staff Orientation

- Each regular / contract based / part time employee is oriented/trained in an organized training program at BHU/District level to perform their duties at BHU effectively.
- All staff is involved in training/orientation.
- The orientation/training is in line with BHU's mission and goals as well as relevant section / service / program policies and procedures scope of work, SOPs for Infection control, Fire safety and JDs.
- The organized training is conducted by a trained and competent person/organization.

- Training program and the conduct/attendance duly countersigned by the in charge are kept in record to be produced during inspections. Following check list is used;

*Table 8. Orientation Checklist*

| **ORIENTATION CHECKLIST** | | | | | | |
|---|---|---|---|---|---|---|
| **Employee's Name:** | | | | **Designation:** | | |
| **Department:** | | | | **Date:** | | |
| In order to avoid duplication of the instructions, the Information is checked below, has been given or explained to the employee by the HR department. | | | | | | |
| **Introduction:** | | **Time Schedule:** | | **Salary Administration:** | | |
| Company Introduction | | Work Schedule/Lunch timings | | Salary Process | | |
| Mission & Vision | | Attendance & Punctuality | | Email address provided | | |
| Corporate Values | | Public Holidays | | Advance Salary | | |
| Organizational Structure | | Leave | | Outstation & local Travel | | |
| **Employment:** | | **Employee Relations:** | | **Career Development:** | | |
| Recruitment & Selection | | Violation of company rules | | Performance Management | | |
| Appointment Letter issued | | Disciplinary Policy | | Promotion/Increments | | |
| Confidentiality Agreement signed | | Internal Communication | | Training | | |
| Statements of Ethics signed | | Code of Conduct | | **Others:** | | |
| Job Description issued | | **Compensation & Benefits:** | | Other Benefits | | |
| Employee Records | | Medical Facility | | Tour of the company | | |
| Probation & Confirmation | | Parking Facility | | Employee Handbook issued | | |
| Resignation /Termination | | Provident Fund | | | | |
| How satisfied are you with the orientation process | | ☐ Satisfied | | ☐ Very Satisfied | ☐ Not Satisfied | |
| | | ☐ Improvement Needed? | | | ☐ Outstanding | |
| Additional Comments/Suggestions: | | | | | | |
| Orientation Conducted by: | | | | | | |
| Employee's Signature: | | Supervisor's Signature: | | | | |

## 3.21. Job Descriptions

- Each regular / contract based / part time employee is oriented/trained in an organized training program at BHU/District level to perform their duties at BHU according to their individual Job Description (JD) effectively.

- JDs are provided to all employees and they are made aware of their duties / responsibilities as per approved format provided therein.
- Copies of JDs duly signed by the employees as a token of their acknowledgement and awareness are kept in their personal files.

## 3.22. Rights and Responsibilities

- Each regular / contract based / part time employee is oriented/trained in an organized training program at BHU/District level about his/her own rights and responsibilities and their duties toward patients at BHU.
- The orientation/training is in accordance with the KP HCC Charters.
- The organized orientation/training is conducted by a trained and competent person/organization.
- Training program and the conduct/attendance are kept in record to be produced during inspections.

## 3.23. Performance Appraisals

- A copy of currently in vogue Performance Appraisal System (PAS)/Performance Evaluation Report (PER)/Annual Confidential Report (ACR) is made available by Department
- Each regular / contract based / part time employee is oriented/trained in an organized training program at BHU/District level regarding in vogue PAS.
- All staff is involved in training/orientation.
- The orientation/training is in line with individual JDs.
- The organized training is conducted by a trained and competent person/organization.
- Training program and the conduct/attendance are kept in record to be produced during inspections.
- Performance appraisal (ACRs/PERs) is carried out at pre-defined intervals and is regularly documented in their files.
- The record is produced at the time of inspections.

## 3.24. Employee Personal Records

- A copy of all employees' record / information regarding posting, qualification / education, in-service training, disciplinary background, job description, performance appraisal and health status is obtained from the district authorities & maintained at the BHU.

- Personal file of each regular/contract/part time employee is available.
- A BHU staff is made responsible to keep the files updated.

## 3.25. Employee personal record verification

- Copies of verification of the credentials done by writing letters to the awarding institutions and originals maintained by DHO / DOH office including education, registration, training and experience of doctors and paramedics permitted to provide patient care without supervision are obtained from the district authorities and kept in record at BHU as evidence.
- Verification of credentials done by writing letters to the awarding institutions and original record maintained at the DHO / DOH office. Duplicate file of each staff to be maintained at respective BHU.

## 3.26. Unique Identifier for Medical Records

- Each new patients is allocated a unique number at the reception/Central Registration Point (CRP) or in the section where first seen along with other particulars helps to trace the patient/client even when different services like Expanded Programme on Immunization (EPI), Mother and Child Health (MCH), use different numbers.
- The unique ID number and the particulars are recorded in a register in manual system.
- The unique ID number and the particulars are recorded in a computer system if available.
- The unique ID is used during all visits.

**Security and Safety of the New Born**

- New born is tagged with particulars of the mother on the right wrist and,
- Particulars of the next of kin whom child may be handed over in case mother is unconscious/expires, on the left wrist. If possible, mother, next of kin & child are photographed together.
- Parents are instructed not to hand over the child to any unknown person for any reason what so ever.

## 3.27. Only authorized person(s) to make entries in the record

- BHU staff is authorized by the DOH/in-charge through explicit written orders which remains in record to;
  - Write prescriptions by doctors,
  - Write limited prescriptions by LHVs during ante natal and parturition,
  - Make entries in the records,
  - To maintain Record/Stock registers,

- The authorized person signs and clearly writes his/her name & designation or stamps and puts date for identification at a later stage.
- The list of such authorizations having their specimen signatures, initials and the stamps they use is kept in record for verification at any time.

## 3.28. Every record entry is legible, dated, timed and signed

- Every time the authorized person makes an entry, he/she signs and clearly writes his/her name & designation or stamps and puts date for identification at a later stage.
- The first such record is the Register at the Reception and the 'Parchi' issued for consulting a doctor. Format of the Record Register is as under;

*Table 9. Patient Admission Register*

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Unique ID | Date | Time | Visit # | Name | Parentage | Age | Gender | Weight | Add. & Ph. | Allergy | Symptom | Finding | Provisional/ Diagnosis | Treatment |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Note: Column numbers are only for reference.

- Then it is the turn of the attending doctor / service provider at OPD / Emergency who examines the patient, prescribes medicine/s or refers the patient if required, while putting the date and time along with his / her signatures on the slip and on OPD, anti-natal, vaccination, preventive programs and the expense register etc.
- The dispenser/pharmacist/also signs and puts the date and time after issuing the medicine.

## 3.29. Contents of Medical Record

- The record contains information regarding patient/client ID, presenting complaints, provisional/diagnosis, action taken and details if shifted /referred/died as the case may be.
- The details are as under;
  - The patient's initial presenting complaints or conditions(s) are recorded.
  - Findings of assessments and reassessments.
  - Any allergies to food or latex.
  - Any allergies to medication.
  - Conclusions drawn from the patient's medical history and physical examination.
  - Diagnoses/conditions established during the patient's course of care, treatment, and services.
  - Any consultation reports.
  - Any observations relevant to care, treatment and services.

- The patient's response to care, treatment and services.
- Any emergency care, treatment and services provided to the patient before arrival.
- Progress notes.
- All orders
- Medications ordered or prescribed.
- Medications administered, including the strength, dose, frequency and route.
- Any access site for medication, administration devices used and rate of administration.
- Any adverse drug reactions.
- Medications dispensed or prescribed.
- Follow-up plans.
- Referral letters.

## 3.30. Weekly Reports

- Weekly reports of notifiable / Vaccine Preventable Diseases are submitted regularly and copy is maintained/ retained at BHU.
- A person is made responsible by a written order/JD.
- The designated person is trained for desired actions.
- The activity is monitored by the in-charge check list.

## 3.31. Monthly Reports

- Monthly DHIS reports are submitted regularly and copy is retained/maintained at BHU record.
- A person is made responsible by a written order/JD.
- The designated person is trained for desired actions.
- The activity is monitored by the in-charge check list.

## 3.32. Medical Records Review

- The medical records are reviewed regularly / periodically by the In charge BHU/ DHO/DDHO/DOH.
- The designated person(s) is/are trained for desired actions.
- Review focuses on accuracy, legibility, timeliness, completeness and that authorized persons only are making entries in record.
- The review identifies any deficiencies in Preventive and Curative Services and suggests corrective measures.
- Review should be conducted regularly in predefined intervals.
- Review reports should be maintained as documentary evidence for surveyor.
- The review report duly signed is submitted to DOH.

- The activity is monitored by the in-charge through his check list.

## 3.33. Quality Assurance System

- A quality assurance and internal monitoring system is in place as under;
  - In charge BHU is personally responsible under a written order.
  - The designated person is trained for desired actions to ensure QA of all processes involving preventive, promotive, curative, rehabilitative and referral management.
  - All staff of BHU is provided with their respective JDs, SOPs and SMPs under their signatures.
  - The staff is trained and guided in performing their respective duties.
  - Daily attendance of BHU static staff.
  - Tracking of daily visit plans of staff related to outreach programs.
  - Checking that outreach staff achieves assigned targets on daily/weekly/monthly/yearly states.
  - Daily monitoring according to checklist for facilities for patient comfort, infrastructure and equipment.
  - Reporting deficiencies and getting replenished.
  - Keeping the equipment functional as far as possible.
  - MSDS Self Scoring Matrix provided at the end of each standards of this publication is used by all respective staff to ensure their compliance with MSDS for BHUs prescribed by KP HCC.
  - Using the patient feedback to improve the system.
  - Investigating complaints and using their results for improvement of patient care / process / system.
  - The activity is monitored by the in-charge through his/her own check list.
  - Record of monitoring checklists is kept as documentary evidence.
- Patient/Client Satisfaction Proforma is given at **Annexure G**.

## 3.34. Sentinel Events

- A sentinel event is defined as “An unexpected occurrence involving death or serious Physical or Psychological Injury, or the Risk thereof.” Serious Injury specifically includes loss of limb or function. The phrase, ‘or risk thereof’ includes any process variation for which a recurrence carries a significant chance of a serious adverse outcome.
- Sentinel events may include the following, even if the outcome is not death or major damage or permanent loss of function:
  - Newborn abduction, or discharge to the wrong family.
  - Unexpected death of a full term fetus or any death at BHU.
  - Wrong medication/adverse reactions/wrong procedures.
  - Sexual harassment/physical assault/violence.

- Hemolytic transfusion reaction due to blood group incompatibilities etc when and where applicable.
- List of sentinel events is dynamic and kept updated.

## 3.35. Sentinel event analysis

- Sentinel events are intensively analyzed when they occur as under:
  - A three-member standing committee including the in charge is nominated in writing by the in charge/DOH.
  - All untoward/unusual events are reported verbally and in writing as well to the committee,
  - The committee identifies and responds appropriately to all sentinel events occurring in the BHU or associated with services that the BHU provides.
  - Appropriate response includes conducting a timely, thorough, and credible root cause analysis; developing an action plan designed to implement improvements to reduce risk, implementing the improvements, and monitoring the effectiveness of those improvements.
  - The in-charge personally monitors the outcome.
  - Record of sentinel events occurred, root cause analysis, remedial measures/ preventive action plans to be taken is maintained.

## 3.36. Portrayal of Services

- The services being provided at the BHU are displayed on a menu of services board.
- It is clearly & boldly written on a large board / panaflex proportionate to the facility & fixed at the entry points, (Main Gate), Key Turning Points & Receptions/Waiting Areas.
- Only Services available at BHU are shown in this Menu.

Following is displayed on the board:

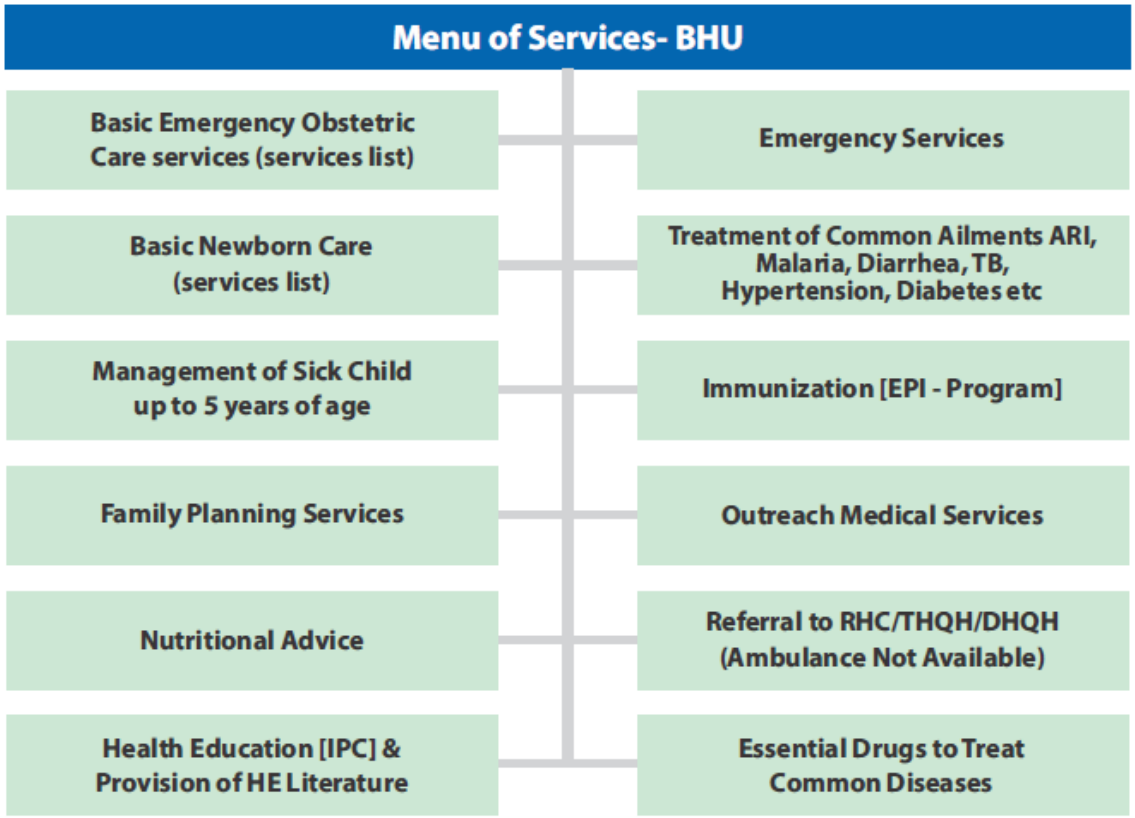



*Figure 4. Portrayal of Services*

## 3.37. Patient Registration and Guidance

- There is a well-established registration and guidance process as under:
  - A senior, preferably dispenser/computer literate is appointed to perform duty as Receptionist at central registration point.
  - Information to patients is provided both verbally & on telephone in a pleasant manner.
  - Patient is received at reception desk, particulars are recorded in the register, a prescription slip prepared accordingly for doctor to write on or particulars of patients are entered in the DHIS register/ Following format is used for patient record register; / CRP/OPD Register;

*Table 10. Admission Register Proforma*

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Unique ID | Date | Time | Visit # | Name | Parentage | Age | Sex | Weight | Ph. | Add. | Allergy | Symptom | Finding | Provisional/ Diagnosis |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Note: Column numbers are only for reference.

- Patients are guided to reach the MO/WMO/LHV/relevant clinic.
- If the MO / WMO / Vaccinator / LHV / Nutritional Supervisor or the concerned person to attend is busy then, the patient is requested to wait for a while.
- MO / WMO & all other concerned Health Care providers take actions as per their level / Job Description.
- All Health Care providers talk to their patients on prevention of disease, sanitation issues & educate them on Common Health Problems, FP, CDC & Disease Early Warning System (DEWS).
- Patients are prescribed medicines which they obtain from the Pharmacy and go home.
- Patients are referred for investigations & Consultations when ever considered essential.
- Following is a Flow Chart providing an overall view of patient's movement to various sections of the facility;

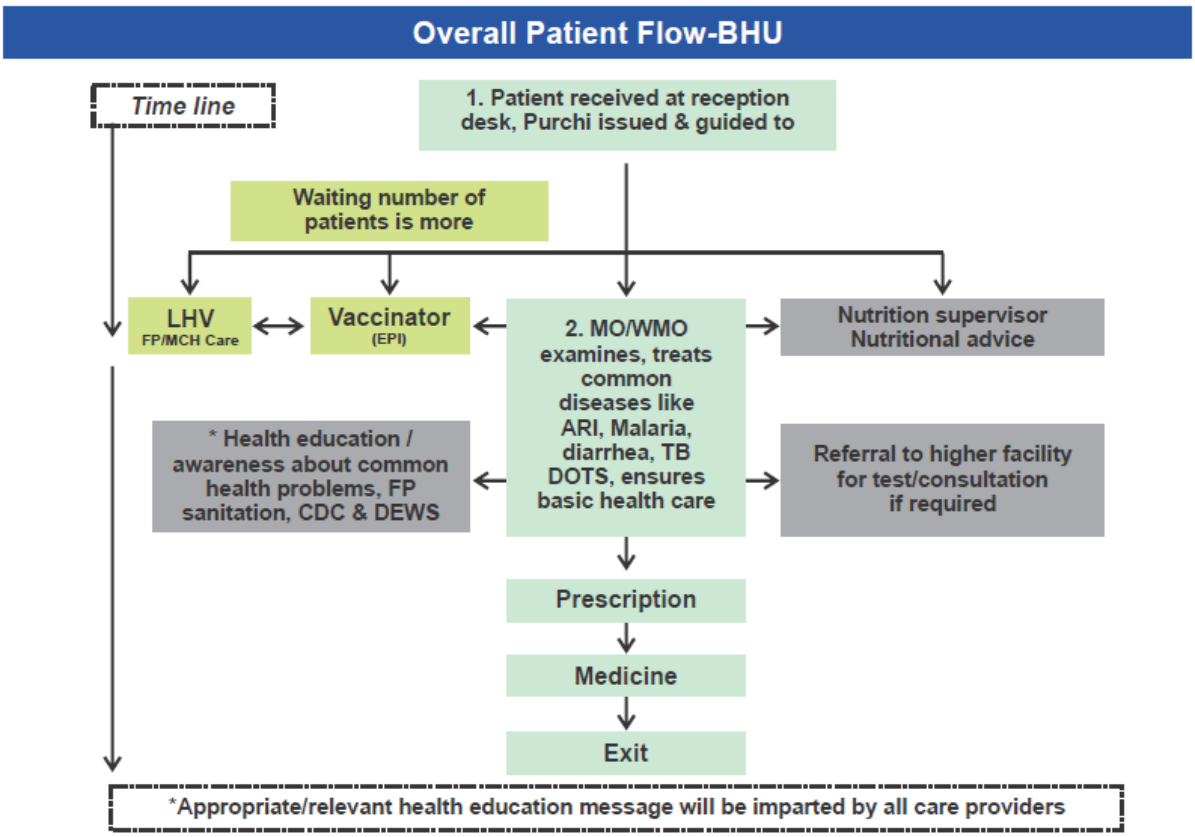



*Figure 5. Patient Flow Chart*

## 3.38. Patient Assessment

- There is a well-established patient assessment process as under;
  - The patient is observed attentively,
  - History of Present illness is taken and symptoms noted down,
  - History of Past illnesses for picking up any relevant point is noted down,
  - Social Habits like smoking etc. are noted,

- Examining and eliciting the signs for reaching at a Provisional Diagnosis/Differential Diagnoses,
- Deciding about the laboratory tests/investigations to be done if essentially required, and line of management to be reached at.
- At this stage, patient is provided a Prescription if medication is required along with advised tests and clear advice in writing to be followed after going home or referral to another facility as the case may be. (Disposal).
- Doctors follow the Standardized Medical Protocols when managing any particular disease, at the same time using their own clinical acumen in treating and saving the patient's lives.

## 3.39. Health Education

- Health Education is provided as follows;
  - IEC material / guidelines for prevention of diseases in the form of banners, posters, pamphlets, walls hangings regarding MNCH, EPI, Malaria, TB, hygiene, Sanitation and Dengue etc. developed by Khyber Pakhtunkhwa Health Department is collected from the DOH.
  - The provided IEC material is displayed and used to educate the community visiting the BHU.
  - The BHU staff provides guidance on specific health issues in person during consultations as well as specially where required.
  - LHWs are also provided IEC material, tutorial books, to educate the community at their door step. The same is confirmed from LHWs monthly Reports.
  - The in-charge monitors periodically through his own checklist.

## 3.40. Preventive Services

- The following Preventive Services are provided as per guidelines;
  - Every child aged one year is immunized against 9 (nine) preventable diseases namely Measles, Diphtheria, Tetanus, Polio, Tuberculosis, Pertussis, Pneumonia, Meningitis, Hepatitis-B and Vitamin-A deficiency as per National Guidelines
  - Extended Program of Immunization (EPI) is strictly followed.
  - Vaccination is done on fixed days which are well displayed.
  - Availability of vaccine & the vaccinator is ensured accordingly.
  - Storage of vaccine is ensured as per guidelines.
  - Children approaching for vaccination are documented at reception desk & guided to vaccinator. This is done in first 5-10 minutes.
  - Vaccination history is checked & Child is vaccinated as per EPI Schedule.
  - Complications if any are notified to MO for action.
  - Adverse Events Following Immunization (AEFI) cases are reported on prescribed format to the authorities immediately.

- Parents are instructed for safe custody of vaccination card, educated on benefits of EPI & provided literature to be given to friends.
- Completion of vaccination is recorded & date for booster dose is give before allowing to leave
- Total process is completed in about 30 Min or so.
- Following is a flow chart of the above activities;

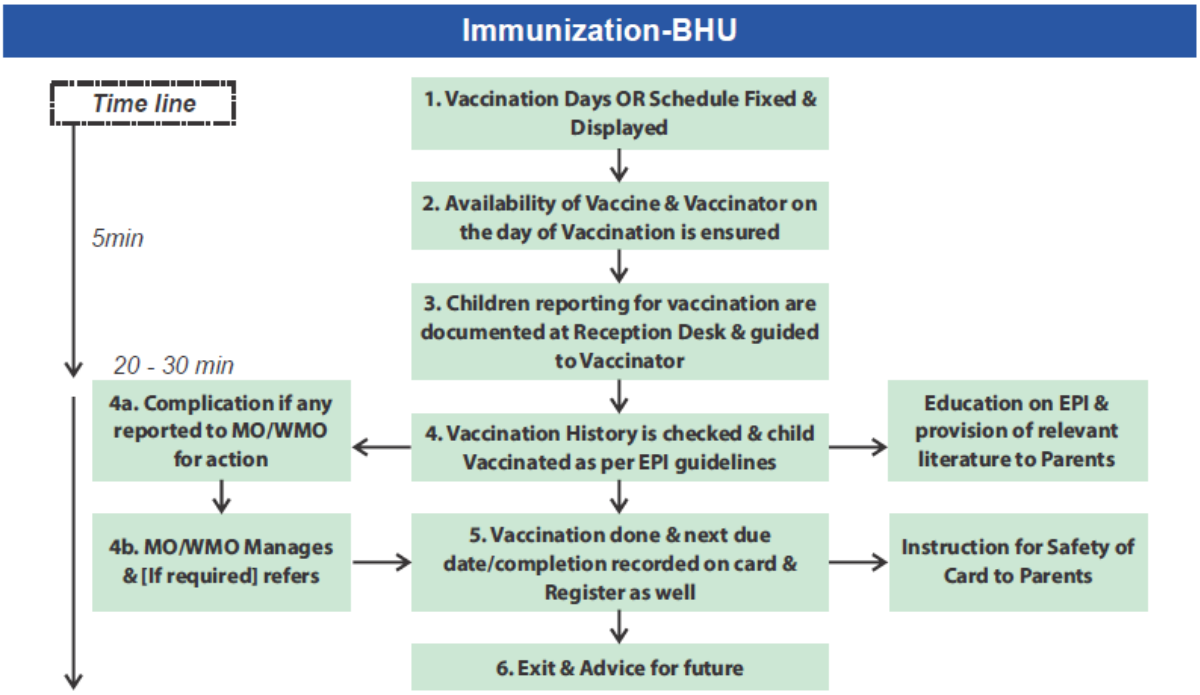



*Figure 6. Immunization*

- Ante natal care / assessment is provided to all pregnant women at four properly spaced intervals by or under supervision of a skilled attendant as per protocols
- Normal deliveries are conducted, complications recognized and referral to higher level facility as per protocol is done.
- Natal care is provided by a skilled birth attendant at home or at BHU.
- Two postpartum visits; first visit within 24 hours of delivery by a skilled person providing integrated postpartum checkups for mother and newborn, Family Planning (FP) counseling, nutritional counseling and micronutrients supplementation are conducted as per guidelines.
- Every married women of Child Bearing Age (CBA) is provided with FP services, nutritional counseling and Health Education (HE) during Natal and postnatal Care.
- All patients in reproductive age (especially high risk groups) are appropriately examined for Sexually Transmitted Diseases (STIs) and Renal Tract Infections (RTIs) and treated according to WHO protocols of Syndromic Case Management.
- Partners of all the diagnosed cases are tracked and treated.
- All eligible couples/males/females are provided necessary information and services on FP.
- All Major Micro-Nutrient Deficiency cases seen at BHU are recorded, supplemented and followed.

- Patients coming with mental health issues are thoroughly assessed, counseled and / or referred to appropriate level of care.
- Cases of gender base violence particularly of child abuse, drug abuse, anxiety, depression etc. are identified, diagnosed, counseled, treated and rehabilitated.
- Two Medical Camps are organized each year for screening of the vulnerable groups for prevalent health problems like Hypertension, Diabetes, Anemia, Malnutrition, Obesity, vision etc. based on local Burden of Disease (BOD).
- LHVs conduct 2 visits a week to provide Health Education, MCH services including ANC, postnatal care, nutritional advice, FP services and provision of newborn and early childhood care.
- Planned domiciliary home visits of Midwife for ANC, Natal & Post Natal care, nutritional advice, FP services and provision of newborn and early childhood care are conducted as per plans.
- Midwife conducts 4 visits a week to provide MCH services at the door steps of the community.
- Patient is received at Reception, documented & Purchi to attend is issued & he/she is guided. As per policy of the Primary and Secondary Healthcare Department
- LHV attends & decides level of care needed by the child or mother.
- LHV provides Ante Natal, Basic Natal, Post Natal & Inter Natal care herself to the Mother.
- LHV refers the mother to higher facility if comprehensive Natal Care is needed.
- Basic new born care and growth monitoring care to children up to 5 years is provided by LHV.
- Parents educated on basic MCHC & relevant literature provided.
- Child needing comprehensive new born care is referred to higher facility after consultation with MO / WMO.
- Total process up to referral stage takes 20-30 min.
- Following Chart shows flow of MCH Care Services:

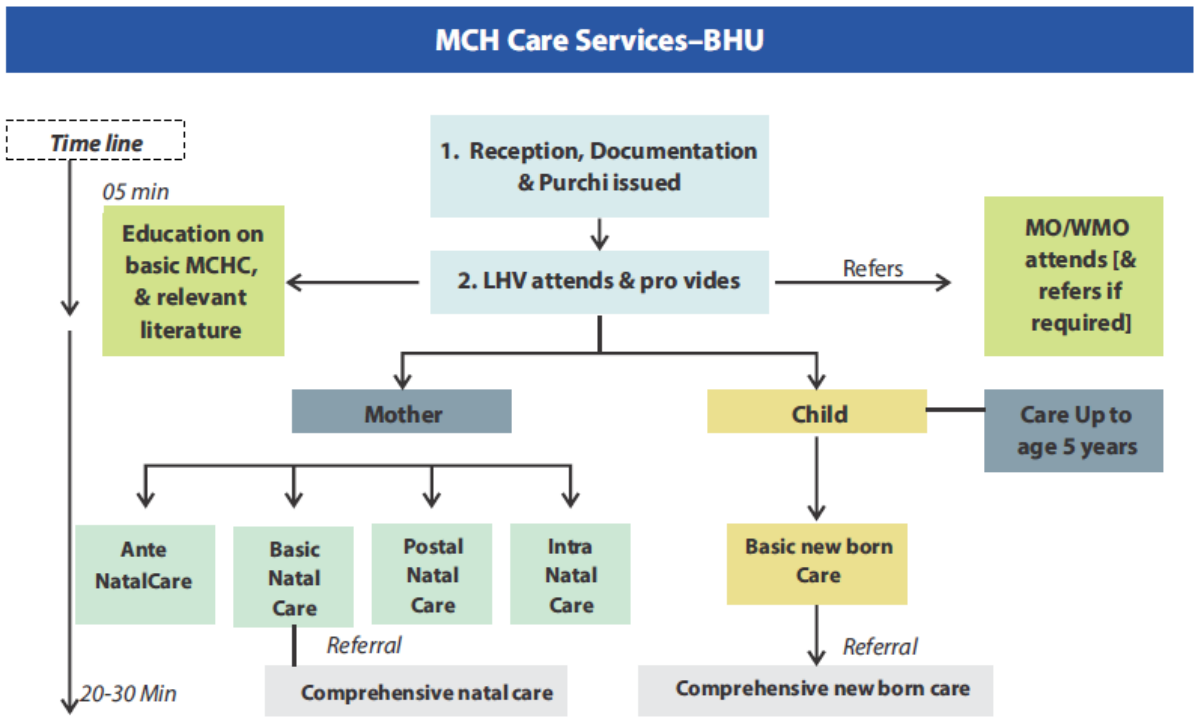



*Figure 7. MCH Care Services*

- Investigation of Epidemics at BHU as required in "DEWS" is maintained & higher authorities kept informed as follows;
  - Vigilance about the news of any epidemic is exercised.
  - Affected areas are visited.
  - Diagnosis is carefully verified.
  - Management of cases arriving at the BHU is continued.
  - Frequency of occurrence of disease being checked for epidemic is observed.
  - Population at risk is identified, counted and map of the affected area is prepared/obtained.
  - All cases are to be rapidly searched /reported for their characteristics by Medical Survey & Epidemiological Case Sheet preparation.
  - Report is written and submitted for further action by DHO/DOH office.
  - A Flow Chart of the above activities is as follows;

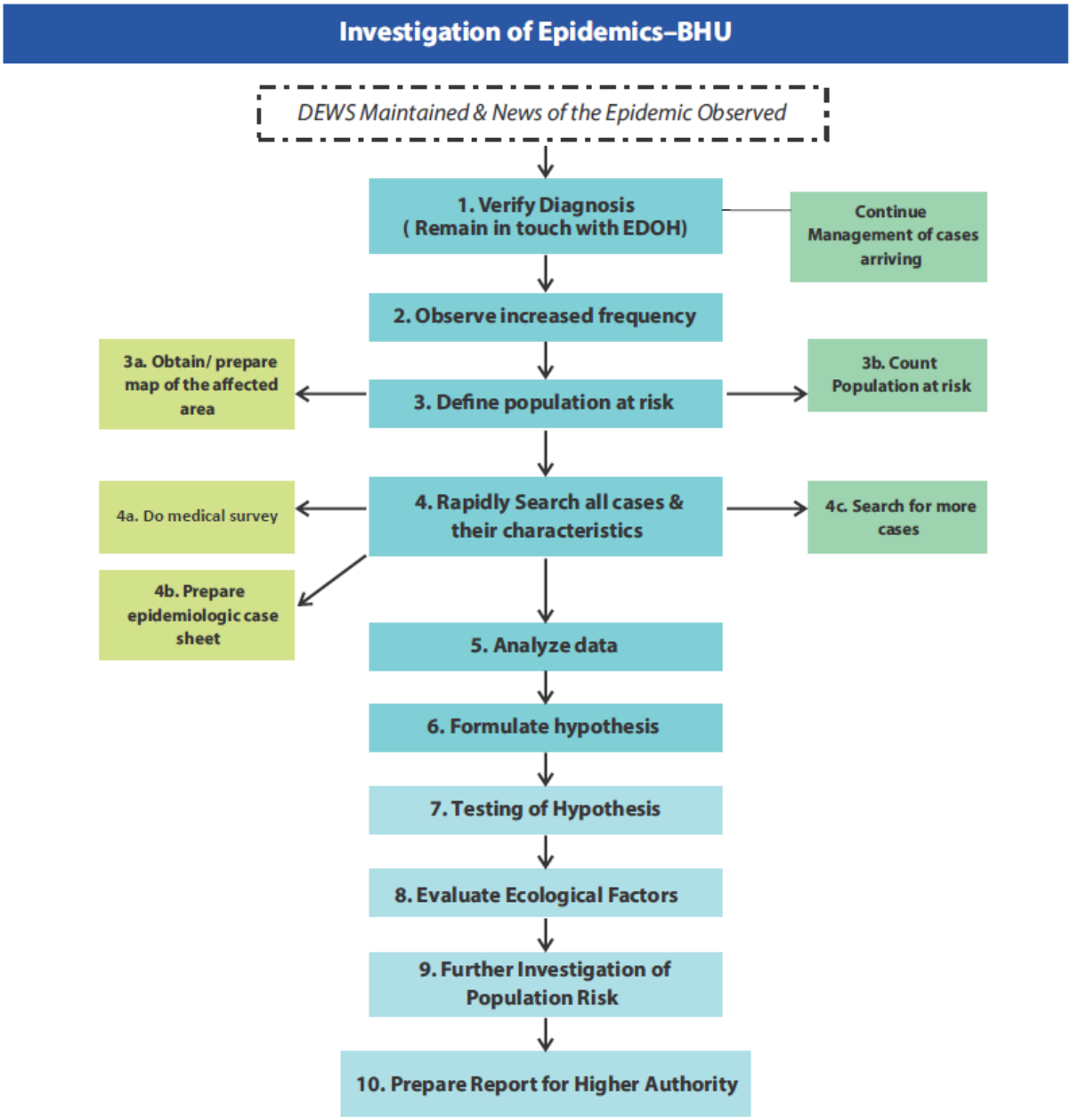



*Figure 8. Investigation of Epidemics*

## 3.41. Essential Emergency Care

- Stretcher Bearers receive the patient on stretcher / wheel chair if not in a walking condition & quickly carry to the MO/WMO Room.
- The patient's relative / attendant is requested to get patient's particulars recorded at the reception with time & date & gets emergency slip.
- Reception Staff, registers the patients on register / computer.
- Reception Staff issues Purchi / Emergency Attendance Slip to the patient / relative / attendant for attendance by the MO/WMO & guides / facilitates him / her.

- MO/WMO/authorized person on receiving the patient, records the vital signs, examines and initiates the treatment.
- First attendance by the MO/WMO should be immediately (preferably within 5 Minutes) of arrival of the patient.
- MO/WMO quickly assesses the patient / prioritize and initiates management as per treatment protocols immediately. He is to use all his clinical acumen to save the life in emergency while keeping in mind his/her own limitations.
- Minor cases after diagnosis & treatment are discharged.
- Seriously ill patients are referred to higher medical facility after providing Basic Life Support (BLS) and stabilizing vital signs.
- MO/WMO makes sure that all required investigations are promptly carried out
- If a patient needs to be admitted & is referred, then MO/WMO will personally convey the condition of the patient & the treatment provided at BHU to the concerned doctor of the facility where patient is being transferred.
- Patient is not detained un-necessarily for want of a decision. Such decisions are made quickly and disposal made within 5 to 30 minutes.
- Instructions regarding Infection Control are strictly complied in all patient handling.
- All emergency medications / disposables are used from the Emergency trays/Kits/ Trollies / stock without wasting any time.
- All fast-running items are quickly replaced / replenished to maintain smooth function.

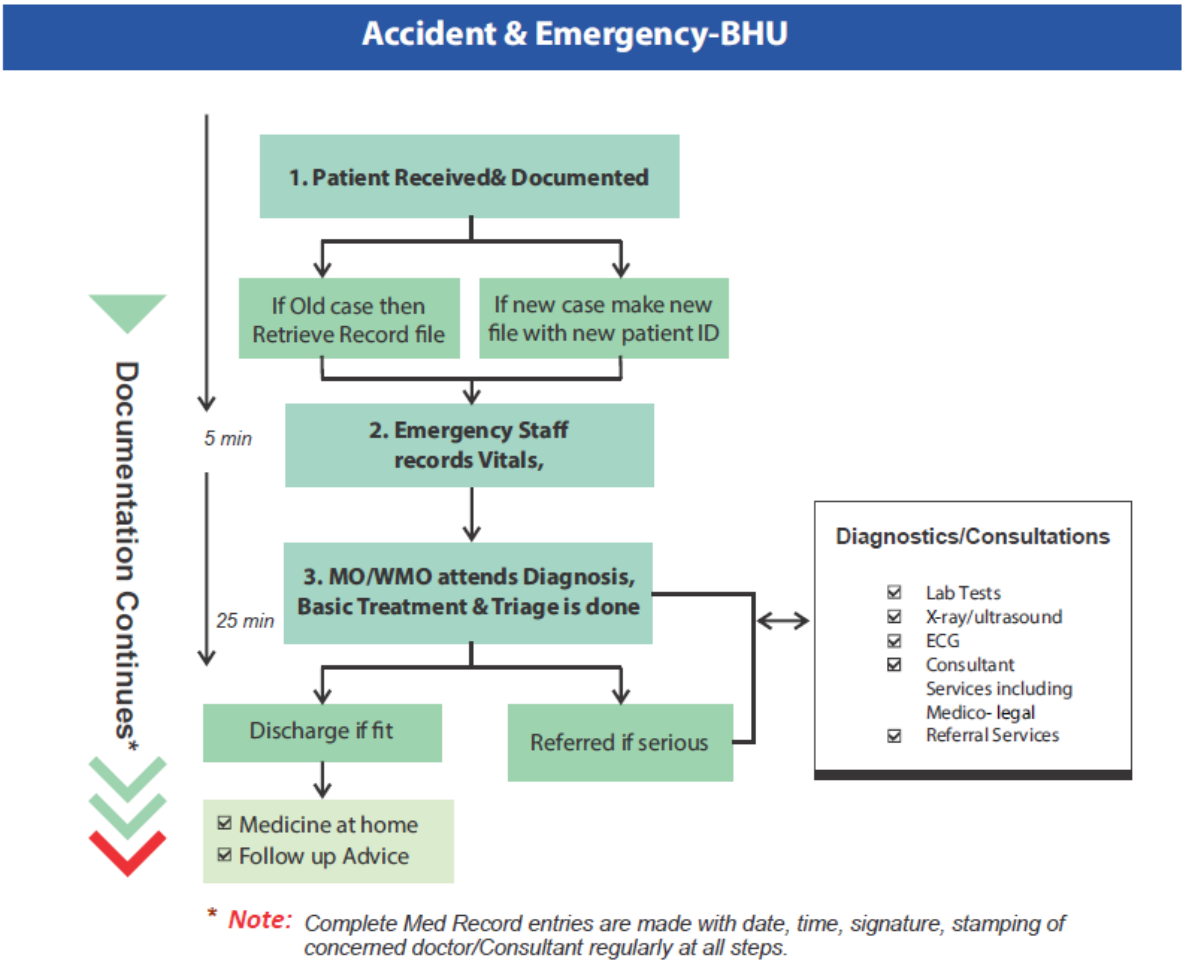



*Figure 9. Accident & Emergency*

## 3.42. Medico Legal Cases

- Emergency services also address handling of Medico-Legal Cases (MLCs) as follows;
  - Immediate first aid is provided and patient is referred to the next facility authorized to handle MLCs.
  - Government of Khyber Pakhtunkhwa Instructions on handling of MLCs are abided.

## 3.43. Referral from BHU

- Decision to refer to higher facility / other facility is made by Medical Officer (MO) / Woman Medical Officer (WMO) / attending Health Care Provider (HCP).
- Telephone/mobile numbers of Ambulance Services, referral hospitals/doctors and Non-Governmental Organisations (NGOs) are available, displayed and patients are guided as required.
- Patient/relatives are assisted in making arrangements of Transport by informing them the private/NGO resources.

- Referring doctor discusses/informs about difficult /unusual / emergency cases to doctors at receiving end. Patient is guided to be transported with his/her own attendant to higher facility.
- Attendant gets the patient tested / examined / admitted and then may report back with / without patient as the case may be so that MO / WMO / referring HCP remain apprised and review accordingly as directed.

Referral Flow Chart follows:

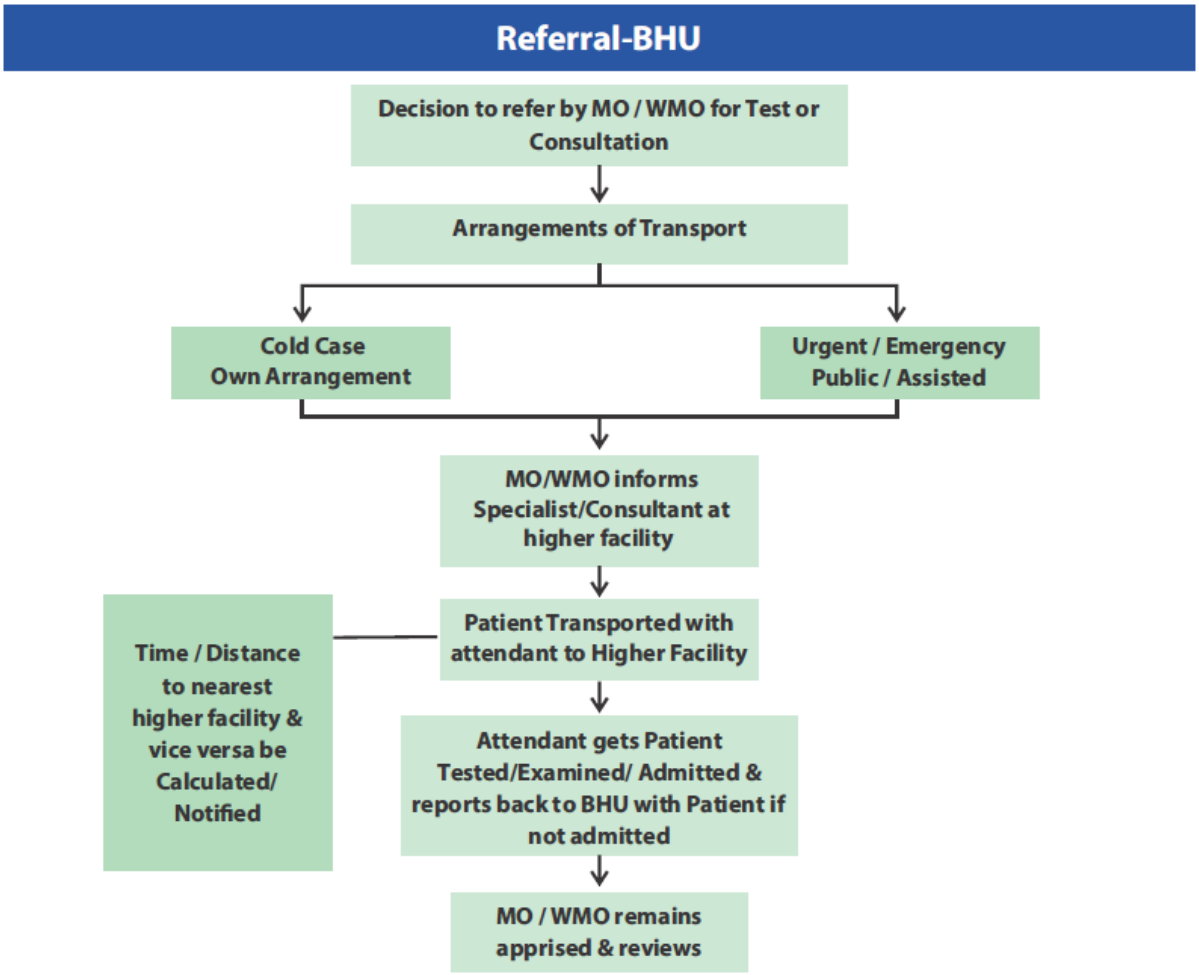



*Figure 10. Referral Flow*

## 3.44. Referral Facilities

- The BHU has list of contact numbers of the:
  - Referral facilities,
  - Medico legal authorities,
  - Concerned police stations,
  - Rescue 1122 and other such services where available,
  - Edhi and other Ambulance Services,

- Social Services Organizations/Local NGO if any.

## 3.45. Patient Management Documentation

- An OPD case is provided prescription (copy of which is retained at BHU or OPD register) along with dispensed medicines and fully explained how to take the medicine, for how many days, to report if there is any adverse effect and or follow up visit .
- Return to home after detention or transfer to another HCE/organization is documented as follows:
  - In case of return to home after detention, a Discharge slip is given to the patient
  - The patient's treating doctor determines the readiness for returning home during assessments.
  - The same is discussed with the patient and his/her family.
  - For MLC/MLR, the HCE shall ensure that the police are informed.
  - The authorized BHU staff hands over the Summary to the patient/attendant in all cases and a copy is retained.
- The Summary shall be signed by the treating doctor or a member of his/her team and should contain the following:
  - Date.
  - Unique identification number.
  - Patient's name.
  - Reasons for detention.
  - Significant findings.
  - Diagnosis.
  - Patient's condition on discharge.
  - Investigation results if done.
  - Any procedure performed.
  - Medication administered.
  - Follow up advice and other instructions deemed necessary in a manner that the patient can easily understand.
- Refusal to referral when it was essential is treated as Leaving Against Medical Advice (LAMA) cases, the declaration of the patient/attendant is recorded and signed on the following format;

*Table 11. Left Against Medical Advice (LAMA) Proforma*

| **Left Against Medical Advice (LAMA) PROFORMA** | |
|---|---|
| **BHU Name:** | Date : |
| Patient Name: W/O, D/O | |
| Contact: | |
| **It is certified that I have been explained the medical condition/status of my patient and requirement of** | |

| |
|---|
| **immediate treatment/management and its benefits and the possible consequences of delaying or refusing the immediate treatment/management at BHU. I am not willing to have treatment/continue treatment at BHU and want to take my patient to a place of my own choice. I will be responsible for any consequences whatsoever and will not hold any BHU staff accountable for that.** |
| Signatures of patient/relative: |
| Witness 1: Witness 2: |
| Countersigned by In charge with date: |

- In case of transfer to another facility, following details in addition to particulars regarding medical history of the patient are provided in the Transfer Summary:
  - Presenting Complaints/Symptoms.
  - History of present and past illness.
  - Socio economic details like smoking/nonsmoking, non-affording/affording.
  - Investigations/procedures performed at BHU or already done & reports available with the patient,
  - Treatment provided,
  - Reasons for referral,
  - Name of the HCE to be referred will be recorded in the prescribed referral form. In such cases, SOPs regarding patient transfer (Reproduced below) shall be strictly followed so as to ensure proper care during transportation and handing over of the patient to referred facility takes place.
  - A copy of the summary is retained at the BHU.
  - If the patient is being transferred at his/her own request, a note to that effect is added in the summary. In such cases the name of the receiving hospital would be of the one where the patient desired to go to.
  - If the patient is transferred by the BHU under care with medical staff, an acknowledgement from the receiving hospital is obtained by the accompanying staff.

## 3.46. Domiciliary Services / Home Visit Policy. (Link with 3.40 above)

- The in vogue policy regarding home visit / domiciliary services is displayed prominently at the main gate, reception and OPD areas and accordingly practiced.
- Approved visit/tour plan issued by competent authorities is displayed.

## 3.47. Care of Obstetrical Patients

- The high risk obstetric cases are defined and displayed.

- Definition: A high risk pregnancy is one in which some condition puts the mother, the developing fetus, or both, at a higher risk than normal for complications during or after the pregnancy and birth. At BHU, high-risk pregnancies may present with any of the following conditions:
  - Hemorrhage.
  - Prolonged or obstructed labor.
  - Postpartum sepsis.
  - Complications of abortion.
  - Pre-Eclampsia or Eclampsia.
  - Ectopic pregnancy.
  - Ruptured uterus.
  - Foetal Distress / Newborn Distress (intrapartum).
  - Pregnancy with medical disorders.
  - Mal-presentation.
  - Twin pregnancy.
  - Pregnancy with scarred uterus.
- The type of obstetric cases which can be cared for or not along with their neonates are defined and displayed.
- Referral guidelines for such cases are displayed.
- The above messages are displayed in combination and prominently.
- Guidance regarding appropriate referral HCEs for shifting risk cases is provided.

## 3.48. Competence and availability of Staff

- Staff caring for obstetric cases are competent (qualified, trained, experienced) and remain available as per JD criteria.
- Alternate arrangement for a relief in case one has be away due to any reason are made through District authorities.

## 3.49. Assessment of Nutritional Status

- Obstetric patients / clients and children under five are also assessed and documented for nutritional status by the MO/WMO/LHV.
- Appropriate dietary and supplementary advice is provided accordingly.

## 3.50. Facilities and Competent Staff

- Following technically competent staff (WMO Registered with PM&DC duly trained or experienced/LHV Registered and experienced) to care for obstetric cases and neonates of such cases remains available as per departmental orders issued from time to time.
- Following technical facilities to care for obstetric cases and neonates of such cases remains functional and available as under:
  - Ambu bag of appropriate size.
  - Appropriate neonatal size oxygen masks.
  - An oxygen cylinder.
  - Bulb sucker/suction machine.
  - Emergency neonatal resuscitation drugs etc. for use by the staff legally competent to prescribe.

## 3.51. Identity of the Patient

- No treatment is administered until the identity of the patient is guaranteed.
- At least two or three identifiers are used before administration of treatments and therapies.
- In case of conscious, sane adults their name and parentage along with National Identity Card (NIC) is checked.
- In case of unconscious, in-sane adults their name and parentage along with NIC is checked through their relatives.
- Wrist band labels are checked for name, parentage, registration no, ID Card number, etc.

## 3.52. Verbal Orders

- Verbal Orders (VO) are used in exceptional circumstances. Following written policy on verbal orders is available and implemented if such a situation arises:
  - The diagnosis and health status as evaluated and documented by a MO/WMO/Specialist must be available if the prescribing doctor is not the one who made the initial assessment.
  - Only one stat dose is prescribed verbally.
  - Verbal orders are initially taken by a staff, and repeated to a second staff.
  - The staff receiving the VO records the order on the drug treatment sheet/prescription sheet. The entry is in red ink and includes the time, date, name of prescriber and the staff's signature, as well as the second staff's signature.
  - The staff repeats the received VO to the doctor to ensure that the details are correct.
  - The drug treatment sheet is countersigned by the doctor who verbally ordered at the earliest possible time, (within 24 hours).

- In case of any doubt, the authorized staff seeks clarification from the doctor until satisfied about the correctness of the right drug, right patient, right dose, right route and right time.

- The medication is administered as per the Administration of Medication Procedure.
- VO is reconfirmed if the staff believes that it may compromise the patient's care.
- NO Verbal Orders for High Alert Medications and High Risk Medications are practiced. Only the drugs commonly used and available may be verbally ordered.

## 3.53. Prescription / Medication orders

- The MO/WMO/In-Charge is authorized to and prescribes medicines independently as per policy.
- The LHV writes predetermined / limited medication orders for ANC/Natal/Post Natal cases as per departmental orders issued from time to time. For any additional requirement she refers to the MO/WMO.
- High Risk Medications are only authorized to MO/WMO.

## 3.54. Prescription Writing Quality

- Prescriptions are clearly written on a provided format ensuring:
  - The client's full name and parentage etc.
  - Weight.
  - Allergies / Contraindications.
  - The date & time of the order.
  - Name of the medication.
  - Dosage, duration and administration information.
  - Route of administration.
  - Physician's Signature & Name or/and Stamp (containing name of Physician).
  - Following format is used for prescriptions;

*Table 12. Prescription Proforma*

| **BHU ABC** |
|---|
| **Ref. No. (Unique Identifier)** _____ **Time** _____ **Date/s** _____ **No. of Visit** _____ |
| **Patient Name** _____ **S/o, D/o, W/o** _____ |
| **Age** _____ **Sex** _____ **Weight (kg)** _____ **Contact No.** _____ |
| **Address** _____ |
| **Allergies** _____ |
| **Symptoms** _____ |

**Findings**_____

**Provisional/Diagnosis**_____

**NVESTIGATIONS**

℞

**(Signature & Stamp)**
**with time & date.**

## 3.55. Availability of Essential Drugs List (EDL)

- The following list of Essential Drugs notified by the Government (revised as and when required) to treat common diseases, is procured and kept update.
- The updated EDL is displayed.
- The staff is aware of the EDL and prescribes accordingly.

*Table 13. List of Essential Medicines*

| LIST OF ESSENTIAL MEDICINES FOR BASIC HEALTH UNITS | |
|---|---|
| **No.** | **Name of Medicines** |
| 1 | Cap. Amoxicillin/ Ampicilline |
| 2 | Syp Amoxicillin/Ampicilline |
| 3 | Tab. Cotrimoxazole/ Oflaxacine |
| 4 | Tab. Metronidazole |
| 5 | Syp Paracetamol/Ibuprofen |
| 6 | Tab. Diclofenac/Ibuprofen/ Paracitamole |
| 7 | Syp. Antihelminthic |
| 8 | Tab. Iron/ Folic Acid |
| 9 | ORS (packets) |
| 10 | OCP |
| 11 | IV infusions |
| 12 | Syp Cotrimoxazole |
| 13 | Syp Metronidazole |
| 14 | Tab chlroquine |
| 15 | Inj. Dexamethasone |
| 16 | Inj Diclofenac/Ibuprofen |
| 17 | Inj Ampicilline |
| 18 | Syp Salbutamol |
| **No.** | **Name of Supplies** |
| 1 | Bandages |

| | |
|---|---|
| 2 | D/Syringes |
| 3 | Cotton Wool |
| 4 | Suture |
| 5 | D/Gloves |
| 6 | IV Branula |
| 7 | IV Sets |
| 8 | Antiseptic Solution |
| **No.** | **Name of Contraceptive** |
| 1 | Coper T |
| 2 | Depo Prova |
| 3 | Condoms |

## 3.56. Maintaining Stock of Essential Drugs

- A Minimum stock level of the medicines included in the EDL based on average usage of each item in a month is maintained as per Government Policy in vogue;
- The Minimum stock level / buffer stock level of each medicine is not allowed to fall below a certain level at all times which is usually sufficient for three months.

## 3.57. High Risk Medicines

- The BHU defines the high-risk medication or high-alert (or high-hazard) medications as "medications that are most likely to cause significant harm to the patient, even when used as intended.
- All concerned staff is made aware of the above definition and that although any medication used improperly can cause harm, high-alert medications cause harm more commonly and the effect they produce is likely to be more serious and lead to the patient's suffering, and additional costs associated with care of these patients. So use of such medicines only when prescribed by the medical officer accordingly can reduce the potential hazard and harm.
- The high-risk medications including but not limited to the following are frequently associated with harm such as hypotension, bleeding, hypoglycemia, delirium, lethargy and bradycardia etc.
  - Anticoagulants,
  - Narcotics,
  - Opiates,
  - Insulin,
  - Concentrated Electrolytes e.g. KCl,
  - Chemotherapeutics and,
  - Sedatives etc.
  - Sound alike medicines.

- Look alike medicines.

## 3.58. Verification of high risk medication

- The person/s prescribing and dispensing such medicines are authorized in writing to do so with directions to write discretely and clearly.
- The dispensing staff has written instructions to double check the correctness of every high risk medicine prescribed from the prescriber and personally as well, as follows:
  - Independently comparing the Label and Product Contents in hand versus the written order.
  - Independently verifying any calculations for doses that require preparation.
- The identity of the patient is verified with the particulars on prescription before administration.
- A verification note is endorsed on the prescription/register, signed & dated with name/stamp of the person administering duly countersigned by the in charge.

## 3.59. Storage of Medical Stores

- Medical stores are stored as per following guidelines:
  - The store place is well ventilated, dry & shaded to keep the temperature low. Store is safe from rodents, pests and such others.
  - Stores are placed at least 6 inch away from the walls.
  - The similar type/group of medicine are staked together on the shelves/racks with Bin Cards.
  - The medicines having similar names but different actions/usage are discreetly placed with alerts. Look-alike, sound-alike (LASA) drugs are not stored next to each other (instead of storing by generic name, the drugs are stored by brand name. FIFA Principle is observed.
  - Bulk packs are opened only when required. Stores are consumed within shelf life.
  - Near expiry items, not likely to be consumed are transferred to other HCEs through District authorities.
  - Temperature sensitive products are stored in the Refrigerator / Ice Liner Refrigerator (ILR) between 2-8 degrees centigrade and opening the door is restricted to max 6 times in a day.
  - No eatables or other items are placed in the Refrigerator / ILR.
  - Narcotic and controlled drugs are stored with proper measures of security under lock and key. Stores are kept neat and clean consistent with directions.

## 3.60. Usage within shelf life/ Expiry date

- Expiry date of the products included in the List is maintained at store.
- Expiry dates of all medical store items are checked on monthly basis by the store in charge and the report signed & dated by him is put up to the in charge BHU.

- In charge BHU checks at least ten items to verify correctness personally and countersigns.
- Dispenser is directed to check date of expiry of drugs and dispensed only if within limit.
- Any expired item found by the dispenser is immediately reported to in charge.
- Medicines like Vaccines, antibiotic syrups/injections, drips, eye drops etc. which need preparation / recombination are labelled having date and time of preparation by Pharmacist and are used within life period written on the packing by the manufacturer and if not used within that time, are discarded immediately.
- Dispenser checks date and time of prepared medicine prior to dispensing and administration.
- If date and time is not mentioned on prepared medicine, it is not dispensed / administered to patients.
- Near expiry (Less than 3 months) are stored separately.

## 3.61. Correct dispensing

- The staff is trained and directed to label and dispense medicines / drugs exactly as per the directions given in the prescription which means e.g.:
  - Name of the medicine.
  - Route/site.
  - Strength in mg/gm etc.
  - Frequency in a day.
  - Sequencing if directed in case of more than one medicines.
  - Duration in days/weeks etc.
  - Only one patient is managed at a time even when there are others in waiting. The next preparation is initiated only upon completion of earlier

## 3.62. Authorization for dispensing

- A qualified and experienced person is authorized in writing to dispense/administer medications as per following format;

*Table 14. Authorization for dispensing*

| Sr.# | Particulars of Professionals (Name & Designation) | Authorization PMDC/PNC/FPAHS etc. | Validity Date | Specimens | | |
|---|---|---|---|---|---|---|
| | | | | Initials | Sign | Stamp |
| 1. | | | | | | |
| 2. | | | | | | |
| **Signatures of In-Charge BHU:** | | | | | | |
| Name:<br>Date: | | | | | | |

## 3.63. Patient identification

- The dispenser checks identity of the patient with the particulars by calling patient's name and then verifies by asking s/o, d/o, w/o etc. and about the complaints etc. on prescription before administration.
- Ticks are marked on each of above with ball pen to indicate that the required check was conducted.

## 3.64. Verification of prescribed medicine before dispensing / administering

- Medication being given or administered is also verified by reading its name, dosage, route, timing, expiry date, shelf life etc. from the order prior to its dispensing / administration.
- In case of slightest doubt, the closest relevant colleague is requested to help in verification.
- If the doubt persists then the in charge is requested to resolve the issue.

## 3.65. Reporting of Adverse Drug Reaction

- Any Adverse Drug Reactions (ADRs) whether expected or unexpected are reported to the in charge with following details:
  - Complete details of the patient including personal particulars, visit, clinical and drug usage history,
  - Name of the drug,
  - Manufacturer,
  - Manufacturing Batch,
  - Dates of manufacturing and expiry,
  - Date the store was received at BHU,
  - Storing conditions.
- Further reporting to district authorities is done by the in charge BHU.

## 3.66. General Consent

- The MO or other authorized healthcare service provider obtains verbal consent from all patient before examination by politely informing the need of examination to reach at the diagnosis.
- On getting a nod, the words "VCO" (Verbal Consent Obtained) is endorsed on the prescription or document where findings of examination are being written.
- On forms having printed VCO, it is ticked after having talked to patient as above.

- The patient is offered/indicated/guided/shown to the privacy.

## 3.67. Specific Informed Consent

- The situations requiring Specific Informed Consent in writing at BHU are listed below:
  - Obstetrics & Gynecological procedures.
  - Use of local anesthetics.
  - Stitching of wounds.
  - Procedures that may affect persons other than the patient
  - High risk medicines like Venofer, interferon, anti-rabies, snake venum etc.

## 3.68. Policy for consent when patient is incapable of independent decision making

- The policy to obtain consent when patient is incapable of independent decision-making is present and practiced as follows:
  - A specific informed consent is always taken from the patient if an intervention is considered essential.
  - Consent of a legal representative is taken when a patient is unable to express him/herself and a medical intervention is urgently needed.
  - When the consent of a legal representative is required, patients (whether minor or adult) is nevertheless involved in the decision-making process to the fullest extent which their capacity allows.
  - When a patient is unable to express his or her will and a medical intervention is urgently needed, the consent of the patient is presumed, unless it is obvious from a previous declared 'Expression of Will' that consent would be refused in the situation. The presumption is endorsed in writing on the documents by the care provider.
  - When the consent of a legal representative is required and the proposed intervention is urgently needed, that intervention may be made if it is not possible to obtain the representative's consent in time. The urgency of treatment is endorsed in writing on the documents by the care provider.
  - In all situations where the patient is unable to give informed consent and where there is no legal representative or representative designated by the patient for this purpose, appropriate measures are taken to provide for a substitute decision making process, taking into account what is known and, to the greatest extent possible, what may be presumed about the wishes of the patient.
  - In case of Family Planning methods like IUCD, Tubal Ligation, Vasectomy etc. consent from both partners is mandatory.

## 3.69. Information on cost of treatment

- The words “Patients can enquire about user charges at Reception” are displayed,
- The reception staff resolves query of the patient/family about the cost of treatment at BHU.
- The EDL is displayed to guide the patient that BHU will provide these medicine and rest of medicine prescribed by Service provider in the best interest of patient but not included in EDL will be purchased by the patient.

## 3.70. Charges list

- The reception staff is provided printed user charges list and made aware of its contents with written directions to inform the patient / family when they enquire about the cost of treatment at BHU.
- The same user charges list is shown to patients when they so desire.
- The same user charges list is displayed on a board prominently.

## 3.71. Right to refuse the offered treatment

- The BHU staff is aware that patients and families have a right to refuse the treatment being offered at BHU.
- All such refusals are recorded preferably with the signatures of the person refusing and countersigned by the in charge.

## 3.72. Benefit of complaint management

- The complaints are investigated with a concept of improving the quality and results are used as part of the quality improvement process. (Link with 3.33)
- Patients / clients remain satisfied.

## 3.73. Infection Control

- Following written infection control instructions/guidelines/SOPs are displayed.
- One of the posted staff is trained in the Infection Control SOPs and made responsible to ensure implementation of at least the following aspects;
- **Personal Protective Measures:**
    - Facility of hand washing before and after examination / procedure with soap and water or a disinfectant as the case may be are available.

- Hands are always washed thoroughly, before and after examining a patient.
- Directions to wash hands are displayed clearly indicating location of washing facility.
- An effective antiseptic solution is also used before procedures.
- Facility of sterilizing the equipment / instruments before procedures exists.
- Arrangement for controlling/preventing/reducing the risk of infections during the process of patient assessment.
- Use of disposable gloves and mask etc. by the Doctor / HCP while examining the patient for certain specific contaminated conditions/ infected wounds and airborne infectious diseases.
- Abiding of above Infection Control instructions by the dispenser/medical assistant while assisting the MO/WMO/In Charge.
- Safe handling of medical / clinical Waste.
- Surgical gloves, masks & protective glasses are used whenever performing a procedure or dealing with a high risk patient e.g. any case of communicable disease or infected wounds.
- Waste handlers are trained not to fiddle with the waste, they should be trained & motivated, so nothing t herein becomes / remains an attraction for them for the purpose of monetary gain.
- Waste handlers are also trained not to segregate mixed waste. Mixed waste with some hazardous waste is treated as hazardous.
- All waste handlers wear Gloves, Masks, Long Boots & Yellow Jackets when on work.
- All Waste Handlers and those Health Care Delivery Personnel who are at direct risk e.g. MO / WMO, LHV and Dispenser are to be vaccinated against Hepatitis B.

- **Instruments & Equipment:**
  - Properly sterilized [reusable] instruments or ready to use sterilized disposable instruments are used.
  - Thermometers are always washed and disinfected with a fresh solution before using in mouth.
  - Bed Sheets, protective dress & all linen items are changed daily / as soon as soiled & sent to Laundry for proper washing
- **Disinfection/Sterilization of Instruments:**
  - It is mandatory for healthcare workers to disinfect/sterilize the soiled medical instruments as indicated before using those on other patients. Liquid bleach, as well as isopropyl and ethyl alcohol, are extremely effective in disinfecting medical instruments if a hospital grade germicidal cleanser is not available.
- **SOPs for Disinfection:**
  - Washbasins and supplies are placed at a cleaning place or utility room. Chemical to disinfect the medical instruments - germicidal spray, liquid bleach or alcohol is decided as per ICC approved protocol.
  - Protective wear - gloves, goggles, mask and apron are worn. Heavy-duty utility style gloves are used for handling sharp instruments like scalpels and knives. A new pair of gloves is used if there is a tear during the disinfecting process.

- Each individual instrument is sprayed heavily with germicidal spray and disinfected one piece at a time. Allow each item to stay for two minutes in the basin containing chemical. Place the instruments into a separate basin of clean water to rinse. Dried blood or fluids on instruments may require an additional application of germicidal spray and light scrubbing with a dedicated toothbrush for removal.
- In case of liquid bleach, mix one ounce of bleach with one quart of boiled water in a basin and add the soiled medical instruments. Allow the instruments to stay in the bleach solution for five minutes to kill any infectious organisms. Remove the instruments and check for any remaining blood or fluids. Use a toothbrush to remove any visible contaminants left on the instruments and rinse the instruments with clean water in a separate basin.
- In case of using isopropyl or ethyl alcohol, place the soiled instruments in the basin, pour alcohol into a spray bottle and spray the instruments thoroughly. Use a toothbrush to remove any dried fluids. Apply more spray and scrub vigorously if the contaminant is still visible on the object. Place the instruments into another basin and rinse with clean water.

- **Cleaning Instruments with Sterile Water:**
  - While using medical equipment or instruments that need to be disinfected/ sterilized for safety, a solution of chemicals in sterile water is used to ensure that all bacteria and viruses are killed and eliminated from the instrument or the tool.
  - A mix of enzymatic detergent and sterile water is used to assist in effectively cleaning and eliminating unwanted microbes from surgical and medical tools and equipment.
- **SOPs for Cleaning Instruments with Sterile Water:**
  - Debris and residue is removed from the instruments by rinsing under sterile water and using a toothbrush or other scrubbing tools.
  - Proper amounts of sterile water and enzymatic detergent in ratios as directed by the OEM are mixed in a clean container large enough to hold the instruments. Place the instruments in the container with the enzymatic detergent and sterile water formula, making sure that they are fully covered by the solution.
  - Tools/instruments are immersed in the solution for 20 minutes or as directed by the manufacturer to be effectively sterilized before reuse.
  - Sterilization of reusable instruments for minor surgical procedures is done in the autoclave as per its procedure to protect patients from contaminants like HIV and Hepatitis C that can live on instruments.

A Flow Chart of above SOP is as follows:

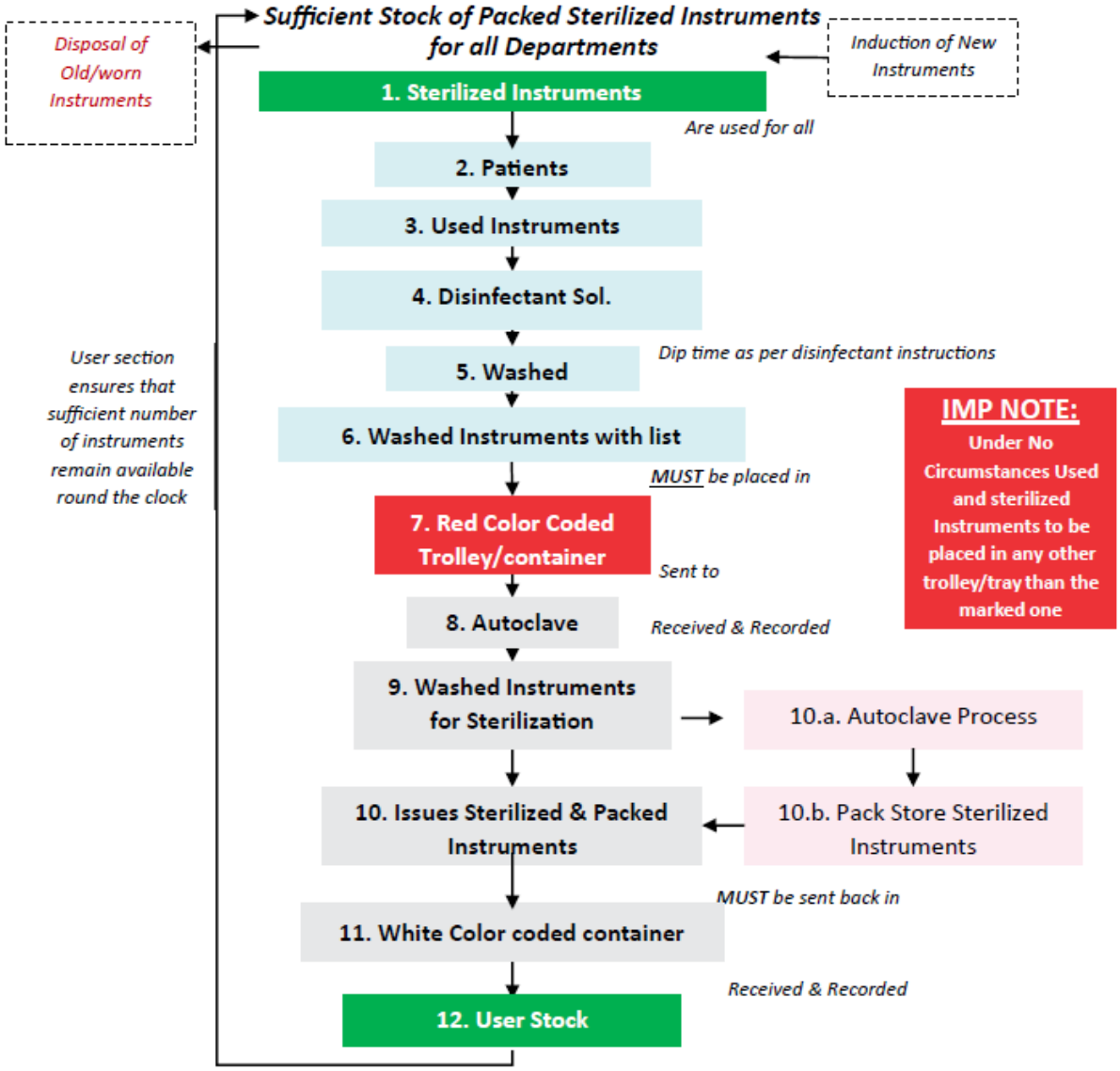



*Figure 11. Sufficient Stock of Sterilized Instruments*

- **Injections & Drips:**
  - Only Disposable Syringes are used.
  - With hands cleaned as described above, packing is checked to ensure that it is intact for sterility and that the date of expiry has not crossed.
  - Not opened before actual use.
  - It is ensured that needle does not touch anything before the actual prick to the patient.
  - The contents of the injection vials are seen for conformance to visual clearance standards.
  - The place of injection is decided and cleaned with fresh alcohol swab. The area so cleaned is allowed to dry itself without blowing any exhaled air and is not touched with anything even by the clean finger of the person who is injecting.

- At this stage, hands are sanitized with sanitizing solution and allowed to dry for 40-50 seconds.
- Syringe/drip needle is opened for the required action.
- Then the patient's cleaned & untouched place is pricked with the freshly opened syringe or drip needle.
- After injection/withdrawal of blood sample a new swab is used to temporarily apply light pressure to stop oozing of blood or a needle holing plaster strip applied in case of drip.
- Contents of injections in powder form, once mixed are injected within stipulated time of the manufacturer.
- Contents of the drips & giving sets are also to be treated in the similar way.
- Drip which has any floating object or turbidity is not used.
- Air bubbles are removed from the giving set by smooth leaking from the needle. The needle is not shuddered close to the waste basket for it may touch its brim/side or a discarded content or any other thing.
- Drip bottle is not punctured with needle to allow air into the drip bottle.
- Drip is discontinued if the recipient shows any sign of reaction like shivering or tachycardia.
- Used syringes & needles of giving sets are destroyed / rendered unusable by the Needle & Syringe Destroyer immediately after use.

- **Labor Room:**
  - Labor room is used for the purpose it is available.
  - Entry into labor room restricted and that too after observing the protocols.
  - Separate Color Coded containers for clean and soiled linen / instruments for sterilization and Vice Versa are used.
- **Cleaning:**
  - All patient care areas are thoroughly washed on weekly basis & disinfected with fast acting nontoxic surface disinfectants.
  - Daily cleaning of all rooms & mopping with fast acting nontoxic surface disinfectant solution.
  - Special attention is given to the sanitation of the toilets.
  - Patients, suffering from Infectious / Communicable Diseases, are managed discreetly to avoid cross infection.
  - All such identified patients are provided separate set of items for their use and disposed off. NO CROSS USE & very careful sterilization before reuse.
- **Disposal of Waste:**
  - One of the posted staff is trained in the Hospital Waste Management SOPs based on Hospital Waste management (HWM) Rules, 2018 and made responsible to ensure implementation of at least the following aspects.
  - General cleanliness/hygiene in the BHU premises is maintained.
- Flow Chart showing the Waste Management activities at BHU is given below:

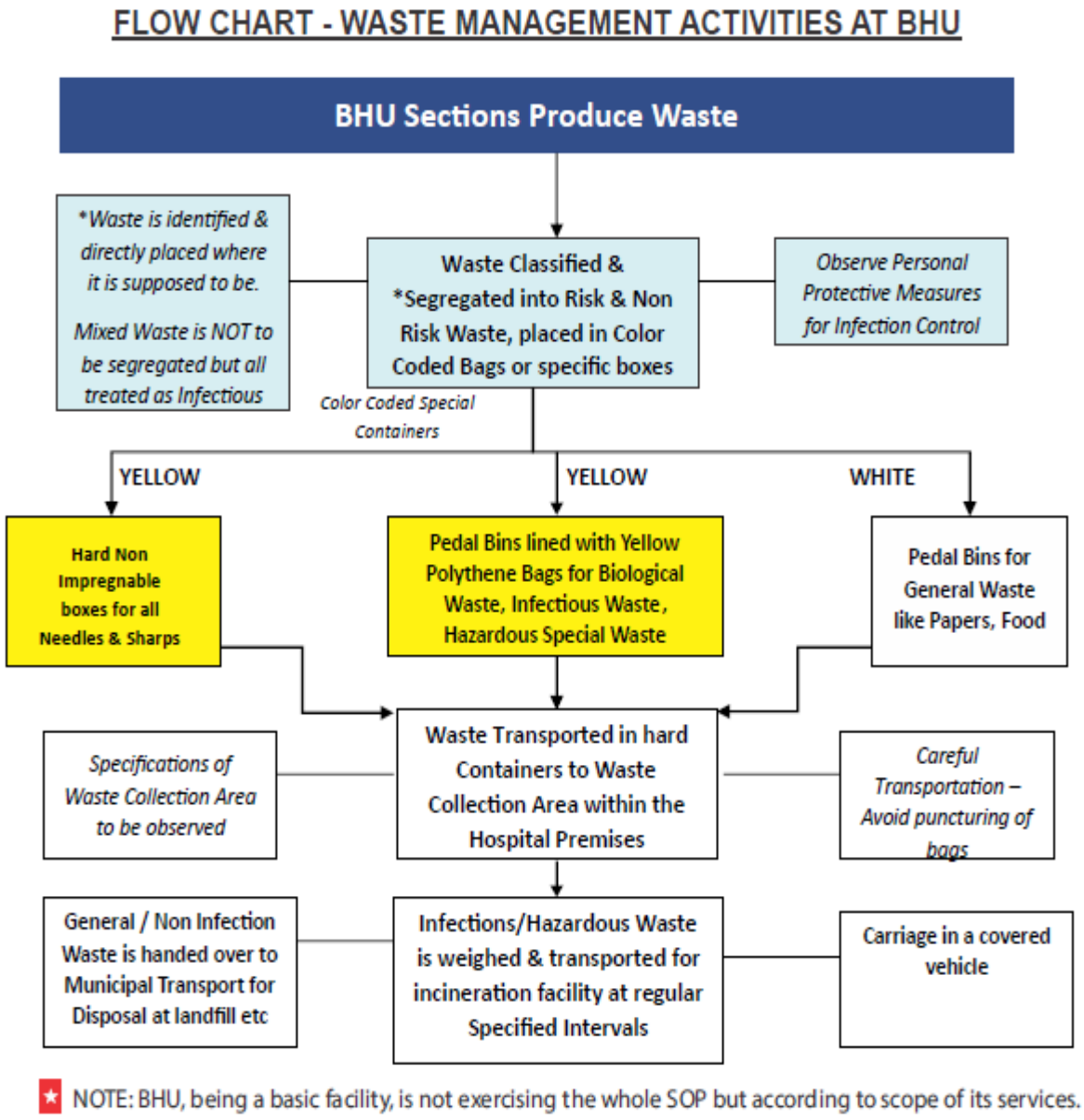



*Figure 12. Flow Chart of Waste Management Activities*

Clinical Waste is classified & segregated as shown in the chart given below:

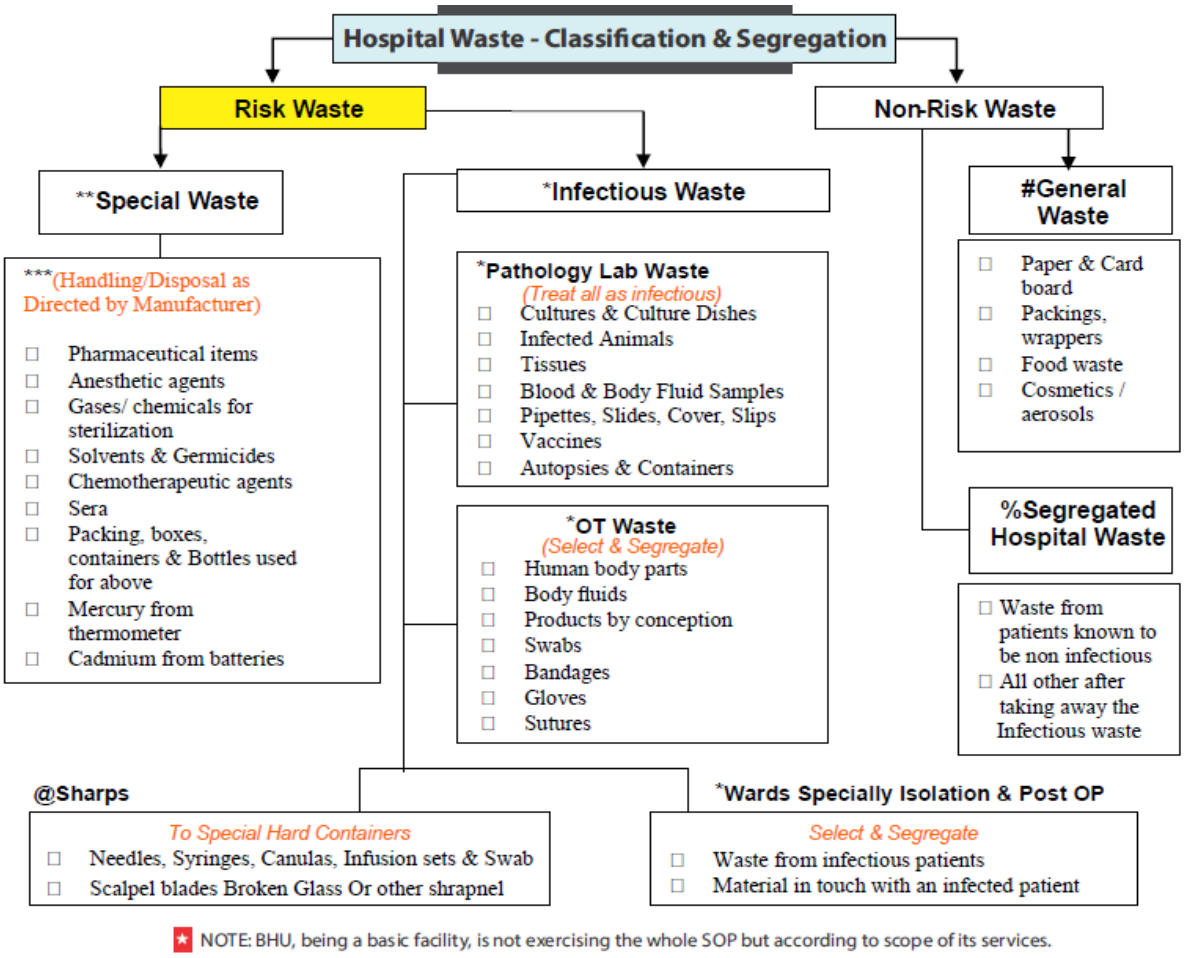



*Figure 13. Waste Classification & Segregation*

- Following are the descriptions related to the above flow chart:
  - *Segregation: By waste producers i.e. Doctors / Nursing / Paramedical staff. Select & Segregate Risk Waste (Usually 20% of total) to be incinerated, from non-Risk Waste at the site of generation.
  - **Segregate **(Annexure H)** in Yellow Colored Pedal Bins lined with strong Yellow Colored Polythene Bags for disposal by Incineration.
  - ***Segregate into Special Waste further subgroups viz Pharmaceuticals, Germicides, Chemotherapeutic Agents for Carriage & Disposal as per instructions of manufacturer. Yellow Color with Standard Warning Labels.
  - Disposal as per instructions of manufacturer. Yellow Color with Standard Warning Labels.
  - All Sharps regardless of their origin are to be placed in Non-Impregnable Sealed Red Colored Containers with special care for disposal by Shredding / Incineration.
  - Non Risk Waste usually constitutes 80% of total BHU Waste and is to be sent through Municipal Carriage Means for disposal at Landfills. Use Pedal Bins Lined with White Color Polythene Bags. No labeling required.

- Products of Conception & Body Parts are to be buried at specified burial sites. Use Light Blue Color. Transportation to internal storage & out of BHU in tough containers/covered vehicles to avoid littering.

# PART 4

# JOB DESCRIPTION

# 4. Job Description

## 4.1 Health Officer In Charge (Male/Female)

**Job Summary**

Health Officer In charge (Male/Female) BPS 17, is an M.B;B.S. registered with PMDC[43] reporting to DHO, performs full time duties as overall in-charge of BHU, as Health Care provider and supervisor of all outreach activities in his area of jurisdiction. The Health Officer in charge BHU is not only a Health Care Provider, but is also a manager. He/she facilitates individuals and communities to attain health under the domain of Primary Health Care in accordance with MSDS, SOPs & SMPs. The Job includes promotive, preventive, curative and rehabilitative services.

**1. Duties / Responsibilities**

**i. Administrative**

**a.** For the purpose of discipline, the Health Officer in charge is immediate officer and leader of the BHU health team.

**b.** Ensures maintenance of daily attendance register of BHU staff and out-reach workers with base station at BHU.

**c.** Ensures that staff has read, understood the SOPs, SMPs related to job and signed at the check sheet as a token of having read the instructions.

**d.** Takes report of activities from all the staff of outreach, static, other vertical programmes. Supervises the receipt and distribution consumables for these programs and ensures no stock outs.

**e.** Ensures that the services available in the facility are clearly & well displayed in the form of boards /neon signs at the entry / key points for the information of visitors / patients. Also ensures that services not available are not displayed.

**f.** Responsible for cleanliness and general maintenance, in all respect, of BHU.

**g.** Ensures provision, and supervises efficient utilization of material resources available to the BHU health team according to rules.

**h.** Responsible to properly utilize and recoup the allocated amount.

**i.** Supervises that all the forms and registers under his control are kept updated.

**j.** Ensures the timely submission of monthly DHIS and MIS reports of other vertical programs to the District MIS Cell.

**k.** Family planning activities at the BHU are carried out under the supervision of Health Officer who ensures that the targets, in this respect, set for various health workers are achieved. Also keeps a liaison with the family planning outlets, out-reach workers of the Department of Population Welfare and keeps himself abreast of their activities and achievements.

**l.** The Health Officer in charge is responsible himself, directly and indirectly through the members of the BHU health team for provision of primary health care to the people as laid down in the MSDS, SOPs particularly of IC & WM and SMPs.

[43] An additional training in preventive health care is recommended to be provided to MOs/ WMOs being posted at BHUs as Health Officers.

**m.** Ensures data gathering and display; demographic profile, epidemiological characteristics and health statistics of union council / BHU's revenue limit.

**n.** Prepares local health facility work plan in line with the District Annual Operational Plan (DAOP).

**o.** Supervises all the members of BHU health team i.e. health personnel posted in the Catchment Area of Union Council or BHU and out-reach workers and ensures their performance evaluation based on achievement of objectives.

**p.** Oversees all official correspondence and performs any other duty assigned by the DDOH.

**ii. Preventive / Promotive**

a. Ensures maintenance of an optimal standard of sanitation, clean environment, clean water reservoirs and other sources of water supply.

b. Keeps himself abreast with the epidemiological characteristics and the health statistics of the BHU's covered area and takes appropriate measures to effectively combat foci of communicable diseases, if any, before its eruption into epidemic.

c. Ensures encouragement of community participation with his team to achieve the aims. Ensures close working relation of the BHU health team with the workers from the other allied sectors, such as Sanitation, Water Supplies, Teachers, and Imams/ Khateebs for dissemination of health promotional messages/ slogans to community through them.

d. Delivers health promotional messages to the patients by Inter Personal Communication (IPC), Visual Displays in the Facility e.g. charts/photos.

e. Creates awareness & demand for Immunization, Pre Natal and Post Natal care, Family Planning, Good Hygienic Practices, Health Education regarding HIV/AIDS, STIs Hepatitis and communicable diseases, awareness and information regarding development/adaptation of healthy life style behaviors e.g. no smoking, exercise etc.

f. Health Officer adopts appropriate measures as per standing instructions including screening of the locality / community, the patient has come from if the patient suffers from some notifiable disease / communicable disease and takes measures to combat the situation accordingly. In this process he/she keeps the higher authorities informed/notified and seeks their help if required.

**iii. Curative**

a. The curative duties of the Health Officer include diagnosis, treatment and referral of individual patients coming to the BHU from the communities. Diagnoses the patients on the basis of clinical examination and / or laboratory investigations if required.

b. Provides out door treatment available at BHU.

c. Refers for special advice / admission / investigations to the appropriate level of care.

d. Records curative treatment provided to the patients in the appropriate forms and registers.

e. Rehabilitative

f. Provides Psychiatric, Psychological, Social, Nutritional rehabilitation services and refers essential cases to higher facilities.

**iv. Medico-Legal**

a. Provides essential lifesaving treatment to any such case reporting at BHU and refers to Rural Health Centre (RHC) for medico legal services.

**Signature of the Incumbent.**
(I have read and accept the job description)

## 4.2 School Health & Nutrition Supervisor

**Job Summary**

School Health & Nutrition Supervisor BPS 17, holding a Master degree in any subject preferably in Nutrition, Sociology, Social Work, Psychology, Political Science, Public Administration or Business Administration reports to In Charge BHU, performs full time duties. Based at BHU, as an outreach person, acts as a pivot for the provision of school health services in his area of jurisdiction. Provides guidance to students in schools including schools of special education, in preventive & nutritional support services, by providing first aid and referring any case if required to BHU.

**1. Duties / Responsibilities**

**i. Preventive / Promotive**

a. Provides guidance regarding general cleanliness and healthy environment of the school and assists the health officer in annual medical examination of school children.
b. Assists the health officer in conducting comprehensive examination of students at the time of school entry and every 4 years with the help of health related staff.
c. Conducts general physical examination (Nutritional status, anemia, skin, height & weight, skeletal deformities & mental health), checks Eye Sight, Hearing, Oral & Dental Hygiene, with the help of school staff. Immediately refers any child appearing sick to BHU.
d. Provides guidance on good nutritional practices and additional nutritional needs including major micronutrients to physically weak children.
e. Creates awareness amongst teachers & students about communicable diseases, common health problems including hazards of unsafe blood transfusion.
f. Participates in community health promotional activities by interacting with parents during the parent teachers meeting day on health and nutrition matters.
**g.** Provides information and enables the students in adopting healthy life style behaviors including no smoking, regular exercise, personal hygiene and healthy diet etc.

**ii. Rehabilitative**

a. Understands the principles of rehabilitation, interprets the directions of Doctors / Physiotherapists and guides the teachers, the concerned child, parents to return to normalcy with minimum or no disability after a disease or injury. The service includes nutritional and psychological rehabilitation.

**iii. General**

a. Receives health education / related educational material, stationery items boards etc., from BHU.
b. Prepares his / her own work / tour plan and gets its approval from the In charge of the health facility and communicates his / her approved tour plan to the concerned schools.
c. Records findings of the medical examinations in the school health register with a copy of the same to the BHU.

d. Provides training to the teachers for early detection of common ailments[44] and first aid under the supervision of Health Officer.
e. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**
(I have read and accept the job description)

[44] Common ailments like anemia, skin diseases, ear nose throat eyes and oral problems.

## 4.3 Medical Assistant / Health Technician

**Job Summary**

Medical Assistant / Health Technician BPS 9 & 16, holding FSc Pre Medical with Diploma as Health Technician from Faculty of Paramedic & Allied Health Sciences (FPAHS), Khyber Pakhtunkhwa or Diploma as Dispenser from FPAHS with 5 years relevant experience reports to In Charge BHU and performs full time duties. Accomplishes duties under the guidance of Health Officer and is responsible for the dispensary and its related activities. Provides static and out-reach health services to the individuals and communities including preventive, curative i.e. minor care education and immunization.

1. **Duties / Responsibilities**
   - i. **Curative**
     a. Assists the Health Officer in performing duties in examination / treatment.
     b. Refers seriously ill patients to the higher facility in the absence of in charge.
     **c.** Provides minor care to patients.
   - ii. **Preventive / Promotional**
     a. Guides the patients & the communities on prevention of communicable / common diseases.
     b. Creates awareness about the immunization (EPI), FP, STI/ RTIs and good nutritional and hygienic practices.
   - iii. **General**
     a. Assists in general administration.
     b. Prepares monthly HMIS report.
     c. Maintains OPD records.
     d. Issues medicines to the Dispenser and records expense.
     e. Demands & procures medicines and stores from DOH office.
     f. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**

(I have read and accept the job description)

## 4.4 Dispenser

**Job Summary**

Dispenser BPS 9, Matric with Science and recognized certificate in dispensing reports to in Charge BHU and performs full time duties. Assists Health Officer in activities relating to promotion of Community Health and general administration at the BHU. Provides services both at in-patient as well as in out-patient departments. Responsible for issuing medicines to the patients according to the prescription using standard pharmacological procedures, guide patients about the use of dispensed drugs and work as dresser. Prepares mixtures, lotions, suspensions, ointments, powders liniments etc. Works as store keeper of Medical / General Store in the BHU & maintains different registers regarding medicines and patients.

**1. Duties / Responsibilities**

**i. Curative**

a. Responsible for providing necessary assistance to the doctor in the efficient dressing of the patients dispenses the prescribed drugs and medicines to the patients according to the prescription and furnishes sufficient information to the patient on use of the dispensed drugs. Explains the patients on the proper use of medicines in accordance with the prescription.
b. Refers seriously ill patients to the higher facility in the absence of in charge.
c. Prepares and keeps the dressing trolley in order and ready for emergency.
d. Prepares the dressing drums for autoclaving by himself or at the central autoclave unit.
e. Carries out dressing of the patients with simple injuries and assists in or carries out dressing of serious injuries under the guidance of medical attendant/officer.
**f.** Indents linen/dressing material required for dressing and maintains the ledgers/stock accordingly.

**ii. Preventive / Promotional**

a. Administers the vaccines at the static centre in the absence of Vaccinator/ LHV.
b. Disposes off syringes, needles, sharps and other wastes as per SOPs on HWM Rules, 2018.
c. Ensures sterilization of instruments as per SOP.

**iii. General**

a. Regularly maintains the medicines and other store items, all the registers as per SOPs and assists in preparation of monthly DHIS report.
b. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**

(I have read and accept the job description)

## 4.5 Lady Health Visitor

**Job Summary**

Lady Health Visitor BPS 9, Two years Diploma in LHV Course registered with PNC reports to In Charge BHU and performs full time duties. Promotes Community Health by working with individuals and families for the welfare of mother and children through static and out-reach domiciliary MCH services. Provides antenatal, natal, postnatal care and family planning services to the mothers. Her job also extends to the care of infants and pre-school children including EPI, Acute Respiratory Infection, Nutrition, growth monitoring, and health education for awareness and motivation.

**1. Duties / Responsibilities**

**i. Preventive / Promotive**

a. By trying to keep herself aware of every expectant mother in her catchment area and visit mothers if required.
b. By advising mothers on preparation for delivery, choice of a skilled attendant at delivery and signs/symptoms of the onset of labour.
c. By detecting complications during pregnancy, especially danger signs of pregnancy and to arrange their timely referral if required.
d. By ensuring 2 doses of TT immunization to every expectant mother.
e. Maintaining adequate health record of expectant mothers according to the standing instructions.
f. Advises pregnant and lactating mothers on their and the children's nutritional needs.
g. Assesses nutritional status of pregnant women and lactating mothers through hemoglobin estimation and other anthropometric measures (weight, growth etc).
h. Advises micronutrients Iron, Iodine, Vitamin A, Folic acid and Vitamin D if required.
i. Educates the mothers on accurate methods of preparation and timing of breastfeeding and good weaning practices.
**j.** Distributes the food supplements from World Food Programme among eligible mothers.

**ii. Provides Post Natal Care**

a. By visiting at least once to each mother with first postnatal week in case of reported complicated delivery and within first month for the remainder.
b. Arranges immediate referral in the event of any post-natal complication.
c. Advises the mothers on the care of their health and that of the infant.
d. Advises mothers on optimum birth spacing.
e. Provides advice to mothers in the post natal period for enabling them to resume normal daily routines at the earliest.

**iii. Care of the Infant**

a. Advises LHWs, Traditional Birth Attendants (TBAs) and Midwives on infant care during field visits of the catchment area.
b. Ensures the entry in birth register of all births in the catchment area and assesses each infant for growth and umbilical cord condition at the post natal visit.
c. Supervises the health of infant and nursing mother by making visits on monthly basis.
d. Monitors nutrition, growth of the clients & identifies any deviation from normal health standard and arranges their referrals to the health facility.

e. Makes efforts that all infants are vaccinated against six communicable diseases under EPI programme, promotes use of Oral Rehydration Salt (ORS) in diarrhoeal diseases and advices on ARI management.
f. Maintains health record of all the infants visiting the health facility as per standing instructions to have regular follow-up.

**iv. Care of the Pre-school Child**

a. Advises LHWs, TBAs and Midwives on child care during field visits of the catchment area.
b. Monitors the weight of the children up to the age of 3 years and fills up MCH Card of the clients coming to the health facility.

**v. Creates awareness & demand for**

a. Immunization
b. Prenatal, Natal and Postnatal Care Hygienic / Sanitation Practices
c. Prevention of STIs/RTIs, AIDS, Hepatitis etc.
d. Development / adaptation of healthy life style behaviors e.g. healthy nutritional habits, exercise etc.

vi. Advises mothers on family planning as one of the prime duties. She carries out this by conducting sessions with them in the facility and individually.
vii. Advises appropriate family planning methods and provides non-surgical FP Services.
viii. Maintains a record of family planning clients on a prescribed family planning register.

**ix. Curative**

a. Provides Basic Emergency Obstetric & Neonatal Care (EmONC) as under:
   - Manually removes placenta & retained products.
   - Ensures availability of oxytocic drugs, parenteral antibiotics and anticonvulsants.
   - Basic newborn resuscitation, Warmth (drying and skin-to-skin contact), Eye prophylaxis, clean cord care, early and exclusive breast feeding.
b. Refers patients to Health Officer BHU / higher health facilities for management

**x. Training of Dais, TBAs**

a. Conducts initial and refresher training of Dais, TBAs if asked / arranged by the District Health Department.
b. Maintains training records.

**xi. Reports and Returns**

a. Maintains the following registers:
   - Mother health register
   - Child health register
   - Birth register
   - Vaccination register of the EPI Static Centre in the absence of the Vaccinator.
   - Completes the MCH portion of the monthly DHIS report.

**xii. General**

a. Maintains record of all activities / stocks and reports as per SOPs.
b. Coordinates with vaccinator in management of vaccine store at the health facility.
c. Creates an informal system of interaction and communication with TBAs and supervises the sub-ordinate personnel.
d. Supervises the conduct of at least one confinement each year for each trained Dai and TBA and additional confinements wherever required.

e. Maintains register of Dais, TBAs working in the area. Displays list of names and addresses of trained Dais, TBAs and LHWs in the health facility.
f. Keeps record of her field visits in the area.
g. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**
(I have read and accept the job description)

## 4.6 Mid Wife

**Job Summary**

Mid Wife, BPS 5, One-year Diploma in Midwifery registered with Pakistan Nursing Council (PNC) reports to LHV and performs full time duties in the Notified Catchment area. Performs maternity and child welfare work in her area under the supervision of the LHV. Strives towards a goal of conducting 80% of the confinements in her area. She performs duties at BHU for two days, four days' outreach domiciliary Midwifery services and care of the new born. Assists and cooperates with other health workers especially LHV, LHW in their work at the center and during home visits.

**1. Duties / Responsibilities**

**i. Preventive**

a. Makes efforts to contact all expectant mothers in her area and persuades them to come to the centre for examination, advice and assistance by the LHV or Lady Doctor.
b. Visits antenatal, post-natal cases and newborn babies at home regularly with the LHV.
c. Brings any prenatal, post-natal or newborn abnormalities to the notice of the LHV and arranges for medical aid.
d. Helps the pregnant mothers in preparation of delivery at home.
e. Reports cases of infection or contagious diseases to Health officer or LHV.
f. Makes efforts that all babies born in her area have been immunized and explains the importance of immunization to the people in her area.
**g.** Participates in Health Education and family planning services. Guides Parents on EPI, ORT, child spacing, breast feeding, weaning, balanced diet etc.

**ii. Curative**

a. Limited to very simple remedies like painkillers (Paracetamol, Disprin) or First Aid like stopping the bleeding by compression/bandaging and fracture splinting.
b. Receives / Indents kits, medicines and keeps their record.
c. Guides patients to seek advice from her senior level if required.
d. Helps / guides mothers in Post Natal period to return to normal life specially the mother of first child.
e. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**

(I have read and accept the job description)

## 4.7 Computer Operator

**Job Summary**

Computer Operator, BPS 12, One-year Diploma in Information Communication Technology (ICT), reports to in charge and performs full time duties at the BHU. Performs all computer related activities assigned to him and ensures efficient, economical utilization and routine maintenance of data processing and related equipment under his use. Responsible for collection and installation of standard/authorized computer programs of utility on the computer/s at BHU. Mainly works in office. Manages computer hardware/software etc. Occasionally required to collect / disburse information to other offices or prepare / show a presentation.

**1. Duties / Responsibilities**

i. Utilizes DHIS software to record and store patient / client data.
ii. Types official letters as per instructions of the in charge BHU.
iii. Maintains official files and records.
iv. Prepares reports / presentations according to the requirement.
v. Responsible for routine maintenance of computers and related equipment.
vi. Ensures that no mishandling of the computers & related equipment occurs.
vii. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**

(I have read and accept the job description)

## 4.8 Sanitary Inspector

**Job Summary**

Sanitary Inspector, BPS 8, Matric with Science with Diploma in Sanitary Inspector reports to In Charge BHU and performs full time duties at the BHU. The Sanitary Inspector, along with the other members of the out-reach team, is responsible for ensuring clean environment of the community. He is also responsible for promotion / awareness of good sanitation practices including use of latrines, clean water for washing and safe disposal of excreta.

**1. Duties / Responsibilities**

i. Maintains diary of his movements and daily activities and gets it counter signed by the officer in charge on daily basis.
ii. Maintains the stocks of various items in his use, updated in all respects.
iii. In case good sanitation practices are not being complied with and when the individual/family action, in this regard, is hazardous to the environment / community, reports in writing to the officer in charge for legal action by the DOH.
iv. Conducts sessions on good sanitation practices and clean environment including use of latrines, clean water for washing and safe disposal of excreta.
v. Conducts campaign to kill stray dogs, flies, insects etc., in the villages himself or with the help of sanitary patrol, if posted.
vi. Chlorinates/disinfects the wells and ponds of drinking water.
vii. Collects information on the epidemicity or endemicity of diseases in the area under his jurisdiction with the help of LHW/TBAs and village activists. Informs the officer in-charge of his health facility upon finding such a situation immediately, and at the same time, takes appropriate action with the assistance of fellow out- reach workers to combat such menaces.
viii. Collects samples, of food items, stocked or displayed for sale, suspected of adulteration and arranges its dispatch for analysis by the public analyst and subsequent legal action, if required, by the DOH through the Officer I/C health facility.
ix. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**

(I have read and accept the job description)

## 4.9 CDC Supervisor

**Job Summary**

Communicable Disease Control (CDC) Supervisor, BPS 5, Matric with Science with Training in Parasitology and Communicable Disease Control, knowledge of signs and symptoms of insecticidal poisoning and its treatment, reports to In Charge BHU and performs full time duties. CDC Supervisor Carries out his assignment by field visits with fellow members of the out- reach team as pre-announced visit plan. Helps in controlling the communicable diseases by performing preventive activities and advising corrective actions to be taken immediately and also by administering antimalarial drugs.

1. **Duties / Responsibilities**
   - **i. Preventive / Promotive**
     a. Arranges spray of insecticides on ponds, drainage channels and other sites suspected of mosquito breeding in high risk areas. Conducts and ensures that the insecticidal spray is done in the area, according to the SOPs.
     b. Ensures that items in stock with him are consumed within their shelf life and any items left with 06 months shelf life are brought immediately in the notice of the medical officer in charge.
     c. Conducts health educational sessions and delivers talks, to the individuals and communities, on how to prevent and control communicable diseases in their localities.
     d. Gets information from the LHWs/TBAs about the patients in their village/locality suffering from fever and other Communicable Diseases and visits / assesses such patients.
     e. In case of suspected malaria, prepares the thick blood slides for examination for malarial parasite and administers radical anti-malarial treatment to the malaria positive cases.
     **f.** However, in case of long-standing, low-grade fever i.e. suspected tuberculosis; he collects sputum for AFB detection.
   - **ii. General**
     a. Maintains and keeps the instruments, insecticides, stock register etc. up to-date and periodically countersigned by the in charge.
     b. Establishes an active liaison with the LHWs, TBAs and village activists interested in human welfare and community development with the help of fellow out-reach workers.
     c. Maintains a diary of his movements and activities for countersignature by the in charge and submits statistical / situational reports about his functions to the in charge..
     d. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**

(I have read and accept the job description)

## 4.10 Vaccinator

**Job Summary**

Vaccinator, BPS 5, Matric with Science with Training in vaccination & Expanded Programme on Immunization, having training in minor repair and maintenance of cold chain equipment, reports to In Charge BHU and performs full time duties in the catchment area of BHU. Vaccinator is responsible to in charge BHU for ensuring vaccination of children and mothers. Carries out assignment through field visits, with the fellow members of the out-reach team as pre- announced plan.

1. **Duties / Responsibilities**
   - **i. Preventive Services**
     a. Gets information about new-born and children under one year from the LHWs and TBAs in their village/locality and registers them appropriately.
     b. Ensures vaccination of all new born and children under one year, in the catchment area assigned to him, as per standard EPI schedule and good professional competence.
     c. Gets information about the occurrence of vaccine preventable diseases and informs, immediately, the health officer BHU.
     d. Conducts sessions on health education including motivation of people, using his interpersonal communication skills, to get the vaccination schedule of their children including the defaulters.
   - **ii. General**
     a. Establishes an active link with the LHWs/TBAs and village activists, interested in human welfare and community development along with the fellow out-reach workers.
     b. Submits monthly EPI report of his area to in charge BHU.
     c. Maintains and keeps the instruments, equipment, refrigerator, vaccine carrier, ice cubes, thermometer etc. in working order and ensures that they are not used for purposes other than the immunization programme.
     d. Maintains and keeps the stock register for vaccines, cold chain equipment etc., updated and periodically countersigned by the I/C medical officer.
     e. Stores vaccine and other items of stock at optimal conditions and ensures that these are consumed before expiry and the situation is brought in to the notice of Health Officer I/C.
     f. Keeps diary of his movements and activities.
     g. Performs any other professional duty assigned by the in charge.

**Signature of the Incumbent.**

(I have read and accept the job description)

## 4.11 Sanitary Patrol

**Job Summary**

Sanitary Petrol, BPS 1, performs full time duties in the catchment area of BHU and reports to Sanitary Inspector. Responsible for proper carriage of equipment, chemicals and instruments essentially required for conduct of duties to be performed by the Sanitary Inspector and out-reach team.

**1. Duties / Responsibilities**

i. Conducts field visits with Sanitary Inspector according to the pre-announced visit plan.
ii. Assists Sanitary Inspector in motivating people for environmental sanitation, using clean water for washing, building and keeping the latrines clean and appropriate disposal of excreta.
iii. Patrols the area with the SI and carries equipment, chemicals and instruments for use as per given instructions.
iv. Ensures safe custody of the equipment, chemicals and instruments being carried. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**

(I have read and accept the job description)

## 4.12 Lady Health Worker

**Job Summary**

Lady Health Worker, Middle, preferably Matric (with past community development experience preferred), selected by Health Facility Selection Committee, performs full time duties in the notified catchment area of BHU and reports to Lady Health Supervisor. Promotes Community Health by working with individuals, families and communities by providing/guiding them to Primary Health Care Facilities viz Family Planning Services, immunizing mothers & children under EPI, providing treatment for minor ailments and coordinating with other community based preventive programmes. She also promotes positive health behavior in the communities. The LHWs are residing in the same communities for which they are recruited, are acceptable to their communities, trained to deliver Family Planning Services, to promote positive health behavior and deal with the minor health problems of individuals and the community through a Primary Health Care approach. She accomplishes this by organizing the community by developing women groups and health committees and acts as a bridge between community & the health system by coordinating on both sides. Gets the support of NGOs.

1. **Duties / Responsibilities**
   - i. **Preventive**
     a. For Mother and Child
     b. Register pregnant women and less than 5 years children.
     c. Provides preventive services regarding Malaria, Diarrhea, ARI, TB, Intestinal Parasites, Hepatitis, Eye problems, Scabies, other minor diseases & Injuries.
     d. Provides ante-natal and post-natal care to mothers. Arranges / ensures delivery through skilled birth attendant.
     e. Coordinates with TBA/Mid Wife/LHV, and local health facility for efficient, antenatal and postnatal services.
     f. Coordinates & works with EPI Vaccinator for immunization of mothers and children.
     g. Emphasizes the importance of immunization and motivates the mothers for immunizing themselves and their children.
     h. LHW trained in vaccination administers vaccines according to the policies of the program. Maintains record of all children and mothers eligible for immunization in her area of responsibility. Family Planning
     i. Registers eligible couples.
     j. Provides condoms, oral pills to eligible couples and refers clients needing Intra Uterine Device (IUD) insertions, contraceptive surgery and injectable in coordination with TBAs/Mid Wives/LHV and local health facilities.
     k. Provides guidance to families for prevention of STIs, AIDS and RTIs.
     l. Provides guidance to families for countering Major Micronutrient Deficiencies & to take the supplements especially iron and folic acid.
   - ii. **Health Promotional**
     a. Provides Health Education for Good hygienic/sanitation practices.
     b. Creates awareness & demand for services available in the Health Facilities.
     c. Disseminates health education messages in the communities.

d.

e. Undertakes nutritional interventions such as anemia control, growth monitoring, and emphasizes on breast feeding and weaning practices.

**iii. Curative**

a. Provides guidance & accompanies the clients to the concerned health facility when required.

b. Treats minor ailments e.g. Diarrhea, ARI, Intestinal Parasites, Minor Eye Diseases, Scabies etc. & minor Injuries.

c. Requisites medicines from health facility / receiving / disbursing etc.

d. Works with TB DOTs, Hepatitis and Malaria Control Programmes & provides treatment and follow up as per programme policies, SOPs/SMPs.

**iv. Rehabilitative**

a. Guides mothers in the post natal period for enabling them to resume normal daily routines at the earliest.

**v. Referral**

a. She refers cases to nearest First Level care facilites (FLCFs) as per SOPs guidelines.

b. Performs any other duty assigned by the in charge.

**Signature of the Incumbent.**

(I have read and accept the job description)

# PART 5
# ANNEXURES

# 5. Annexures

## ANNEXURE A: Summary Assessment Scoring Matrix

| Functional Area | | Max Score | Required Score | Score Obtained |
|---|---|---|---|---|
| **2.1** | **Responsibilities of Management (ROM)** | 130 | 122 | |
| **2.2** | **Facility Management and Safety (FMS)** | 60 | 56 | |
| **2.3** | **Human Resource Management (HRM)** | 60 | 56 | |
| **2.4** | **Information Management System (IMS)** | 70 | 64 | |
| **2.5** | **Quality Assurance (QA)** | 30 | 30 | |
| **2.6** | **Access, Assessment, and Continuity of Care (AAC)** | 50 | 44 | |
| **2.7** | **Care of Patients (COP)** | 110 | 102 | |
| **2.8** | **Management of Medication (MOM)** | 140 | 128 | |
| **2.9** | **Patient Rights and Education (PRE)** | 90 | 84 | |
| **2.10** | **Infection Control (IC)** | 10 | 10 | |
| **Total** | | **750** | **686** | |

# ANNEXURE B: Statement of Ethics

| | |
|---|---|
| **Guideline 1** | We do not make misleading claims for our services or criticize our competitors before clients. We only believe in servicing our client's needs to the best of our efforts. |
| **Guideline 2** | We perform our work according to the specified quality standards. |
| **Guideline 3** | We avoid conflicts of interest either of a financial or personal nature; these could compromise the objectivity and integrity of our work. |
| **Guideline 4** | We exercise our professional judgment impartially while taking any decisions related to work, keeping all pertinent facts, relevant experience and the advice of our management in mind. |
| **Guideline 5** | We hold the affairs of our clients in the strictest confidence. We do not disclose propriety information obtained in the course of work or derive benefit from using information outside the company. |
| **Guideline 6** | We act with courtesy and consideration towards all with whom we come into contact in the course of our professional work. |
| **Guideline 7** | We do not accept any favors, gifts or inducements, including undue hospitality and entertainment, from the clients. The only expectations would be if the gifts are of promotional nature (diaries, calendars, etc.) or of a nominal value, the indulgence of which would not damage the company's reputation. |
| **Guideline 8** | We are fully committed to the principle of equality and non-discrimination on the grounds of disability, sex, age, race, color, ethnicity, origin or marital status. We do not indulge in any intimidation and harassment of any sort at work. |
| **Guideline 9** | We will communicate with our clients and its representative in an effective and timely manner. |
| **Guideline 10** | We would be perceived by clients and other thought leaders as setting the standards in client focus and client service among professional service companies. |

### Declaration

I have read and understood the **"Statements of Ethics"** and stand committed to it.

Signature: _____

Name: _____

Date of Joining: _____

# ANNEXURE C: Weeding of Old Record

| | **Type of Record** | **Period of retaining** |
|---|---|---|
| **Official Record** | Personal Files, Services books, Financial Record auditable and non-auditable, excisable/non-excisable record. | In accordance with the Government of Khyber Pakhtunkhwa Financial Rules or as per necessity, whichever is later. |
| **Medical Record** | Patient charts, Reports, X-Ray, CT Scan MRI, Pathology reports OPD Registers. | 03 Years or later as per necessity. |
| **Medico-legal** | Medico-Legal report/registers | 12 years or later as per necessity. |
| **Demographic Record** | Birth and Death record | Birth and Death Registers to be kept forever. |

# ANNEXURE D: KP HCC Charters for Patients and HCEs

## KP HCC CHARTER FOR PATIENTS & OTHERS

### Part A: Rights of Patients and Others

A patient/client or his career, as the case may be, or any other person to whom healthcare services are being rendered, shall have a right to:

1. Health, well-being and safety;
2. Easy access to registration/help desk to get registered and be guided to the respective services as per requirement;
3. Special arrangements for elderly people and disabled to have easy access to required health services;
4. Be attended to, treated and cared for with due skill, and in a professional manner for the accepted standard of health in complete consonance with the principles of medical ethics;
5. Be made aware of the full identity and professional status of the Healthcare Service Provider(s) and other staff providing services;
6. Be given information to make informed choices about his healthcare and treatment options and/or to give informed consent, in terms and in a language that he understands;
7. Seek second opinion when making decisions about his healthcare, and may be assisted by the Healthcare Establishment/healthcare service provider in this regard;
8. Accept or refuse any treatment, examination, test or screening procedure that is advised to him, exceptions being in cases of emergencies and/or mental incapacity in accordance with the relevant law;
9. Personal health information to be kept secure and confidential;
10. Access his own medical records, including but not limited to, comprehensive medical history, Examination(s), investigation(s) and treatment along with the progress notes, and obtain copies thereof;
11. Not to be discriminated against because of age, disability, gender1, marriage, pregnancy, maternity, race, religion, cultural beliefs, color, caste and/or creed;
12. Expect that any care and/or treatment being received is provided by duly qualified and experienced staff;
13. Expect that the healthcare service provider or the Healthcare Establishment, as the case may be, has the capacity and required necessary equipment in order and working condition, for rendering the requisite services, including but not limited to treatment;
14. Receive emergency healthcare, unconditionally. However, once the emergency has been dealt with, he may be discharged or referred to another Healthcare Establishment [emergency requiring healthcare, is a situation threatening immediate danger tolife2 or severe irreversible disability, if healthcare is not provided urgently];
15. Be treated with respect, empathy and dignity irrespective of age, disability, gender, marriage, pregnancy, maternity, race, religion, socio -economic status, cultural beliefs, color, caste and/or creed;
16. Be treated in privacy and with dignity, and have his religious and cultural beliefs respected throughout the duration of care, including but not limited to, taking history, examination or adopting any other course of action;
17. Be made aware of procedures for complaints and resolution of disputes and conflicts;

18. File a written complaint to the concerned healthcare service provider, official of the Healthcare Establishment or such other organization/person, as the case may be and be associated throughout the progress of the complaint and its outcome;
19. Seek compensation if he has been harmed by, including but not limited to maladministration, malpractice, negligent treatment, or failure on the part of a healthcare service provider or any staff/employee or others rendering services at the Healthcare Establishment;
20. Be informed and to refuse to participate in research, or any project dealing with his disease, care and treatment;
21. Be accompanied by a family member or career, as the case may be, particularly in cases of children, females, elderly and disabled. The healthcare service provider and/or the Healthcare Establishment, as the case may be, are to ensure that in cases of children and females in the immediate post anesthesia phase, a female staff shall be present until a family member or career can join the patient/client, The healthcare service provider and/or the Healthcare Establishment, as the case may be, are also to ensure that in cases of children and females an authorized family member or a career or if not so possible, at least a female staff is present during physical examination and investigation procedures where physical contact and or exposure of body part(s) is required.
22. Expect that the Healthcare service provider, the Healthcare Establishment, and/or such other person rendering similar services, as the case may be, shall not misuse nor abuse their fiduciary position *vis-a-vis* him or his career(s) or family members, as the case may be, for undue favor(s) including but not limited to sexual favor(s) or any other undue or uncalled for reward or privileges in terms of professional fee or gifts etc.
23. Be informed as early as possible regarding cancellation and/or postponement of any appointment, surgery, procedure, treatment or meeting, as the case may be;
24. Be made aware of the costs, fee and/or expenses, prior to the consultation, treatment or other services, and/or operation/procedure, as the case may be, and receive payment receipt(s) for the same;
25. Be given written instructions regarding his treatment, including instructions at the time of discharge;
26. Examine and receive an explanation for the bill(s) regardless of the source of payment;
27. End of life care;

Nothing in this Charter prevents any organization/healthcare service provider/Healthcare Establishment from recognizing additional rights of the Patient/Client and/or the career, as the case may be. The purpose of this Charter is to inculcate and invigorate in the community the understanding and recognition of the fact that health, care and/or treatment is a right of an individual even when he is unborn and the same continues from his cradle to coffin.

This document will be reviewed annually or earlier, as deemed appropriate by the Khyber Pakhtunkhwa Healthcare Commission, in view of its experiences, through a consultative process involving patients, former patients, family members, related professionals, staff and other stakeholder groups.

**Explanatory Notes**

1. Gender includes male, female, transgender and intersex individuals.
2. Life, in the context of mental emergency, includes those of others.

3. End of Life Care includes healthcare, not only of patients in the final hours or days of their lives, but more broadly, care of all those with terminal illness or terminal condition that has become advanced, progressive and incurable. Accordingly, it may so happen that no treatment may be advisable and or given but the care should continue, keeping in view the ethics of the profession.

**Part B: Responsibilities of Patients and Others**

The patient/client or career, as the case may be, is responsible to the Healthcare Establishment, its staff or the Healthcare Service Provider for: -

1. Providing, accurate and complete information, to the best of his knowledge, regarding medical history, including but not limited to, present medical condition and complaints, medications, allergies and special needs, past illnesses, prior hospitalizations etc., as is required;
2. Reporting unexpected changes in his condition;
3. Adhering to the treatment plan prescribed to him;
4. Keeping appointments and when he is going to be late or is unable to do so for any reason, notify the concerned about the same, as soon as possible;
5. Taking responsibility for his actions if he refuses treatment or does not follow the given instructions;
6. Ensuring that the financial obligations of his care are fulfilled as promptly as possible;
7. Following the Healthcare Facilities' Rules and Regulations relating to patient care and conduct of others, including careers and or visitors;
8. Behaving in a courteous and polite manner which is non-threatening;
9. Refraining from conducting any illegal activity while he is at their premises;
10. Informing of any change of address and other requisite information.

# KP HCC CHARTER FOR HEALTH CARE ESTABLISHMENTS

**Part A: Rights of Healthcare Establishments/Healthcare Service Providers**

The Healthcare Establishment or the Healthcare Service Provider, as the case may be, shall have the right to:

1. Collect accurate and complete information from the patient/client or career, to the best of his knowledge, regarding medical history including but not limited to, present medical condition and complaints, medications, allergies and special needs, past illnesses, prior hospitalizations etc., as is required;
2. Require the patient/client to follow treatment instructions, including the written instructions explained at the time of discharge;
3. Require all patients to abide by its rules and regulations regarding admission, treatment, safety, privacy and visiting schedules etc.;
4. Limit visiting hours and number of visitors in the best interest of the patient/client and that of the others in the Healthcare Establishment;
5. Limit number of careers in the best interest of the patient/client, and that of the others, while keeping in view the special needs of particular patients, for example, minor children, women, elderly and/or seriously ill patients;
6. Be timely notified by the patient/client regarding cancellation of appointment, consultation, procedure, surgery, etc. or delay in his arrival at the Healthcare Establishment;
7. Require the patient/client and/or career(s) to cooperate with Healthcare Establishment staff in carrying out assessments, prescribed investigations and treatment procedures.
8. Require from the patient/client or careers and visitors, as the case may be, to understand the role and dignity of the Healthcare Establishment, its staff and/or the Healthcare Service Provider, as the case may be, and treat them with due respect at all times;
9. Report and take legal action against the patient/client and/or his career(s), visitors, in case of harassment of its staff, damage to its property and disturbance to other patient(s), as the case may be;
10. Demand abstinence from the use of violent and disruptive behaviors or language abuse and take appropriate legal action in case of breach;
11. Prohibit smoking and/or substance/drug abuse on the premises and take appropriate legal action in case of breach;
12. Limit its liability for misplacement or theft of valuables and belongings of the patient/client, career and visitor;
13. Be paid for all services rendered to the patient/client, either personally or by the career or through the third party, e.g. insurance company.
14. Be notified of any change of contact, address and other details of the patient/client, as the case may be;
15. Ask for information from the patient/client regarding its services for the purposes of improving the healthcare services/systems within the Healthcare Establishment;
16. Maintain and utilize the data collected from the patient/client, subject to the principles and law relating to confidentiality, for the purposes of improving the healthcare services/systems within the Healthcare Establishment;

17. Ensure that while using the available facilities and equipment, due care and caution is taken by the patient/client and/or their careers and visitors, as the case may be.

The Khyber Pakhtunkhwa Healthcare Commission while recognizing the fact that each Healthcare Establishment is a "House of Hope" where advice and treatment, including other services, are rendered to the public at large, has developed this Charter of Rights for all Healthcare Establishments/Healthcare Service Providers in the Province of Khyber Pakhtunkhwa. All these rights are to be exercised with a view to make better services available to the masses.

The Khyber Pakhtunkhwa Healthcare Commission further assures that it stands committed to the cause of the Healthcare Establishments/Healthcare Service Providers in the exercise of these rights and shall always be ready and willing to support in the implementation and enforcement of the rights envisaged herein.

This document will be reviewed annually or earlier, as deemed appropriate by the Khyber Pakhtunkhwa Healthcare Commission, in view of its experiences, through a consultative process involving patients, former patients, family members, related professionals, Healthcare Establishments/Healthcare Service Providers, staff and other stakeholder groups.

## Part B: Responsibilities of Healthcare Establishments/Healthcare Service Providers

The Healthcare Establishment or the Healthcare Service Provider, as the case may be, shall be responsible for:

1. Ensuring the safety of patient/client.
2. Establishing such systems which enable easy access to services as are required by the patient/client.
3. Maintaining the services being provided through fully competent professionals.
4. Establishing systems to ensure that the rights of the patient/client and others are enforced and fully protected.
5. Adopting open policies regarding its procedures in relation to treatment of the patients/clients including but not limited to, their care and complaints etc.
6. Invigorating in their staff including but not limited to, Consultants and other professionals rendering services at the Healthcare Establishment, the importance and thorough practice of professional ethics.
7. Complying with all the governing laws, rules and regulations while operating, maintaining and rendering services.

# ANNEXURE E: BHU Complaints Management

## 1. OBJECTIVE

To ensure that complaints are handled in a standardized manner at all Healthcare Establishments (HCEs) in Khyber Pakhtunkhwa.

## 2. SCOPE

This document provides general guidelines to HCEs to develop or improve their Complaint Management Systems.

## 3. RESPONSIBILITY

The responsibility of complaints handling rests with the HCP; however, all staff members of the establishment are responsible for providing the necessary support.

## 4. DISPLAY OF INFORMATION

A. Inform the patient of his/her right to express his/her concern or complain either verbally or in writing.

B. This shall be done by clearly displaying the following information, in Urdu, at the entrance, help desk, every department and at the back of admission and discharge slips:

آپکو سروس کے متعلق تحریری یا زبانی شکایات کرنے کا حق حاصل ہے۔ آپ اپنی شکایات منتظم کو دفتر یا ٹیلی فون نمبر --------- پر کرسکتے ہیں یا استقبالیہ ہیلپ ڈیسک / ریسیپشن پر موجود شکایات رجسٹر میں اپنی شکایات درج کرسکتے ہیں۔

## 5. COMPLAINT HANDLING

A. Put into place a documented process for collecting, prioritizing, reporting and investigating complaints, which is fair and timely.

### B. Registration

(i) A number of Complaint Registers shall be maintained by each HCE, one of which shall be available at istaqbaliah/help desk/reception, round the clock.

(ii) Each Complaint Register shall have:

- A 3" X 4" white chit pasted on the cover page with the following:

| |
|---|
| **Complaint Register No. (Register No./Total number of Complaint Registers)**<br>Opened on: **(Mention date as XX-XX-XXXX)** |

- The following certificate on the inner side of the cover page:

| |
|---|
| "It is certified that this register contains _____ pages; each page has been numbered (at |

| |
|---|
| the top centre), stamped with the HCE seal (at top right corner) and initialed by me."<br><br>Date: XX-XX-XXXX (Signature and Name of Authorized Person) |

- The following page format:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| No. | Date | Complainant's Name | NIC No. | Contact No. | Address | Detail of the Complaint | Signature/thumb impression of the complainant | Date seen & Signature Manager | Date seen & Signature CEO |
| | | | | | | | | | |

***Column 2-8 shall either be filled by the complainant or someone else (whom the complainant trusts) on his/her behalf.***

- Every written or verbal complaint directly made to the HCE/Authorized Person shall be entered in the register within 24 hours.
- All complaints should be resolved expeditiously.
- Enter important points of the complaint in the register. Take notice of allegations and requests made.
- Investigate in an impartial manner.
- Keep the time factor in mind because any undue delay will reflect poorly on the management.

## 6. COMMUNICATION

A. Inform the complainant about the progress of the investigation at regular intervals and inform him/her about the outcome.
B. Stay in contact with the complainant and regularly update him/her about the progress made in investigation.
C. Record the outcome of the investigation and inform the complainant accordingly.
D. Don't indulge in argumentation. Be polite and empathetic.

## 7. QUALITY IMPROVEMENT

A. Use the results of the complaints investigation as part of the quality improvement process.
B. The registers should be perused by the Chief Executive of the establishment, at least once a month.
C. Make necessary changes in policy and procedures to improve the quality of healthcare services.

# ANNEXURE F: Health Related Laws in Khyber Pakhtunkhwa

| No. | Health Related Laws |
|---|---|
| 1. | Pakistan Medical Commission Act, 2020 |
| 2. | Khyber Pakhtunkhwa Food Safety & Halal Food Authority Act, 2014 |
| 3. | The Khyber Pakhtunkhwa Healthcare Commission Act, 2015 |
| 4. | The Khyber Pakhtunkhwa Public Procurement Regulatory Authority Act 2012 |
| 5. | The Khyber Pakhtunkhwa Consumer Protection (Amendment) Act, 2017 |
| 6. | The Khyber Pakhtunkhwa Blood Transfusion Safety Authority Act, 2016 |
| 7. | The Khyber Pakhtunkhwa Environmental Protection Act, 2014 |
| 8. | Pakistan Nursing Council (Amendment) Act, 2021 |
| 9. | Allopathic System (Prevention of Misuse) Rules, 1968 |
| 10. | Pharmacy Act, 1967 |
| 11. | The Unani Ayurvedic And Homoeopathic Practitioners Act, 1965 |
| 12. | The Allopathic System (Prevention of Misuse) Ordinance, 1962 |
| 13. | Khyber Pakhtunkhwa Hospital Waste Management Rules, 2018 |
| 14. | Injured Persons Act, 2004 |
| 15. | Khyber Pakhtunkhwa Injured Persons and Emergency (Medical Aid) Act, 2014 |

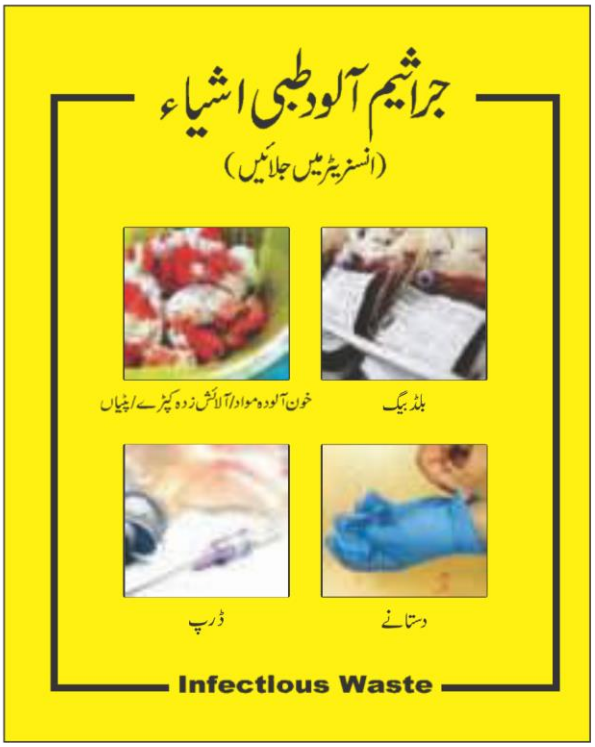
# ANNEXURE G: Template of Client Satisfaction Proforma

## CLIENT SATISFACTION PROFORMA

| No. | Questions | Response | |
|---|---|---|---|
| 1 | Are you satisfied with the health services, behavior of Staff and the environment at BHU_____? | Yes | No |
| 2 | If YES, how? (You can circle more than one response and write below) | **1.** Complete information provided.<br>**2.** Services available when needed.<br>**3.** Medicines available.<br>**4.** Services are not costly.<br>**5.** Convenient to reach the facility.<br>**6.** Staff is courteous.<br>**7.** Relevant staff is available.<br>**8.** Privacy is observed.<br>**9.** Female staff is available.<br>**10.** I recovered after treatment.<br>**11.** Other (specify) _____ | |
| 3 | If NO, why? (You can circle more than one) response and write below) | **1.** Issues of confidentiality.<br>**2.** Issues of privacy.<br>**3.** Lack of attention.<br>**4.** Inadequate information provided.<br>**5.** I was asked to come another time.<br>**6.** Medicines not available.<br>**7.** Medicines/services are costly.<br>**8.** The facility is too far away from my home.<br>**9.** Waiting time is too long.<br>**10.** Staff is discourteous / Unsatisfactory behavior.<br>**11.** Staff is not competent.<br>**12.** Relevant staff NOT available.<br>**13.** Female staff NOT available / Gender difference.<br>**14.** I suffered from side effects of the treatment.<br>**15.** Language barrier in communication with HCP.<br>**16.** 18. Other (specify) | |
| | Signatures of patient/relative: | | |
| | Action by the In charge with date: | | |

# ANNEXURE H: Segregation of Waste (Both Clinical & Municipal) for Disposal

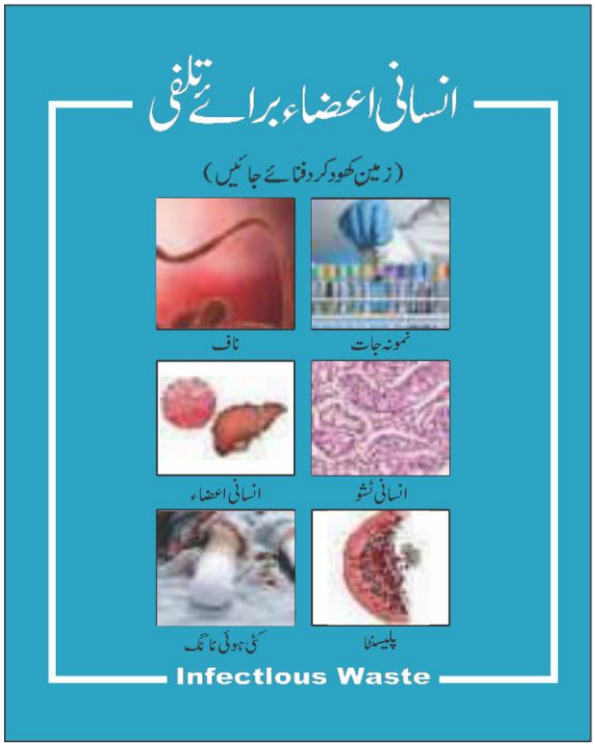
1. Yellow Colour




2. Red Colour


3. White Colour


4. Light Blue



The Khyber Pakhtunkhwa Health Care Commission (KP HCC) has the legal mandate (Khyber Pakhtunkhwa Health Care Commission Act, 2015) to regulate the health care services in both public and private sectors in the province. The objective is to improve and maintain quality of healthcare, and ensure safety of patients and healthcare providers. The Health Care Establishments (HCEs) are assessed against set standards for this purpose. It is mandatory for the HCEs, including primary, secondary and tertiary levels to acquire license from the KP HCC through the implementation of the Minimum Service delivery Standards.


**Khyber Pakhtunkhwa**
**Health Care Commission**

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