



**Khyber Pakhtunkhwa  
Health Care Commission**

# **Service Delivery Standards Reference Manual**

**General Practitioner &  
Specialist Clinics**



**2nd Edition  
KP HCC-06RM-Ed2**



2<sup>nd</sup> Edition

# Service Delivery Standards Reference Manual

General Practitioner &  
Specialist Clinics

Copyright © 2025, KP HCC-06RM-Ed2, by  
Khyber Pakhtunkhwa Health Care Commission.  
All rights reserved. No part of this publication may be  
reproduced in any form or by any means, without written  
permission from the Khyber Pakhtunkhwa Health Care  
Commission.





# Khyber Pakhtunkhwa Health Care Commission

@ August 2025

Service Delivery Standards

Reference Manual for General Practitioner and Specialist Clinics

## Produced by

Khyber Pakhtunkhwa Health Care Commission with technical support from the FCDO-funded Evidence for Health (E4H) Programme implemented by Palladium and Oxford Policy Management (OPM).

Developed with support from



*Disclaimer:*

*The views expressed in this document are entirely those of the authors/Khyber Pakhtunkhwa Health Care Commission, compiled through collective wisdom as a result of extensive consultations with relevant stakeholders, and do not necessarily represent FCDO's own views or policies, or those of OPM and Palladium.*



## Message from Chairman



**Dr. Ikram Ghani**

The Government of Khyber Pakhtunkhwa was the first in the country to establish the Health Regulatory Authority to ensure quality of health of the people. Taking forward the same commitment, the Health Regulatory Authority was revamped through the establishment of Khyber Pakhtunkhwa Health Care Commission in 2015. It is a pleasure to mention that the Commission is implementing all its major functions under its legal mandate granted by the Provincial Government.

The Commission is implementing the quality standards through the licensing of health care establishments. These standards are available in the form of Service Delivery Standards. The team of the Commission is committed to keep abreast of the new developments in the health sector. A key initiative of this commitment is the revision of the Service Delivery Standards, to reflect the evolving needs of healthcare and service delivery.

The Board of the Commission is highly professional and steered the Commission in the right direction to improve quality of healthcare in the province. Every Member took keen interest in the process and contributed to ensuring patient safety and improvement of care, provided at the various levels of health system. I express my heartfelt gratitude to every Member of the Board for the invaluable inputs in this journey.

The Government of Khyber Pakhtunkhwa has shown its constant commitment towards improving the health indicator of the people of the province, through its special initiatives in the health sector. I would take this opportunity to acknowledge the commitment of the Government of Khyber Pakhtunkhwa, especially the Minister for Health and Secretary to the Government of Khyber Pakhtunkhwa, Health Department.

The executives of the Commission and the whole team is very professional and committed, and I am confident that their efforts will bear fruit in the form of availability of better healthcare services to the people. I congratulate them on successfully completing the second edition of the Service Delivery Standards. Moreover, my sincere thanks are due to our partner, the team of Evidence for Health (E4H), an FCDO-funded programme for supporting this activity.

I encourage all healthcare establishments to take these revisions seriously and align their services with the updated standards. This process is essential for ensuring consistent quality across the province and safeguarding the health and well-being of our population.

Together, we can elevate healthcare standards and ensure that every facility operates with the quality, safety, and professionalism that our patients deserve.

## Foreword



**Dr. Nadeem Akhtar**  
Chief Executive Officer

The quality of a health care system is measured by the health of its people. The Khyber Pakhtunkhwa Health Care Commission has been established to improve the quality of healthcare, leading to better health outcomes for the healthcare seekers. It is a fact that the cost of poor quality in healthcare in the long term, far outweighs the investments needed to ensure safe and effective healthcare. The prime objective of the Commission is to ensure high-quality care, resulting in healthy people and reduced spending on healthcare services in Khyber Pakhtunkhwa.

The Commission has quality standards for most of the health care services and these are implemented for improving outcomes, and ensuring safety of patients as well healthcare providers. The already available Reference Manuals of Service Delivery Standards are in good form and ensuring the desired results. However, the Commission is cognizant of the advancement in the field of medicine and evolving needs of patients. In order to meet this end, the Board and Executives of the Commission decided to revise the quality standards, already available in the form of Service Delivery Standards. The team was aware that this is not an easy task and would require months of hard work, along with the ongoing implementation of the basic functions of the Commission. In addition, The Commission is also facing constraints in terms of availability of funds and human resource.

However, it is a matter of immense pleasure that the second edition of Reference Manual of Service Delivery Standards for General Practitioner and Specialist Clinics is ready. This marks a significant milestone in the journey of ensuring quality of healthcare. These revisions reflect our learning from practical implementation and are designed to better meet the local healthcare needs, while maintaining a strong focus on patient and provider safety. The updated standards, along with the accompanying explanatory notes, are intended to have a user-friendly version, and make compliance easy and more practical for health care establishments.

This was a tedious assignment but the availability of a competent Board and its professional Members, under the leadership of Dr. Ikram Ghani, made the process very smooth. I extend my heartfelt gratitude to the Board for its invaluable guidance at every step in the journey. In addition, I am grateful to the Government of Khyber Pakhtunkhwa, the Minister for Health and Secretary Health for their constant support and encouragement.

The team of Khyber Pakhtunkhwa Health Care Commission is highly committed and completed this assignment with dedication. I highly appreciate the unwavering commitment and efforts of the entire team of the Commission. Dr. Uzma



Syed led the process of revision of the Reference Manual as the in-charge of Directorate of Quality and I congratulate her on this achievement. All the Directors, Dr. Shabnum Gul (Director Licensing), Mr. Mohsin Ali Turk (Director Legal), Dr. Shefa Haider Sawal (Director Registration), and Mr. Javed Khan Afridi (Chief Financial Officer) took active part and contributed in their respective areas of expertise. The revision of standards was assisted by our development partner, the FCDO-funded Evidence for Health (E4H) Programme, led by Palladium and supported by Oxford Policy Management, under the provincial leadership of Dr. Muhammad Rahman Khattak. I appreciate the hard work and dedication of the team of E4H and extend my sincere thanks for their all-out assistance and making the revision possible. The designing and composing was also an important step and I commend the efforts of Mr. Malik Waqar Ahmad in ensuring an attractive and accurate manual.

As we move forward, I encourage all Health Care Establishments to implement these revised standards of the second edition and prioritise the safety and well-being of patients.

# Acknowledgment



**Dr. Uzma Syed**

In-Charge/Deputy Director  
Directorate of Quality

The Health Care Commission undertook the revision of the standards for quality of care for General Practitioner and Specialist Clinics. With great honour, I acknowledge the collective efforts and sustained support of various distinguished individuals and institutions involved in the development of the 2nd edition of the Reference Manual of Service Delivery Standards for the Khyber Pakhtunkhwa Health Care Commission. I feel privileged to lead a dedicated team in this endeavour, which was instrumental in revising and refining these standards to meet the evolving needs of the healthcare sector in Khyber Pakhtunkhwa.

This achievement would not have been possible without the vision of the Board of Khyber Pakhtunkhwa Health Care Commission. The guidance and patronage of the Board under the able leadership of Dr. Ikram Ghani, played a vital role in the process. I extend my deepest gratitude to all the Members of the Board for their commitment to this cause.

I would also like to express my sincere appreciation to Dr. Nadeem Akhtar, Chief Executive Officer. His leadership, steadfast dedication, and support throughout the revision process were instrumental in overcoming challenges and achieving our shared objectives. Additionally, I acknowledge the efforts of the staff of Khyber Pakhtunkhwa Health Care Commission, who reviewed drafts, provided insightful technical inputs, and shared their perspectives, which significantly contributed to the finalization of this edition.

The Khyber Pakhtunkhwa Health Care Commission extends profound gratitude to the FCDO's Evidence for Health (E4H) programme for providing exceptional technical assistance for this revision. We recognize the invaluable contributions of Dr. Muhammad Rahman (Provincial Team Lead), Dr. Mehran Qayum (Provincial Coordinator), Dr. Hira Nazir (Programme Officer), whose insights and contribution greatly enhanced the quality of the 2nd edition. I would also like to acknowledge

Special thanks are due to the team of technical experts of E4H, particularly Prof. Dr. Abdul Jalil Khan (Quality of Care Expert), Dr. Faryal Baddia (Public Health Expert), and Ms. Zunaira Michael (Research Associate), who conducted an exhaustive review of the available materials, synthesized information, and contributed to the drafting of the revised edition. Their technical expertise and commitment to excellence are deeply appreciated.

The success of this initiative is also due to invaluable insights provided by technical experts and representatives from key departments and institutions. I am especially grateful to the leadership and staff of Health Department, Health Sector Reforms Unit, Independent Monitoring Unit, Sehat Card Plus

Programme, Khyber Pakhtunkhwa Health Foundation, Khyber Medical University, Hayatabad Medical Complex, Ayub Medical College, and MERF. Their knowledge, experience, and engagement were crucial throughout the consultative workshop.

This collaborative achievement reflects our shared commitment to advancing healthcare standards across Khyber Pakhtunkhwa, and it serves as a testament to what can be accomplished when expertise, dedication, and vision are brought together for the greater good.

# TABLE OF CONTENTS

List of Figures	xii
List of Acronyms	xiii

## 01 SECTION 1: INTRODUCTION

Introduction to Service Delivery Standards	02
Navigating This Reference Manual	03
Ensuring Compliance with Quality Standards	04
Standards Development Process	05

## 02 SECTION 2: STANDARDS & INDICATORS

Human Resource Management	09
Standard 1. A suitably qualified individual provides services in the clinic	09
Indicator 1: The service provider has the requisite qualification(s)	10
Indicator 2: Valid PMDC registration certificate/licence of the doctor is visibly displayed inside the clinic	10
Facility Management System	13
Standard 2. Clinic is identifiable as an entity and easily accessible	13
Indicator 3: The clinic has a visible signboard displaying the clinic name and KP HCC registration/licence number	14
Indicator 4: Clinic timing is clearly displayed outside the clinic	14
Indicator 5: The clinic is easily accessible for patients	15
Indicator 6: The clinic is registered/licensed with KP HCC and certificate is prominently displayed inside the clinic	15
Indicator 7: Door plate clearly displays the name and qualification(s) of the doctor	16
Standard 3. Clinic premises support the scope of services	20

Indicator 8: Clinic has sufficient space for provision of services as per the scope of services	21
Indicator 9: Clinic has adequate arrangement of waiting area for patients	21
Indicator 10: Clinic has adequate toilet facilities for patients	22
Indicator 11: Clinic has separate room or area, providing privacy during examination and procedures	22
Indicator 12: Clinic has clear direction signs to guide patients to different service areas	23
Indicator 13: Clinic has clean water supply for use	23
Indicator 14: Clinic has safe drinking water for patients and staff	24
Indicator 15: Clinic has continuous electricity supply with appropriate backup	24
indicator 16: Clinic has proper lighting systems to maintain a comfortable environment for patients and staff	25
Indicator 17: Clinic has effective ventilation to promote a healthy environment for patients and staff	25
Indicator 18: Clinic has functional sewerage system for healthy environment	26
<b>Standard 4. The Clinic has safety and security system in place</b>	<b>30</b>
Indicator 19: Arrangements to combat fire emergency are available in the Clinic	31
Indicator 20: Staff know how to use fire extinguisher in fire-emergency	31
Indicator 21: The staff has knowledge of non-fire emergencies	32
Indicator 22. The staff has knowledge about key protocols of emergency exit and mock drills are conducted	32
<b>Standard 5. The required specialised equipment is available and maintained</b>	<b>37</b>
Indicator 23: Specialised equipment is available as per scope of services of the clinic	38
Indicator 24: Specialised equipment meet the required standards	38
<b>Care of Patient</b>	<b>41</b>
<b>Standard 6. The clinic has a well-established patient management system</b>	<b>41</b>
Indicator 25: The clinic has an established registration and guidance process	42

Indicator 26: The services being provided are prominently displayed inside the clinic	42
Indicator 27: List of fees and possible exemptions is prominently displayed inside the clinic	43
Indicator 28: Timely basic assessment of patient is conducted, including temperature, blood pressure, and symptom identification	43
Indicator 29: Consultation by the doctor is done according to the Code of Ethics of PMDC	44
Indicator 30: Health education is provided through relevant educational material	44
Indicator 31: The preventive services are provided as per relevant guidelines	45
<b>Standard 7. Essential arrangements for emergency care exist</b>	<b>49</b>
Indicator 32: The staff has knowledge about key protocols to deal with emergencies in the clinic	50
Indicator 33: The Clinic has essential arrangements to cater for emergency care	50
Indicator 34: An efficient triage system is implemented to prioritize patient care based on urgency and need	51
Indicator 35: List of emergency contact numbers is available and displayed in the clinic	51
Indicator 36: Standard Operating Procedures are available for referral of patients	52
<b>Management of Medication</b>	<b>57</b>
<b>Standard 8. Prescribing practices, storage &amp; dispensing of medication conforms to the standard guidelines</b>	<b>57</b>
Indicator 37: Standards for prescription writing are followed by the doctor	58
Indicator 38: Medicines are stored as per safe storage guidelines	58
Indicator 39: Expiry dates are checked prior to dispensing	59
Indicator 40: Labelling requirements are implemented prior to dispensing	59
Indicator 41: Dispensing is done by an authorised person	60
Indicator 42: Adverse Drug Reactions (ADR) are reported to supplier/ manufacturer and DRAP on ADR reporting form	60
<b>Information Management System</b>	<b>71</b>
<b>Standard 9. Clinical record of patients is maintained</b>	<b>71</b>



Indicator 43: Clinical record of every patient is maintained on the standard format	72
Indicator 44: Every patient record has at least two elements for identification	72
Indicator 45: Only authorised person(s) make entries in the record	73
Indicator 46: The clinic is reporting notifiable disease to the concerned District Health Officer	73
<b>Continuous Quality Improvement</b>	<b>78</b>
<b>Standard 10. The clinic has a quality improvement system in place</b>	<b>78</b>
Indicator 47: A quality assurance system is in place in the clinic	79
Indicator 48: Patient satisfaction assessment system is in place in the clinic	79
Indicator 49: Sentinel events to be assessed and managed, are enlisted	80
<b>Patient Rights and Responsibilities</b>	<b>84</b>
<b>Standard 11. A system for obtaining consent for treatment exists</b>	<b>84</b>
Indicator 50: The doctor obtains consent from patients before examination	85
Indicator 51: Procedures for which informed consent is required, are enlisted and consent form is available	85
Indicator 52: Informed written consent is obtained from patient/family before medical procedure	86
<b>Standard 12. Patients and families are informed about their rights and responsibilities</b>	<b>89</b>
Indicator 53: The KP HCC charter of rights and responsibilities is prominently displayed in the clinic	90
Indicator 54: Patients and families have a right to refuse treatment at the clinic	90
Indicator 55: Patients and families have a right to complain and there is a mechanism to address the grievances	91
<b>Infection Prevention and Control</b>	<b>94</b>
<b>Standard 13. Good hand hygiene is practised in the clinic</b>	<b>94</b>
Indicator 56: The doctor and concerned staff have knowledge about good hand hygiene	95

Indicator 57: The clinic has complete arrangement for good hand hygiene and it is practised as per protocol	95
<b>Standard 14. Personal Protective Equipment is used for infection prevention and control</b>	<b>101</b>
Indicator 58: The doctor and concerned staff have knowledge about Personal Protective Equipment and its use	102
Indicator 59: Required Personal Protective Equipment is available in the clinic as per scope of services	102
<b>Standard 15. Sterilisation protocols are followed in the clinic</b>	<b>105</b>
Indicator 60: Sterilization equipment is available in the clinic	106
Indicator 61. There is adequate space available for sterilization activities	106
Indicator 62. Relevant staff has knowledge of the process of sterilization and use of sterilizer	107
Indicator 63. Instruments/equipment are sterilized before every procedure on patient	107
Indicator 64. Regular validation tests for sterilization are carried out and documented	108
Indicator 65. There is an established procedure for recall in case of breakdown in the sterilization system	108
<b>Standard 16. Waste management system is in place in the clinic</b>	<b>114</b>
Indicator 66: The concerned staff has knowledge of the process of general cleaning and clinic premises is cleaned on daily basis	115
Indicator 67: Relevant staff has complete knowledge of the waste management of the clinic	115
Indicator 68: Waste management system is present in the clinic	116

## 03 SECTION 3: APPENDICES

Appendix A: Health Related Laws in Khyber Pakhtunkhwa	120
Appendix B: Consolidated Assessment Scoring	121
Appendix C: List of Contributors and Photographs of the Process of Revision	122
Appendix D: Template for Periodic Preventive Maintenance of Equipment	127
Appendix E: Statement of Ethics	128
Appendix F: Adverse Drug Reaction Reporting Format	129
Appendix G: Format of Patients Clinical Record	130

Appendix H: Weeding of Old Record	<b>131</b>
Appendix I: Confidentiality Agreement	<b>132</b>
Appendix J: List of Notifiable Diseases	<b>133</b>
Appendix K: Quality Assurance Checklist	<b>134</b>
Appendix L: Template for Patient Satisfaction Assessment	<b>136</b>
Appendix M: Patient Informed Consent to Treatment Form	<b>137</b>
Appendix N: KP HCC Charters for Patients and HCEs	<b>140</b>
Appendix O: HCE Complaints Management	<b>145</b>
Appendix P: Segregation of Waste for Disposal in Coloured Bins	<b>147</b>

# LIST OF FIGURES

Figure 1. Scoring and Colour-coding	04
Figure 2. Sign Boards Requirement	17
Figure 3. Door Plate Template	18
Figure 4. Emergency Exit Sign	34
Figure 5. Inscription	62
Figure 6. Prescription Sample	63
Figure 7. Specimen List of Professionals Authorized to Administer Medications	65
Figure 8. Patient Characteristics	74
Figure 9. Template of Authorisation	76
Figure 10. Complaints and Suggestions Box Signage	92
Figure 11. When to wash hands	97
Figure 12. Hand Washing Steps	99
Figure 13. Sample of Sterilisation Workflow	110

# LIST OF ACRONYMS

No.	Acronym	Full Form
1.	ADR	Adverse Drug Reaction
2.	AIDS	Acquired Immuno Deficiency Syndrome
3.	AWD	Acute Watery Diarrhoea
4.	BLS	Basic Life Support
5.	CCHF	Crimean Congo Hemorrhagic Fever
6.	Co <sub>2</sub>	Carbon Dioxide
7.	COP	Care of Patient
8.	CPR	Cardio Pulmonary Resuscitation
9.	CQI	Continuous Quality Improvement
10.	CT	Computed Tomography
11.	DHO	District Health Officer
12.	DHQ	District Headquarters
13.	DOB	Date of Birth
14.	DRAP	Drug Regulatory Authority of Pakistan
15.	E4H	Evidence for Health
16.	ENT	Ear, Nose, and throat
17.	EPHS	Essential Package of Health Services
18.	EPI	Expanded Programme on Immunization
19.	FDG	Focus Group Discussion
20.	FMS	Facility Management System
21.	FPAHS	Faculty of Paramedical & Allied Health Sciences
22.	GP	General Practitioner
23.	HCEs	Health Care Establishments
24.	HCP	Health Care Provider
25.	HIV	Human Immunodeficiency Virus

26.	ID	Identity
27.	IDI	In-Depth Interview
28.	IEC	Information, Education and Communication
29.	IMS	Information Management System
30.	IPC	Infection Prevention and Control
31.	ISQua	International Society for Quality (in Health Care)
32.	JCI	Joint Commission International
33.	KP HCC	Khyber Pakhtunkhwa Health Care Commission
34.	LHW	Lady Health Workers
35.	MBBS	Bachelor of Medicine, Bachelor of Surgery
36.	MUAC	Mid Upper Arm Circumference
37.	MNCH	Maternal, Newborn and Child Health
38.	MOM	Management of Medication
39.	MSDS	Minimum Service Delivery Standards
40.	NIC	National Identity Card
41.	NNT	Neonatal Tetanus
42.	OEM	Original Equipment Manufacturer
43.	OPD	Out Patient Department
44.	ORS	Oral Rehydration Solution
45.	PM&DC	Pakistan Medical & Dental Council
46.	PNC	Pakistan Nursing Council
47.	PPM	Periodic Preventive Maintenance
48.	PRR	Patient Rights and Responsibilities
49.	SARS	Severe Acute Respiratory Syndrome
50.	SOPs	Standard Operating Procedures
51.	TB-DOTS	Tuberculosis-Directly Observed Treatment, Short-course
52.	THQ	Tehsil Headquarters
53.	TNT	Trinitrotoluene
54.	URTI	Upper Respiratory Tract Infection
55.	VCO	Verbal Consent Obtained
56.	WHO	World Health Organization





## **Section 1**

# **Introduction**

# Introduction to Service Delivery Standards

---

The Khyber Pakhtunkhwa Healthcare Commission operates as an autonomous statutory body under the Khyber Pakhtunkhwa Health Care Commission Act, 2015. This Act mandates the regulation of both public and private healthcare establishments in the province, emphasizing quality improvement of healthcare services across the province. Given the challenges faced by many health centers in Khyber Pakhtunkhwa, particularly the facility infrastructure, infection control, waste management, and staff training, the Commission has established Service Delivery Standards (SDS) to guide improvements in quality and safety in the health care establishments.

Healthcare is one of the most critical sectors in society, and the quality of care directly impacts the health, well-being, and outcomes for individuals. As the healthcare landscape evolves - shaped by new technologies, regulatory changes, patient expectations, and global challenges - ensuring high-quality care becomes an increasingly complex, yet vital, responsibility. Healthcare quality standards are essential tools to guide organizations and professionals in maintaining and improving the standard of care delivered to patients.

Broadly speaking, healthcare quality refers to the extent to which health services, provided to individuals and populations, achieve the desired health outcomes. These outcomes are shaped not only by the technical aspects of care - such as diagnosis, treatment and medical procedures - but also by patient experiences, safety protocols, access to services, and the overall efficiency of healthcare delivery.

The Commission is legally mandated 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 Commission is ensuring to improve and maintain quality of healthcare through the implementation of Service Delivery Standards (SDS). The HCEs are required to follow these standards in order to get licence. As per law, no Health Care Establishment can function legally without being registered and licensed by the Khyber Pakhtunkhwa Care Commission (KP HCC).

Setting service delivery standards and indicators is an established practice for continually improving the provision of quality services in the health sector. Most of the countries have established regulatory bodies for ensuring patient safety and quality of care. Implementation of the standards of such regulators is mandatory for functioning as legal health care establishment. In addition, there are bodies which endorse the level of quality of healthcare services through certifications; however, implementation of their quality standards is not mandatory. HCEs voluntarily opt for these certifications to endorse the high-quality of their services. Joint Commission International (JCI), the International Society for Quality in Health Care (ISQua) etc., are bodies which certify HCEs on voluntary basis as a mark of providing high-quality services. On the other hand, governments establish organisations which regulate the services and the health care establishments are bound by law to get registered/licensed with them. In this province, the Khyber Pakhtunkhwa Health Care Commission has been established for this purpose. Similar regulatory bodies are present in all the other provinces and federal capital of Pakistan.

As we proceed through this Reference Manual of the Khyber Pakhtunkhwa Health Care Commission (KP HCC), we will explore the various standards, compliance requirements and indicators, offering insights into how healthcare quality can be measured, improved, and sustained for the benefit of all patients. These are the mandatory standards for getting “licence” from the Commission.

## 1. Navigating This Reference Manual

The Reference Manual is a comprehensive document for guidance of the managers of health care establishment as well Assessors of the Health Care Commission. This Reference Manual includes eight functional areas, representing the areas of the health care establishment to be assessed. In some cases the functional area is divided into sub-functional areas. For each functional/sub-functional area, standards are developed to be achieved by the HCEs for provision of high-quality healthcare services. Each standard has several indicators to guide the management for achieving the required standard.

A significant section of the manual is the “assessment methodology.” The implementer of the quality standards are guided in easy-to-understand terms on how to assess the achievement of certain standard and its related indicator. This is exactly the same methodology used by the assessors of the Health Care Commission to assess any health care establishment for “licence.”

The manual provides clear and measurable elements to determine the achievement of a standard, i.e., indicators. Some of the indicators are required to be achieved completely while others require fifty percent achievement. So the Manual presents either two or three possible options. Complete achievement of the indicator is termed as “compliance,” fifty percent achievement as “acceptable,” while no achievement is “non-compliance.” This section of the manual is labelled as the assessment scoring.

The standards and indicators of the sub-functional area are followed by “explanatory notes.” This section is extremely helpful to the health care establishments for understanding the standard and its related indicators. It provides additional information about the expectations related to certain quality standard, and how to implement it in the health facility.

Finally, for each sub-functional area the assessment scoring of the indicators is consolidated and actual scores are ascribed to the level of achievement. In case of non-compliance of an

indicator, no marks are awarded. Fifty percent achievement i.e., acceptable gets one mark and complete achievement gets two marks.

Throughout the document, for the sake of easy understanding the indicators are colour-coded. The indicators which require complete achievement are GREEN in colour, whereas those requiring partial achievement up to fifty percent are BLUE in colour, as given in figure 1. The same colour-coding scheme is followed in the assessment scoring method also.

Scoring and Colour-coding		
Non-compliance	Acceptable	Compliance
0	1	2

*Figure 1. Scoring and Colour-coding*

Effort has been made to make the Reference Manual user-friendly and easy-to-implement. Hence in addition to the explanatory notes, “appendices” are given in end, which provides reference material as well simple templates to be adopted by the health care establishments. The standards covers many laws related to health and healthcare services to ensure patient-care is prioritised and service-providers rights are safeguarded. Information to this effect is provided in the various appendices given at the end and a general list of the health related laws is provided at **Appendix A**.

This Reference Manual for General Practitioner and Specialist Clinics comprises 16 standards with 68 associated indicators grouped in eight Functional Areas for such services. 50 indicators require full compliance and have been ascribed 100% weightage, while 18 are acceptable even at partial compliance and have ascribed 50% weightage.

The HCE staff is advised to conduct 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. It is highly desirable to achieve 100% scoring in all areas for high-quality patient care and staff safety. Summary of Assessment Scoring is given at **Appendix B**.

## 2. Ensuring Compliance with Quality Standards

This manual provides comprehensive guidance for hospitals to achieve and sustain continuous compliance with KP HCC quality standards for healthcare. Effectively communicating critical information to staff and maintaining continuous compliance with KPHCC standards are essential for delivering safe, high-quality patient care. Here are some valuable suggestions and good practices to help you achieve continuous compliance with the standards outlined in this manual.

### i. Visit website of Health Care Commission

The website of the Khyber Paskhtunkhwa Health Care Commission is a valuable resource. Visit this website along with the social media platforms of the Commission regularly to remain aware of the updates about registration and licensing requirements

and processes. Moreover, communication with the representatives of the Commission for additional information and support should also be utilised.

**ii. Familiarize yourself with the standards**

Begin by reviewing the key functions and services provided by your HCE as outlined in the sections. Understand the scope of your services and the essential standards that all organizations must meet to get “licence” of the Health Care Commission. Thoroughly examine the compliance expectations, as given in the Scoring Methodology. In addition, focus on the Assessment Methodology to know how and what will be assessed by the Commission. Focus on the significant requirements given in the compliance section. Get acquainted with the terminology used throughout the manual. Identify the standards that require documentation and ensure you have all necessary records available at the time of formal assessment by the Health Care Commission to maintain compliance.

**iii. Leverage Standards to Enhance Care**

View standards not merely as a requirement for passing the assessment of the Commission, but as an integral components of your daily operations. By embedding these standards into your routine tasks and processes, you directly enhance patient safety and the quality of care, treatment, and services.

**iv. Conduct Self-assessment**

Once you are familiar with the standards and complete preparation, it is highly recommended to self-assess your health care establishment. This is easy and the Reference Manual provides all the steps to ensure compliance of standards and assess your readiness. During self-assessments for compliance, identify necessary follow-up actions to ensure your HCE meets these standards and fulfils your patients’ needs for safe, high-quality care.

**v. Get MSDS Training**

The Khyber Pakhtunkhwa Health Care Commission conducts training on MSDS regularly. These are useful trainings and facilitates implementation of the standards in your health care establishment. These training are organised by the Directorate of Quality of the Commission. Get in touch with the representative and enrol for the MSDS training.

### **3. Standards Development Process**

Development of the revised Service Delivery Standards for the 2nd Edition of Reference Manual was an extensive, collaborative, inclusive and well-coordinated process under the overall auspices of the Khyber Pakhtunkhwa Health Care Commission. Following steps were taken to craft this revised version of the standards:

**i. Planning Meeting**

The first step was the planning meeting at the Health Care Commission, attended by the Chief Executive Officer, Directors of the Commission and technical advisors engaged by Evidence for Health project. During this meeting, team lead and focal persons for various activities were identified. The time lines were thoroughly discussed

and agreed for various activities of the development of the second edition of Reference Manual.

**ii. Desk Review**

Thorough review of the national and international documents was conducted to identify related information on quality standards of healthcare. The relevant documents of World Health Organisation, Pakistan Medical & dental Council, Joint Commission International, related government bodies, as well as standards of the Health Care Commissions of the other provinces of Pakistan, were studied. The desk review provided a solid foundation and requisite knowledge of the latest trends in quality of healthcare and patient safety.

**iii. Internal Review Workshop**

A consultative activity planned with a small group comprising of technical staff of KP HCC and the consulting team. Representatives of the existing assessors and trainers of the Commission also participated. The purpose was to understand the perspective of assessors, since they actually go to the field and assess the health care establishments. It was extremely useful exercise to know about the interpretation of the standards by the HCE staff and the difficulties encountered by them during implementation. Moreover, insight was provided about refinement of indicators and deficiencies in the existing manual. This resulted in contextualizing the international standards and best practices, as well as identifying gaps and developing actionable recommendations for revising the standards for the second edition.

**iv. Visits to Federal capital and Sindh**

One-on-one meetings and field visits were conducted in collaboration with KP HCC to understand the perspective of direct beneficiaries from both the public and private sectors and learn about the practicality of the standards at the service delivery site. In this connection, model General Practitioner and Specialist clinics were visited in Islamabad and Karachi. These visit were highly beneficial and contributed in refining the standards to make them easy-to-implement, yet ensuring the required level of quality of care of patients, safety of staff as well as attendants. In Islamabad the specialist clinics of Islamabad Diagnostics Centre, Dr. Saadia Mustafa Clinic, and community dispensaries were visited. In Karachi meetings were held at SENA headquarters and their primary healthcare centres. In addition, facilities of Aafya Clinics were visited. An important activity in Karachi was the visits to the Liaqat National Hospital, Agha Khan Hospital and satellite clinics in various areas of both these hospitals. Moreover, the sister regulatory Commissions in Islamabad and Karachi were also visited.

**v. Consultative Workshop with the stakeholders:**

Two two-day consultative workshop was conducted in Islamabad to share desk and field review findings with the relevant stakeholders and generate interactive discussion for building consensus. These stakeholders included representatives from public and private institutions, Department of Health, Directorate General Health Services, Representative from Health sector Reforms Unit, Independent Monitoring Unit, Sehat



Card Plus Programme, private sector general practitioners, private sector specialists, development partner representatives. The Chairman of Khyber Pakhtunkhwa Health Care Commission was the Chief Guest. In addition, the Chief Executive Officer, Directors and other relevant staff participated in the workshop. The E4H team technical consultants facilitated the activity and compiled recommendations for revision of the quality standards for healthcare.

**vi. Drafting, review and composing of the Revised Manual**

The revised version of the standards were drafted by the technical team of consultants and was reviewed by team of Khyber Pakhtunkhwa Health Care Commission. Feedback was provided on the basis of review and comments was incorporated. Finally, the 2nd Edition of the Reference Manual of Service Delivery Standards for General Practitioner and Specialist Clinic was designed and composed.

Hence, the revision process involved a comprehensive review of existing standards and a comparative analysis with those from Islamabad and Sindh. Drawing on national and international guidelines, including the EPHS, the updated MSDS were informed by global best practices and tailored to the unique healthcare needs of Khyber Pakhtunkhwa. Extensive stakeholder engagement, including In-Depth Interviews (IDIs), Focus Group Discussions (FGDs), and consultative workshops, ensured that diverse perspectives shape the revisions. List of contributors and photographs of the process of revision are attached at **Appendix C**.



## **Section 2**

# **Standards & Indicators**

# Human Resource Management<sup>1</sup>

---

**Standard 1. A suitably qualified individual provides services in the clinic**

---

<sup>1</sup> Hereinafter Human Resource Management shall be abbreviated as HRM.

## Indicator 1

### The service provider has the requisite qualification(s)

#### Assessment Methodology

- Verify the educational qualification(s) of doctor by reviewing copies of his/her MBBS degree or equivalent for GP clinic.
- In the case of a specialist clinic, review additional educational qualification(s) that confirms specialist diploma or degree.
- Verify that all degrees/diplomas of doctor are registered with the Pakistan Medical and Dental Council (PMDC).
- Verify that the PMDC registration/licence certificate is valid. Confirm the status through the official PMDC online verification portal.
- Conform that the PMDC registration/licence certificate is of the same doctor who is providing services at the clinic.

#### Assessment Scoring

- **Compliance**  
The service provider possesses the required educational qualifications, i.e., MBBS or equivalent for GP clinic, and specialist degree for specialist clinics, and;  
The service provider has a valid PMDC registration/licence.
- **Non-compliance**  
The service provider does not possess the required qualifications, i.e., MBBS for GP Clinic and specialist degree for specialist clinics, and/or;  
The service provider does not have a valid PMDC registration/licence.

## Indicator 2

### Valid PMDC registration certificate/licence of the doctor is visibly displayed inside the clinic

#### Assessment Methodology

- Check that valid PMDC registration certificate of the concerned doctor is displayed prominently inside the clinic.
- Check that the display location is easily visible to patients and visitors.
- Cross-check the displayed certificate to confirm that the same doctor is service provider in the clinic.
- Verify the registration number and validity of the certificate of the concerned doctor.

## Assessment Scoring

- **Compliance**  
Valid PMDC registration/licence certificate of the same service provider is prominently displayed inside the clinic.
- **Non-compliance**  
Valid PMDC registration/licence certificate of the same service provider is not prominently displayed inside the clinic.

## EXPLANATORY NOTES

### Display of PM&DC Registration Certificate

No medical or dental practitioner is allowed to practice without having valid registration with PM&DC, as per provisions of Sections 28 and 29 of Pakistan Medical and Dental Council Ordinance 1962 and the PM&DC (Amendment) Act

2012, and the defaulters are liable to be punished. It is the personal responsibility of every doctor to keep the registration/licence valid as per requirement. The management/person in charge of the clinic is to ensure that a photocopy of valid registration certificate,<sup>2</sup> issued by PM&DC in respect

of the doctor practising in the clinic, is displayed at a prominent place in the clinic and the original is produced when demanded. The validity of the registration can be verified from the PM&DC website on line,<sup>3</sup> if required.

---

<sup>2</sup> As per Provision 7(1) of the Code of Ethics for Medical and Dental Practitioners prescribed by the PM&DC, no person shall practise modern system of medicine or surgery unless that person is a Doctor or Dentist having registered qualification and valid registration with PM&DC. Serial 8(1) refers to displaying valid registration of PMDC at the clinic and writing the registration number on prescriptions, certificate and money receipts to patients and 8(2) prohibits suffixing of degrees/diplomas with their names which are not registered with PM&DC.

<sup>3</sup> <http://www.pmdc.pk>

# Assessment Scoring Method

## Standard 1

Indicator		Required Score
Ind. 1	The service provider has the requisite qualification(s)	2 / 2
Ind. 2	Valid PMDC registration certificate/licence of the doctor is visibly displayed inside the clinic	2 / 2
Total Required Score		4



# Facility Management System<sup>4</sup>

---

**Standard 2. Clinic is identifiable as  
an entity and easily accessible**

---

<sup>4</sup> Hereinafter Facility Management System shall be abbreviated as FMS.

### Indicator 3

**The clinic has a visible signboard displaying the clinic name and KP HCC registration/licence number**

#### Assessment Methodology

- Verify that the clinic signboard is prominently displayed at the entrance, with the clinic name and KP HCC registration/licence number clearly written.
- Assess visibility of the sign board.
- Confirm that the information is legible and accurately reflects the registration/licence details.

#### Assessment Scoring

- **Compliance**  
The clinic has a visible signboard with the clinic name and KP HCC registration/licence number.
- **Non-compliance**  
The clinic does not have a visible signboard with the clinic name and KP HCC registration/licence number.

### Indicator 4

**Clinic timing is clearly displayed outside the clinic**

#### Assessment Methodology

- Confirm that clinic timing and availability of doctor availability, including days and time, from the staff.
- Check that clinic timing is clearly displayed outside the clinic.
- Cross-check the displayed timing with the information the information provided by staff for accuracy.

#### Assessment Scoring

- **Compliance**  
Clinic timing (days and time) is clearly displayed outside the clinic and followed.
- **Non-compliance**  
Clinic timing (days and time) is not clearly displayed outside the clinic and/or not followed.

## Indicator 5

### The clinic is easily accessible for patients

#### Assessment Methodology

- Observe that access to the clinic for patients and attendants, particularly for differently-abled and elderly persons, is easy.
- In case the entry/exit is not on ground level, it should have steps and ramps/slopes for a wheel chair and stretcher etc. and the ramps/slopes should be non-slippery.
- If the entry/exit are not on ground level, have steps but no ramps for wheel chair and stretcher, then the clinic staff shall provide facilitation to the patients.

#### Assessment Scoring

- **Compliance**  
Access to the clinic is easy for patients, including differently-abled and elderly persons.
- **Acceptable**  
The entry/exit are not on ground level, steps are available and there is no ramps for the wheel chair and stretcher, but the clinic staff provide facilitation to the patients.
- **Non-compliance**  
The entry/exit are not on ground level, the steps are available and there is no ramps for the wheel chair and stretcher, and clinic staff provide no facilitation to the patients.

## Indicator 6

### The clinic is registered/licensed with KP HCC and certificate is prominently displayed inside the clinic

#### Assessment Methodology

- Check for valid KP HCC registration/licence is prominently displayed inside the clinic.
- Prominently displayed means accessible to patients and easily readable.
- Verify that the registration/license is valid, with details of the concerned GP/specialist.
- Cross-check the clinic registration/licence and details of doctor with the KP HCC database to ensure authenticity.

#### Assessment Scoring

- **Compliance**  
The clinic has a valid KP HCC licence, and it is prominently displayed inside the clinic.
- **Acceptable**  
The clinic is only registered with KP HCC, and certificate is prominently displayed inside the clinic.

- **Non-compliance**  
The clinic is not registered or certificate is not displayed inside the clinic.

## Indicator 7

### Door plate clearly displays the name and qualification(s) of the doctor

#### Assessment Methodology

- Observe the placement of the door-plate and qualification(s) having a text in accordance with the PM&DC Code of Ethics of Practice for Medical and Dental Practitioners prescribed under the PM&DC Ordinance 1962 and the PMDC (amendment) Act 2012.
- As per Provision 7(1) of the Code of Ethics for Medical and Dental Practitioners prescribed by the PM&DC, no person shall practice modern system of medicine or surgery unless that person is a Doctor or Dentist having registered qualification and valid registration with PM&DC. Section 8(1) refers to displaying of valid registration of PMDC at the clinic and writing the registration number on prescriptions, certificate and money receipts to patients and 8(2) prohibits suffixing of degrees/diplomas with their names which are not registered with PM&DC.

#### Assessment Scoring

- **Compliance**  
The door-plate clearly displays the name and qualification(s) of doctor.
- **Non-compliance**  
The door-plate does not exist, or does not clearly displays the name and qualification(s) of doctor.

## EXPLANATORY NOTES

### Identification as a Legal Entity

The clinics of all General Practitioners and Specialists, like all other HCEs, are required to be identifiable as legal entity to enable the patients/clients seeking healthcare to identify and ascertain service provider's location and legal status. Thus, a clearly written, appropriately sized sign board is fixed at a suitable

place, so that any one approaching the clinic is able to identify its location, type, name and registration status, etc.

It would be mandatory to write "Doctor ABC" with the qualification, or "XYZ Clinic," followed by name, qualification. The board is also required to reflect the licence number issued by the KP HCC. Registration is to be reflected separately so that it

does not create the impression of an additional degree or diploma. The sign board should be fixed on a wall, roof top or pole, duly complying with local government regulations, as applicable. The recommended size of the main sign board is 5 feet long and 2.5 feet high depending on the site.

## THE SIGN BOARD SHALL HAVE

- The name of the clinic/doctors(s), as provided in the law
- The KP HCC registration/licence number issued to the clinic

### **In addition:**

Consultation timings of the doctor(s) is displayed outside the clinic, either on the sign board or separately

*Figure 2. Sign Boards Requirement*

### **Consultation Hours**

The prominent display of working hours of the clinic and availability of doctor for consultation outside the clinic is important for the convenience of patients. The clinic should only provide services when the doctor(s) is physically available as per the displayed timings. This is important to discourage the functioning of clinics beyond the practice time of a legitimate practitioner, developing patients' confidence and in limiting quackery.

### **Easy Access**

Easy access and moving within the healthcare facility are the basic and essential requirements for the patients, particularly for the differently-abled persons and elderly. If not on level ground, there should be availability of ramps for the movement of wheel chairs stretchers etc., or alternative arrangement be made for the

differently-abled and elderly patients, e.g., facilitation provided by the staff of clinic. Uneven floors, or even small obstructions, can cause a person particularly the differently-abled person and elderly to tumble over and get injured. All steps, ramps, slopes can be made non-slippery either with special material or simply by grinding and coarsening the surface, as it suits the service provider. The entry/exit and washroom door(s) (where applicable) should be wide enough to allow easy passage of wheel chairs.

### **Registration and Licensing**

Under Section 12 of the KP HCC Act, 2015, all HCEs including clinics of the General Practitioners and Specialist are under legal obligation to get registered and licensed with the KP HCC for their lawful operation. Displaying the KP HCC licence number on the

main sign is an ultimate legal requirement.

The registration/licensing forms, guidelines and information regarding fee etc., can be collected personally from the **KP HCC office or can be downloaded from the KP HCC website: [www.hcc.pk.gov.pk](http://www.hcc.pk.gov.pk)**.

A copy of the original registration certificate/licence issued by the KP HCC (as the case may be) is to be displayed at a prominent place in the waiting area/reception of the clinic whereas the original must be available at the clinic and shown on demand.

### **Door Plates**

The doorplate(s) with qualifications, in accordance with the Code of Ethics of Practice for Medical and Dental Practitioners prescribed by the PM&DC under the provisions of the PM&DC Ordinance 1962 and the PMDC (Amendment)

Act 2012 should be placed on the door of the clinic. The plate should be modest and must include qualifications, invariably indicating the granting authority. It would mean a degree/diploma

which is registered by the PM&DC. The name of the doctor(s) should not be used on any other clinic except the place of regular practice, where the practice timings are also displayed. The

recommended plate size is 4 x 10 inches with the wording of an appropriate size and font consisting of maximum of three lines.



*Figure 3. Door Plate Template*

**Caution:**

- 1) Only the qualification(s) registered by the PM&DC in recognized abbreviation(s) is/are permitted to be displayed.
- 2) Past/present appointments and membership with associations or bodies shall not be mentioned on the board(s) and door plate.

## Assessment Scoring Method Standard 2

Indicator		Required Score
Ind. 3	The clinic has a visible signboard displaying the clinic name, KP HCC registration/licence number	2 / 2
Ind. 4	Clinic timing is clearly displayed outside the clinic	2 / 2
Ind. 5	The clinic is easily accessible for patients	1 / 2
Ind. 6	The clinic is registered/licensed with KP HCC and certificate is prominently displayed inside the clinic	1 / 2
Ind. 7	Door plate clearly displays the name and qualification(s) of the doctor	2 / 2
Total Required Score		8



**F**

**M**

**S**

---

**Standard 3. Clinic premises support  
the scope of services**



## Indicator 8

### Clinic has sufficient space for provision of services as per the scope of services

#### Assessment Methodology

- Assess the overall layout of clinic to ensure it has adequate space to comfortably support its services.
- Verify that the space allocation aligns with minimum requirements for patient seating and operational areas.
- Examine the designated dispensing or dressing area to ensure it is separate from other sections, providing privacy and functionality, if portrayed.
- Verify that the clinic has sufficient space for medical staff to perform any procedures, if portrayed.

#### Assessment Scoring

- **Compliance**  
The clinic provides adequate space for all services, as portrayed, including sufficient space for patient seating, consultation, dispensing, dressing and procedures.
- **Acceptable**  
The clinic does not provides adequate space for all services, as portrayed, leading to minor discomfort for staff and/or patients.
- **Non-compliance**  
The clinic space is deficient for the services portrayed.

## Indicator 9

### Clinic has adequate arrangement of waiting area for patients

#### Assessment Methodology

- Assess that the waiting area has adequate arrangement for patients, and adequate means:
- Spacious enough to allow for movement, especially for differently-abled people and patients with mobility issues.<sup>5</sup> Moreover, sufficient space is available for individuals to wait without overcrowding.
- Seating is comfortable.
- At least fan is available for use in summer.
- Male and female waiting areas are segregated, keeping in view the cultural requirement.

---

<sup>5</sup> Spacious enough means accommodating 3-5 patients waiting at one given time. Although it is relative and depends upon the overall number of patients visiting the clinic. Dispensing of medication may be acceptable in patient waiting area in some settings.

## Assessment Scoring

- **Compliance**  
Waiting area is spacious enough, seating is comfortable, having at least fans, and segregated for male and female.
- **Acceptable**  
Waiting area is spacious enough, seating is comfortable, having at least fans, but not segregated for male and female.
- **Non-compliance**  
Waiting area is not spacious enough, or seating is not comfortable, or does not have at least fans.

### Indicator 10

#### Clinic has adequate toilet facilities for patients

## Assessment Methodology

- Assess that the clinic has adequate toilet facilities for patients, and adequate means:
- Toilet is available within the premises of the clinic or in close proximity.
- Toilet is clean having water facility.
- Toilet is segregated for male and female.

## Assessment Scoring

- **Compliance**  
Toilet is available in the premises, it is clean, and segregated for male and female.
- **Acceptable**  
Toilet is available in the premises/close proximity, it is clean, and segregated/non-segregated for male and female.
- **Non-compliance**  
Toilet is not available in the premises/close proximity, or it is not clean.

### Indicator 11

#### Clinic has separate room or area, providing privacy during examination and procedures

## Assessment Methodology

- Check clinic for a separate examination room or area designated for consultations and procedures (if portrayed), providing privacy to patients.

## Assessment Scoring

- **Compliance**  
Separate room or area with adequate privacy is available for examination and procedures.
- **Non-compliance**  
Separate room or area with adequate privacy is not available for examination and procedures.

### Indicator 12

#### Clinic has clear direction signs to guide patients to different service areas

## Assessment Methodology

**Note:** Applicable only to large clinics with multiple rooms, otherwise mark as “Not Applicable.”

- Check for availability of direction signs to guide patients to different service areas e.g., consultation room, pharmacy, emergency care, etc.
- Confirm that the signage is placed at eye level and is clearly visible to patients.
- Verify that direction signs are written in simple, understandable language, ideally bilingual if necessary, to cater for local population.

## Assessment Scoring

- **Compliance**  
Direction plates/signage are present, and effectively guiding patients to all service areas.
- **Non-compliance**  
Direction plates/signage are either absent or not effectively guiding patients to all service areas.

### Indicator 13

#### Clinic has clean water supply for use

## Assessment Methodology

- Check the availability of consistent clean water supply in the clinic.
- Inspect the water storage tank to ensure it is clean, well-maintained, and used solely for storing potable water.

## Assessment Scoring

- **Compliance**  
Clinic has consistent clean water supply and storage tank is clean.
- **Non-compliance**

Clinic has no consistent clean water supply and/or storage tank is not clean.

## Indicator 14

### Clinic has safe drinking water for patients and staff

#### Assessment Methodology

- Check the availability of safe drinking water for patients and staff.
- Check that the drinking water container(s), like water dispenser or drinking fountains or water coolers, are regularly cleaned, and in good condition.

#### Assessment Scoring

- **Compliance**  
Clinic has safe drinking water and drinking water container(s) are clean.
- **Non-compliance**  
Clinic has no drinking water or drinking water container(s) are not clean.

## Indicator 15

### Clinic has continuous electricity supply with appropriate backup

#### Assessment Methodology

- Check that the clinic has continuous electricity supply.
- For clinics conducting procedures: Verify that the clinic has an alternate power source in place, such as a generator or solar system, etc. to ensure uninterrupted operations.
- Check that the backup system has adequate capacity to support critical services, including lighting, medical equipment, and essential systems like refrigeration for medicines.
- For clinics not conducting procedures: Check the availability of alternate source, at least for lighting.

#### Assessment Scoring

- **Compliance**  
Continuous electricity is available in the clinic, and  
Alternative source of electricity is available in the clinics for conducting procedures.  
Alternate source of electricity available, at least for lighting, in clinics not conducting procedures.
- **Non-compliance**  
Continuous electricity is not available in the clinic, or  
Alternative source of electricity is not available in clinics conducting procedures.

Alternative source of electricity is not available, at least for lighting in clinics not conducting procedures.

## Indicator 16

### Clinic has proper lighting systems to maintain a comfortable environment for patients and staff

#### Assessment Methodology

- Check that the clinic has adequate lighting in all areas, particularly in consultation rooms, waiting areas, and corridors.
- Observe that the lighting is bright enough for medical procedures.

#### Assessment Scoring

- **Compliance**  
The clinic has adequate lighting in **all** areas.
- **Acceptable**  
The clinic has adequate lighting in **most** areas, including consultation/procedure room, but some areas have poor lighting.
- **Non-compliance**  
The clinic does not have adequate lighting in **most** areas, including consultation/procedure room.

## Indicator 17

### Clinic has effective ventilation to promote a healthy environment for patients and staff

#### Assessment Methodology

- Verify that the clinic has an effective ventilation system.
- Check for the presence of open windows, exhaust fans, or air conditioning units that promote air circulation and maintain a fresh atmosphere within the clinic.

#### Assessment Scoring

- **Compliance**  
Clinic has effective ventilation systems in **all** areas through windows and/or exhaust fans, or air conditioning.
- **Acceptable**  
Clinic has effective ventilation systems in **most** areas through windows and/or exhaust fans, or air conditioning

- **Non-compliance**  
Clinic does not have effective ventilation systems in **most** areas.

## Indicator 18

### Clinic has functional sewerage system for healthy environment

#### Assessment Methodology

- Inspect the clinic sewerage system for functionality, which means:
- Pipes are in good condition, with no visible leaks or blockages.
- Clinic is free from unpleasant odour.
- There is no overflow, especially during high usage time.

#### Assessment Scoring

- **Compliance**  
The clinic has functional sewerage system with no leaks, blockages, and unpleasant odour.
- **Non-compliance**  
The clinic does not have functional sewerage system with leaks and/or blockages and/or unpleasant odour.

## EXPLANATORY NOTES

### The Size and Premises

The size and premises of the clinic are important for the comfort of both patients and healthcare service providers which must be designed keeping these in mind. Practice can be started in a small consultation room, with space to accommodate a practitioner, patient and an attendant. However, the issues of space arise with an increase in the number of patients, where the people have to wait for their turn for consultation and medications etc. It is not desirable to make the patients wait in street while

doctor is engaged with a patient in providing consultation and would require arranging the additional seating space for the comfort of patients. The clinics of the GPs and Specialists are recommended to have sufficient space compartmentalized to cater to three basic needs i.e., patients sitting area for 3-5 patients waiting at a given time in a comfortable posture, consultation and dispensing of medicine (if portrayed). In some settings, if separate rooms for dispensing and waiting are not available, it is acceptable

to compartmentalize the area/room designated for dispensing and seating/waiting for patients with suitable partitions e.g., cloth, aluminum, glass or wooden within the available resources. Subject to affordability and usage, the clinic can have a reception and a computer for facilitation of the patient and record keeping and searching reference material etc.

The proposed partitions of the clinic including the following would maintain a sense of privacy for the

patients and also cater to the comfort of others:

### **1. Medical Consulting Area**

This is an important portion of any clinic and should have:

- i. A table and a comfortable chair for the doctor with proper back-support, and preferably reclining so that the doctor can lean back and rest at times as he/she has to sit for long hours.
- ii. A patient stool, preferably a revolving, stainless steel stool that is commonly available in the market. However, a stool made of any material e.g., wood or synthetic or mixed, having adequate height (1-1/2 ft.) well-polished/painted for keeping it clean, can also be used.
- iii. A few chairs or a wooden bench for patients and their attendants may be placed depending on space availability.
- iv. A small bookshelf or a book rack for keeping some reference books which may be fixed on the wall.
- v. An examination couch.

### **2. Dispensing Section**

This section is necessary if medicines are being dispensed from the clinic's dispensary and would basically require wooden or metal racks, in step ladder design, to store medicines which are easily accessible to the authorized dispensing person.

There should be separate, closed racks for storing extra stocks and some odorous medicines. The medicines should be stored in such a way that they are not exposed to direct sunlight or excessive heat. However, in case the practice is limited to prescribing ONLY and the patients are advised to get medicines from any store of their choice, this section would not be required.

### **3. Waiting Area**

The waiting area needs to be appropriately furnished with chairs settee(s), sofa(s), or benches, depending upon affordability and the numbers of clients to accommodate at least 3-5 patients and attendants at a given time to wait for 10-15 minutes and to move around freely without hindrance. The furniture should be comfortable and preferably also have center-table and magazine rack depending

on the available space and budget. The waiting area can also have a pin-board for posting articles, appointments or general information for patients.

### **Color Scheme and Ambiance in the Clinic**

White and light colors provide a feeling of openness and convenience for maintaining cleanliness and hygienic requirements and are preferred for clinics. Regardless of the color of the walls, it is desirable that the ceiling should be white for uniform illumination of the clinic.

Similarly, the curtains, furniture and other interior items should also have light colours which should blend-in and not stand out and be made of a material that facilitates maintenance of a clean and hygienic look. Bright colours like red, brown, black, dark blue and dark green and dim or coloured lights are usually not considered soothing and should be avoided to give a fresh and lively feeling to the interiors. Indoor plants help create a refreshing environment and can be placed if the space or budget permit. Idea is to have a simple and graceful ambiance.

### **Facilities for the Comfort of Patients**

The clinic also needs to have following facilities to provide

a comfortable environment for patients and care providers:

**1. Adequate sitting arrangements as described earlier**

**2. Alternate arrangements for lighting during power outages**

To combat electricity interruptions or emergency situations, alternative arrangements for electricity, at the minimum, an emergency light must be easily accessible.

**3. Waste bin<sup>6</sup>**

A dustbin/waste receptacle usually made of metal or plastic should be available for putting and temporary storage of waste etc.

**4. Ventilation**

The clinic room(s) should be airy, have windows for proper natural ventilation for the comfort of patients. A proper exhaust system as fixed in rooms and verandas in most of the local constructions, facilitates maintaining a comfortable internal environment. Air conditioner is also a good option, depending upon affordability.

**5. Clean drinking water**

Safe and clean drinking water with clean utensils for patients, attendants and staff should be available in the clinic.

**6. Toilet availability and accessibility**

A toilet should be available preferably, within the clinic premises. However, given the circumstances that a large number of HCEs are single room clinics, established in markets where attached bath rooms are generally not available, it is desired that the toilet facility should be accessible to patients, attendants and staff in the closest proximity.

**7. Mosquito and fly proofing**

In view of our environment being highly conducive to mosquitoes and flies, leading to the risk of malaria, dengue and other infectious diseases, it is desirable that the clinic environment is mosquito and fly free by ensuring properly fixed

doors and windows with wire gauze.

## Privacy of Patients

The clinic must have requirements to respect the privacy of patients during history taking, consultation and examination.<sup>7</sup> Female patients and minors are not to be examined alone by male practitioners and in such cases, the accompanying attendant, preferably a female, should be made to remain present. Additionally, for appropriate partitioning of the waiting area for male and female patients and attendants either a cloth curtain, or a wooden or tinted glass wall installed inside the clinic is strongly recommended in view of the affordability and the space.

<sup>6</sup> This is a minimum requirement for putting in and temporarily storing the non-infectious waste generated in the clinics. For any additional requirements, the provisions of the Khyber Pakhtunkhwa Hospital Waste Management Rules, 2018 framed under the Environment Protection Act should be followed.

<sup>7</sup> As per Code of Ethics for Medical and Dental Practitioners published by PM&DC.





## Assessment Scoring Method Standard 3

Indicator		Required Score
Ind. 8	Clinic has enough space for provision of services as per the scope of services	1 / 2
Ind. 9	Clinic has adequate waiting area for patients	1 / 2
Ind. 10	Clinic has adequate toilet facilities for patients	1 / 2
Ind. 11	Clinic has separate examination room or area, providing privacy during consultation and procedure	2 / 2
Ind. 12	Clinic has clear directions signs to guide patients to different service areas	2 / 2
Ind. 13	Clinic has clean water supply for use in clinic	2 / 2
Ind. 14	Clinic has safe drinking water for patients and staff	2 / 2
Ind. 15	Clinic has continuous electricity supply with appropriate backup	2 / 2
Ind. 16	Clinic has proper lighting systems to maintain a comfortable environment for patients and staff	1 / 2
Ind. 17	Clinic has effective ventilation to promote a healthy environment for patients and staff	1 / 2
Ind. 18	Clinic has functional sewerage system for healthy environment	2 / 2
Total Required Score		17



**F**

**M**

**S**

---

**Standard 4. The clinic has safety  
and security system in place**

## Indicator 19

### Arrangements to combat fire emergency are available in the clinic

#### Assessment Methodology

- Verify that fire-fighting equipment i.e., fire extinguisher is available in the clinic.
- Examine that the fire extinguisher is placed at an accessible location.
- Check that fire extinguisher is not expired.
- Verify that monthly inspection of fire extinguisher is carried out and recorded.

**Note:** In case clinic is existed in a large shared building, fire extinguisher at an accessible location in the building is sufficient.

#### Assessment Scoring

- **Compliance**  
Fire extinguisher is available, easily accessible, not expired, and inspected monthly.
- **Non-compliance**  
Fire extinguisher is not available, or not easily accessible, and/or expired, and/or not inspected monthly.

## Indicator 20

### Staff know how to use fire extinguisher in fire-emergency

#### Assessment Methodology

- Assess the knowledge of doctor and staff regarding use of fire extinguisher during fire-emergency

#### Assessment Scoring

- **Compliance**  
All staff has knowledge of the use fire extinguisher during fire-emergency.
- **Acceptable**  
Some staff has knowledge of the use fire extinguisher during fire-emergency.
- **Non-compliance**  
No staff has knowledge of the use fire extinguisher during fire-emergency.

## Indicator 21

### The staff has knowledge of non-fire emergencies

#### Assessment Methodology

- Ask the doctor staff of clinic regarding knowledge of non-fire emergencies.
- Some of the non-fire-emergencies are earthquakes, terrorist attacks, hysteric fits of patients and/or relatives, anti-social behaviour by patients/relatives, spillage of hazardous substances (acids, mercury etc.), building or structural collapse, falls of patient/attendant/staff, sudden breakdown of supply of electricity, etc.

#### Assessment Scoring

- **Compliance**  
All staff has knowledge about non-fire emergencies.
- **Acceptable**  
Some staff has knowledge about non-fire emergencies.
- **Non-compliance**  
No staff has knowledge about non-fire emergencies.

## Indicator 22

### The staff has knowledge about key protocols of emergency exit and mock drills are conducted

#### Assessment Methodology

- Assess the knowledge of staff regarding key protocols of evacuation during emergency.
- Check record for annual emergency mock drills.

#### Assessment Scoring

- **Compliance**  
All staff has knowledge of emergency exit plan and emergency mock drills are conducted once a year.
- **Non-compliance**  
All staff do not have knowledge of emergency exit plan and/or emergency mock drills are not conducted once a year.

# EXPLANATORY NOTES

## Fire and Non-Fire Emergencies

The staff of the clinic should be well familiar with the process for early detection and containment of fire and non-fire emergencies.

The staff must know how to identify (early detection) fire and non-fire emergencies and be fully knowledgeable about containment methods and actions required while using fire extinguishers/sand/water bucket /shovels etc.

### Containment

The team responsible for containment will take a quick review of the situation in order to assess their role for the purpose which may include to initiate the alarm for evacuation and help abating the fire. General guidelines given below are helpful in carrying out the containment.

### Abatement

It is very important to decide when and how to try abatement and when to call help. The fire resulting from short circuit should never be controlled with water unless the power is cut off from the main switch or the fuse break. If fire doesn't seem to be controllable by the clinic staff and resources, it is essential to call help from Rescue 1122/fire brigade,

civil defense etc. immediately even before starting the efforts for abatement.

### General guidelines

1. When fire is detected, stay calm, try to oversee the situation and watch out for danger and take the following actions in this order:
  - i. Close the windows and doors to cut off the fresh air to limit the spread of fire.
  - ii. Keep the escape route open.
  - iii. Raise fire alarm by shouting, telephoning and manually switching on the fire alarm, if it has not automatically triggered.
  - iv. Rescue the trapped people.
  - v. Switch off electricity and gas supply.
  - vi. Fight fire, if possible with at least two persons.
2. Persons with burning clothing should be wrapped in a blanket on the floor, sprayed with water. A CO<sub>2</sub> fire extinguisher can also be used, but do not spray on the face.
3. When using fire extinguishers, it is important that the fire is fought at the seat of the

fire i.e., at the bottom of the flames, not in the middle of the flames.

The presence of gas cylinders poses danger of explosion due to overheating. If those cannot be removed, try to cool those with a fire-hose while taking cover behind some structure. When the situation looks beyond control, evacuate the building. Let everybody assemble outside and check that no one is missing. To practice this, a Regular Mock Fire Drill (once a year), should be held.

### Emergency Exit Plan

(Teams, Responsibilities, training and rehearsal schedules)

The clinic should have unobstructed escape routes in case of fire and preferably two exits and **Fire Exit Signs** posted at appropriate places. The emergency exits should be clearly marked and obstructions must be kept away from exits at all times. The HCE shall have contact details and establish liaison with civil and police authorities, **Rescue 1122** and the **Fire Brigade** for seeking help and support in case of an emergency.

### Emergency Exit System

1. Reasonably reliable and assessed lighting source, such as public utility

electric service is required in clinic Emergency lighting facilities to maintain specified degree of illumination in the event of failure of the normal lighting source for a period of at least one hour.

2. Emergency EXIT signs, as given below, should be available for safe exit during emergencies.



*Figure 4. Emergency Exit Sign*

3. Size of Emergency EXIT signs should be appropriate, i.e., readable from a distance of 15-20 meters.
4. Corridors, hallways and aisles must be at least 2.4 meters wide.
5. Use ramps to access the second floor and up (as applicable).
6. Stairways with safe and adequately secured railings.
7. Stairway must be at least 112 cm wide and made of fire-resistant material.

### Children

Children will be given first priority while evacuation and will be carried out by their mothers or attendants and if unattended or the attendant cannot carry the child, it will be the responsibility of the

duty staff to save the child or seek help. The newborns and the children in incubators or under warmers shall be carried well protected (wrapped in blankets etc.)

### Patients

The patients who can walk will be guided to the appropriate exit while those who cannot walk will be transported through wheel chairs or the stretchers as per the situation and the condition of the patient.

### Staff

Staff will evacuate in the last however unnecessary lingering must be avoided.

All the persons will gather in the designated assembly area so that a head count can be done. It is necessary in order to ensure everyone in the building has been successfully evacuated.

It is also important that the staff is updated annually on the early detection and containment of fire and non-fire emergencies.

### Arrangements to deal with Fire and Non-Fire Emergencies

The clinic should have adequate arrangements to deal with fire and non-fire emergencies and the staff must be fully conversant with the arrangement and should be able to access and operate the fire-fighting equipment. Brief description of fire and non-fire

emergencies, required actions to combat the same, which all staff of the clinic should know, is given below:

#### 1. Fire emergency

Any sudden incident, where smell of something burning is felt, a smoke is visible or actual fire is noticed, is considered a fire emergency. Fire emergencies are to be handled urgently, with care and patience, keeping the safety of the patients and the staff in mind.

#### 2. Non-fire emergency

Non-fire emergencies relate to the emergent conditions caused by accidents and/or natural calamities, and may include:

- i. Earthquakes
- ii. Civil disorders affecting the HCE
- iii. Terrorist attacks
- iv. Invasion of swarms of insects and pests
- v. Invasion of stray animals
- vi. Hysterical fits of patients and/or relatives
- vii. Anti-social behavior by patients/relatives
- viii. Temperamental disorders of staff causing deterioration in patient care
- ix. Spillage of hazardous substances (acids, mercury etc.), infected materials (used gloves,

<p>syringes, tubing, sharps etc.) and medical wastes (blood, pus, amniotic fluid, vomit etc.)</p> <p>x. Building or structural collapse</p> <p>xi. Falls, slips or collision of personnel in the corridors</p> <p>xii. Fall of a patient from the bed/stretchers</p> <p>xiii. Bursting of pipelines</p> <p>xiv. Sudden flooding of areas like basements</p>	<p>due to clogging in pipelines or heavy rains</p> <p>xv. Sudden breakdown of supply of electricity, gas, vacuum etc.</p> <p>xvi. Bursting of boilers and/or autoclaves</p> <p>xvii. The person in charge and the clinic staff shall take care of non-fire emergency situations by identifying them and</p>	<p>taking appropriate course of action.</p> <p><b>Awareness of rapid response</b></p> <p>Rapid response time of fire service-based, pre-hospital emergency systems is pivotal. The Khyber Pakhtunkhwa Emergency Services <b>Rescue 1122</b> is one of the major organisations in to be contacted in cases of emergencies.</p>
---	---	---



# Assessment Scoring Method

## Standard 4

Indicator		Required Score
Ind. 19	Arrangements to combat fire emergency are available in the clinic	2 / 2
Ind. 20	Staff know how to use fire extinguisher in fire-emergency	1 / 2
Ind. 21	The staff has knowledge of non-fire emergencies	1 / 2
Ind. 22	The staff has knowledge about key protocols of emergency exit and drills are conducted	2 / 2
Total Required Score		6



**F**

**M**

**S**

---

**Standard 5. The required specialised equipment is available and maintained**

## Indicator 23

### Specialised equipment is available as per scope of services of the clinic

#### Assessment Methodology

Note: “Not Applicable” for General Practitioner Clinic.

- Check the scope of work as per KP HCC registration/licence and as displayed in the clinic.
- Cross-check the availability of specialised equipment required to provide services as per scope of the clinic. For example, equipment required in an eye specialist clinic.

#### Assessment Scoring

- **Compliance**  
Specialised equipment as per scope of services of the clinic is available.
- **Non-compliance**  
Specialised equipment as per scope of services of the clinic is not available.

## Indicator 24

### Specialised equipment meet the required standards

#### Assessment Methodology

Note: “Not Applicable” for General Practitioner Clinic.

- Check record of log book for quarterly Periodic Preventive Maintenance (PPM) either by a trained staff or third party.
- The use and maintenance of specialized equipment is required to be ensured in accordance with the manufacturer’s guidelines on safety, infection control and accuracy of results.

#### Assessment Scoring

- **Compliance**  
Log book is maintained with quarterly PPM for specialized equipment by a trained staff or third party.
- **Non-compliance**  
Log book is not maintained with quarterly PPM for specialized equipment by a trained staff or third party.

## EXPLANATORY NOTES

### **Use of Specialized Equipment**

It is important for the specialists to follow these guidelines while using the equipment for their own and patient safety, as well optimum outcomes.

### **Periodic Preventive Maintenance of Specialized Equipment**

Specialized equipment if being used at the clinic should be maintained as per the guidelines of the original manufacturer. Only the equipment which is properly maintained and calibrated can be expected to provide the accurate results and optimum outcomes. A simplified sample of Log Book for Periodic Preventive

Maintenance is given at **Appendix D.**

### **Conformance of Specialized Services to the Standards**

It is of immense importance that specialized services, if portrayed and being provided at the clinics, are provided by the qualified specialists registered with the councils e.g., the Cardiologist, Gynecologist, Medical Specialist and the Psychiatrist etc. having specialization qualification approved and registered with PM&DC. It is also important that the equipment used in provision of such services has specifications and other parameters approved by the competent forum.

### **Laboratory Services with the Clinic**

A clinic may have a Pathology laboratory, however, it has to be registered/licensed as a separate entity with KP HCC in conformance with the MSDS for Clinical Pathology Laboratories.

### **Imaging Services with the Clinic**

A clinic may have a radiological diagnostic facility, however, it has to be registered/licensed as a separate entity with KP HCC in conformance with the MSDS for Radiological Diagnostic Centers.

## Assessment Scoring Method Standard 5

Indicator		Required Score
Ind. 23	Specialised equipment is available as per scope of services of the clinic	2 / 2
Ind. 24	Specialised equipment meet the required standards	2 / 2
Total Required Score		4

# Care of Patient<sup>8</sup>

---

**Standard 6. The clinic has a well-established patient management system**

---

<sup>8</sup> Hereinafter Care of Patient shall be abbreviated as COP.

## Indicator 25

### The clinic has an established registration and guidance process.

**Note:** Applicable to clinics providing wide range of health care services where prior appointments may be necessary. This indicator is optional for single person GP/Specialist clinics, mark as “Not Applicable” in such cases.

#### Assessment Methodology

- Observe as well as check from the record that reception, registration and guidance system to facilitate the patients, is available.
- Patients should be able to comfortably access the reception/reception staff, get registered and obtain parchi/token number/time. The reception staff is polite and guides the patients to wait for their turn for consultation by the doctor and/or explains such other requirement(s).

#### Assessment Scoring

- **Compliance**  
Reception, registration, and guidance system is available for patient facilitation.
- **Non-compliance**  
Reception and/or registration and/or guidance system is not available for patient facilitation.

## Indicator 26

### The services being provided are prominently displayed inside the clinic

#### Assessment Methodology

- Check that the services being provided are displayed inside the clinic.
- Verify that the information is displayed at an appropriate height and is clearly visible.
- Inspect the displayed material for completeness and clarity for easy understanding.

#### Assessment Scoring

- **Compliance**  
The services being provided are prominently displayed, complete and easy to understand.
- **Acceptable**  
The services being provided are prominently displayed, but are incomplete and/or not easy to understand.
- **Non-compliance**  
The services being provided are not displayed.

## Indicator 27

**List of fee and possible exemptions is prominently displayed inside the clinic**

### Assessment Methodology

- Check that a list of fee and possible exemptions is prominently displayed inside the clinic, such as reception, waiting area, or entrance etc.
- Verify that the text is written in an understandable format, using local and/or national language.

### Assessment Scoring

- **Compliance**  
List of fee and possible exemptions is prominently displayed inside the clinic and it is easily understandable.
- **Non-compliance**  
List of fee and possible exemptions is not displayed inside the clinic or it is not easily understandable.

## Indicator 28

**Timely basic assessment of patient is conducted, including temperature, blood pressure, and symptom identification.**

### Assessment Methodology

**Note:** This indicator is optional for single person GP/Specialist clinics with limited number of patients, mark as “Not Applicable” in such cases.

- Observe and check with patients that timely basic assessment is conducted for each patient, including recording of temperature, blood pressure, and identification of symptoms.
- An early warning score is documented for unwell patients which ensures that the immediate health status is understood before further treatment or care is provided.
- For children under five, a more detailed basic assessment is conducted, including weight, immunization status, temperature, level of consciousness, and symptom identification. This ensures a comprehensive evaluation to address potential issues early.

### Assessment Scoring

- **Compliance**  
Timely basic assessments (more detailed for children under five) is conducted for each patient.
- **Non-compliance**  
Basic assessments (more detailed for children under five) is not conducted for each patient.



## Indicator 29

### Consultation by the doctor is done according to the Code of Ethics of PMDC

#### Assessment Methodology

- Observe the doctor during consultation of patients and check few prescriptions for its conformity with the Code of Ethics of PMDC, which means:
- The doctor assesses the patients by documenting observations, presenting complaints, symptoms, personal and family history, findings on physical examination, eliciting the signs, advising the diagnostic tests where required, and reaching a diagnosis for appropriate treatment, with the objective of providing quality treatment or referral to appropriate facility.
- Taking care of the privacy of patients during consultation/examination.
- During intimate examination or on request of patient, chaperone is offered, ensuring presence of an additional person for privacy, comfort, and safeguarding during consultations/examination, especially for female patients.

#### Assessment Scoring

- **Compliance**  
Assessment, diagnosis, treatment and/or referral, respecting privacy and offering chaperone by the doctor during consultation is according to Code of conduct of PMDC.
- **Non-compliance**  
Assessment, diagnosis, treatment and/or referral, respecting privacy and offering chaperone by the doctor during consultation is not according to Code of conduct of PMDC.

## Indicator 30

### Health education is provided through relevant educational material

#### Assessment Methodology

- Look for the display and/or availability of relevant health educational messages (on prevention of disease and promotion of health).
- Check that Information, Education, Communication (IEC) material or written instructions and precautions are provided to the patients.

#### Assessment Scoring

- **Compliance**  
Relevant health educational messages are displayed and patients are provided with written instructions and precautions as part of prescription.

- **Non-compliance**  
Relevant health educational messages are not displayed and/or patients are not provided with written instructions and precautions as part of prescription.

## Indicator 31

### The preventive services are provided as per relevant guidelines

#### Assessment Methodology

**Note:** In case preventive services are not provided as per scope of services, mark as “Not Applicable.”

- Check if the clinic has portrayed any preventive service(s), e.g.
  1. Immunization programme,
  2. Family Planning services,
  3. TB-DOTS,
  4. Malaria Control,
  5. Dengue prevention ,
- If yes, check if these services are displayed visibly in the clinic.
- Verify that national guidelines are followed and resources required for these services (e.g., vaccines, TB-DOTS medications, family planning commodities) are available.

#### Assessment Scoring

- **Compliance**  
The preventive services are prominently displayed, required resources are available and national guidelines are followed.
- **Non-compliance**  
The preventive services are displayed, but the required resources are not available and/or national guidelines are not followed.

## EXPLANATORY NOTES

#### Registration and Guidance

The clinic needs to have a reception, registration and guidance process, supported by written SOPs to match the needs of the patients. There shall also be a record depicting that these SOPs are being followed. Whether the reception, registration and guidance system is in

place to facilitate and guide patients will be evident from the internal sign boards, directional arrows, registers or electronic record.

The essentials of the process include, but are not limited to the following:

1. Patients can comfortably access the reception

desk and get registered without facing problems.

2. The staff at the reception desk is polite and courteous.

3. The staff at the reception desk take down initial patient data as registration and every new patient is allotted a unique ID number on the

prescription form or slip and asked to wait for his/her turn for consultation.

4. For patients coming for follow up visit, the reception staff verifies and retrieves their previous record from the computer or the register to entertain them as follow up patient.
5. The staff guides the patients to the doctor consultation room for examination/assessment and further management.
6. Once seen by the doctor, patient is guided to proceed to the dispensary to present their prescription and collect the medicine.

In case no formal reception desk is available at the clinic due to less workload, the above functions shall be performed by the doctor himself/herself or by the clinic assistant.

### Portrayal of Services

Under the allopathic system of treatment, services are provided to patients in line with the principles of diagnosis and treatment based on clinical methods involving observation of the patient, listening to presenting complaints, symptoms, personal and family history, findings on physical examination, eliciting the signs, advising

the diagnostic tests, if required, and reaching a diagnosis for appropriate treatment.

It is important that doctor provide services to the patients according to their legitimate knowledge and skills, and the scope of medical services they are authorized to deliver on the basis of the terms of registration with PM&DC. The services being provided are prominently displayed inside the clinic.

### Tariff List

Customarily, the consultation fee is displayed<sup>9</sup> or patients are informed about the fee and the charges for medicine etc., at the reception desk (as applicable). A detailed cost list is shown if requested. There should be a general tariff/billing system which defines the charges to be levied for the services provided by the clinic. The services may include:

1. Consultation fee at the clinic.
2. Home visiting consultation fee, if applicable.
3. Costs of medicines dispensed at the clinic.
4. Transportation charges, If referred to another healthcare facility i.e., a hospital.

The above - mentioned service charges should be a

part of the tariff/billing system and must be available in a file maintained at the clinic. Sometimes, the consultation fee for the first visit and for subsequent follow up visits may be different. It will be the duty of the receptionist, assistant or doctor to inform the patient of such tariff differences prior to the treatment.

Patients/attendants should be given an estimate of the expenses, particularly in case of treatment of prolonged illness. It is preferable that this information is given in written form. However, at minimum, tariff related to consultation fee (which is usually fixed) must be displayed at a prominent place, either at the reception or inside the consultation room.

### Ethical Practices

As per the professional training of doctors, and the Code of Ethics for Medical and Dental Practitioners, issued by PM&DC, and the Statement of Ethics of KP HCC (**Appendix E**), it is expected that doctors assess patients by documenting observations, presenting complaints, symptoms, personal and family history, findings on physical examination, eliciting the signs, advising the diagnostic tests where required and reaching a diagnosis for

---

<sup>9</sup> Provisions 39(6) of Code of Ethics of Practice for Medical & Dental Practitioners by PM&DC.

appropriate treatment/management, with the objective of providing quality care or referral to the appropriate facility.

Therefore, details regarding patient assessment, clinical management and the disposal process should be available in the record as given below:

**The clinical record must contain the following:**

1. History as described by the patient
2. Intensity of symptoms, indicated in numerals/signs i.e., zero, one plus to 4 plus as +, ++, +++, +++++, e.g. burning+, itching+++, numbness 0.
3. Additional symptomatology from interrogation.
4. Findings of the physical examination.
5. Results of diagnostic tests.

6. General line of treatment.
7. Prescription.
8. Follow up notes and instructions.

**Educational Material**

Health educational material for prevention of common diseases in the form of banners, posters, pamphlets, wall hangings regarding MNCH, EPI, Malaria, TB, hygiene, sanitation and Dengue etc., must be displayed and used to educate the clients.

**Preventive Health Educational Material**

The preventive services being provided at the clinic should be displayed in the form of a list e.g., Immunization, Family Planning, TB - DOTS, Malaria Control. These are specialized preventive services, if provided, should conform to the guidelines of the relevant programme, listed as follows:

1. Clinic staff should follow Vaccination Safety Protocols including vaccine & commodity arrival procedures and optimum storage temperatures. Maintain cold chain within the facility & outreach activity.
2. Nutrition programme protocols i.e., target group, Mid Upper Arm Circumference (MUAC), Distribution of Food protocols etc.).
3. Dengue control & prevention protocols.
4. Family planning protocols.
5. Malaria roll back programme protocols.
6. IRMNCH Programme protocols.
7. LHWs Programme protocols.
8. AIDS Control Programme protocols.
9. TB Control Programme protocols.

# Assessment Scoring Method

## Standard 6

Indicator		Required Score
Ind. 25	The clinic has an established registration and guidance process	2 / 2
Ind. 26	The services being provided are prominently displayed inside the clinic	1 / 2
Ind. 27	List of fees and possible exemptions is prominently displayed inside the clinic	2 / 2
Ind. 28	Timely basic assessment of patient is conducted, including temperature, blood pressure, and symptom identification.	2 / 2
Ind. 29	Consultation by the doctor is according to the Code of Ethics of PMDC	2 / 2
Ind. 30	Health education is provided through relevant educational material	2 / 2
Ind. 31	The preventive services are provided as per relevant guidelines	2 / 2
Total Required Score		13

# C O P

---

**Standard 7. Essential arrangements  
for emergency care exist**

## Indicator 32

**The staff has knowledge about key protocols to deal with emergencies in the clinic**

### Assessment Methodology

- Check the knowledge of staff of clinic about first aid and Basic Life Support (BLS)

### Assessment Scoring

- **Compliance**  
Staff has full knowledge of the key protocols of first aid and BLS
- **Non-compliance**  
Staff has limited or no knowledge of the key protocols of first aid and/or BLS

## Indicator 33

**The clinic has essential arrangements to cater for emergency care**

### Assessment Methodology

**Note: Applicable only if portrayed by the clinic, otherwise mark as "Not Applicable."**

- Check if any emergency condition is portrayed/claimed to be managed by the clinic.
- If yes, check for the availability of required arrangements for that emergency condition.
- The Assessor needs to use his/her knowledge and the guidance given in the information box of the MSDS Reference Manual to assess the required arrangements.

### Assessment Scoring

- **Compliance**  
The arrangements required to manage the portrayed/claimed emergencies are available.
- **Non-compliance**  
The arrangements required to manage the portrayed/claimed emergencies are not available.

## Indicator 34

**An efficient triage system is implemented to prioritize patient care based on urgency and need**

**Note:** Applicable only if the clinic portrays to manage emergencies, otherwise mark as “Not Applicable.”

### Assessment Methodology

- Check if triage system is implemented.
- If yes, check that standard triage protocols are followed.

### Assessment Scoring

- **Compliance**  
Triage system is implemented and standard protocols are followed.
- **Non-compliance**  
Triage system is not implemented and/or standard protocols are not followed.

## Indicator 35

**List of emergency contact numbers is available and displayed in the clinic**

**Note:** Applicable only if the clinic portrays to manage emergencies, otherwise mark as “Not Applicable.”

### Assessment Methodology

- Verify that the clinic maintains a complete and up-to-date directory of contact numbers for:
  1. Referral facilities e.g., hospitals, specialized care centers.
  2. Medico-legal authorities
  3. Police station
  4. Ambulance service
  5. Rescue service
  6. Social services e.g., shelters, counseling centers
- Check that the contact list is prominently displayed in relevant areas, such as the reception, staff rooms, or emergency response stations, for quick access.

### Assessment Scoring

- **Compliance**  
List of emergency contact numbers is available and prominently displayed in the clinic.
- **Non-compliance**



List of emergency contact numbers is not available or not prominently displayed in the clinic.

## Indicator 36

### Standard Operating Procedures are available for referral of patients

#### Assessment Methodology

- Check the availability of Standard Operating Procedures (SOPs) for referral of patients at the clinic.
- Check that the SOPs are written in clear and concise language, covering all aspects of patient transfer, including stabilization of patient, referral notes and safe transportation.

#### Assessment Scoring

- **Compliance**  
Standard Operating Procedures (SOPs) for referral of patients are available in the clinic.
- **Non-compliance**  
Standard Operating Procedures (SOPs) for referral of patients are not available in the clinic.

## EXPLANATORY NOTES

### Basic Life Support

Basic Life Support (BLS) generally refers to the type of care that first-responders and health care providers provide to anyone who is experiencing cardiac arrest, respiratory distress or an obstructed airway. It requires knowledge and skills in Cardio-Pulmonary Resuscitation (CPR) and relieving airway obstructions in patients of every age.

### Essential Emergency Arrangements

The emergencies to be handled in the clinic would generally be either the patients reporting to the clinic with emergency

ailments or the patients developing such symptoms while present at the clinic. There are two major courses of action based on an accurate and ethical judgment by the doctor: (i) treat the patient, or (ii) refer them to an appropriate HCE. It is essential for all doctors to use their clinical acumen to identify the ailments which can be easily and safely treated by them at their clinics. Some conditions which require immediate attention and provision of supportive care first aid treatment include the following:

1. Respiratory distress.
2. Anaphylactic shock.

3. Snake bite.
4. Bleeding.
5. Splinting the fractures.
6. Pain management.

Arrangements to manage at least one patient each, of the above conditions at a time should be at the clinic. After providing initial treatment/Basic Life support (BLS) and stabilizing, the patient with above conditions may be referral to an appropriate HCE. Some of the conditions which can be managed at the clinics of the GPs and Specialists include the following:

1. Acute URTI presenting with bronchospasm
2. Conjunctivitis presenting with acute pain and

- difficulty is opening of eyes.
3. Acute skin rash.
  4. Chicken pox and croup.
  5. Burning and stinging pains, insect stings, swelling of the lower eyelids, edema, and swollen joints after injury.
  6. Mental and physical shock.
  7. Control of bleeding, healing of wounds, bruising and swelling.
  8. Shock, exhaustion, muscular pain and sprains.
  9. Stomach upsets, food poisoning, diarrhea and vomiting.
  10. Acute hay fever.
  11. Some dry skin conditions.
  12. Flushing of face and facial neuralgia.
  13. Throbbing headache and earache.
  14. Boils, chickenpox, measles and mumps.
  15. Dry coughs.
  16. Burns and scalds before the formation of blisters, and sunburn.
  17. Constant urge to pass urine and dribbling of urine.
  18. Any other similar condition.
  19. Any of the above conditions that do not respond to medical treatment would require a referral to an appropriate HCE.
- Doctors should maintain Kit(s) containing emergency medicines and instruments to handle the above sort of emergencies at the clinics. Their content, in terms of the numbers and types of medicines may vary to match the local needs but the kit may include, inter alia, the following:
1. Tourniquet.
  2. Bandage.
  3. Triangular Bandage.
  4. Splints.
  5. Crepe Bandage.
  6. Disposable Syringes (3ML, 5ML, 10ML)
  7. Inj Adrenaline.
  8. Inj. Dicloran.
  9. Inj. Sosegon
  10. Inj. Avil 25 mg.
  11. Inj. Maxolon.
  12. Inj. Lasix 40mg.
  13. Inj. Solucortef 100mg.
  14. Inj. Valium 10 mg.
  15. Inj. Serenace (Haloperidol).
  16. 25% Dextrose Water.
  17. 0.9% Saline drip.
  18. Isordil/Angised 5mg.
  19. TNT patch.
  20. Tablet Capoten 25 mg.
  21. Tablet Disprin.
  22. Tablet Spiromide 20 mg.
  23. Tablet Gravinate.
  24. Sterile Gauze packet.
  25. Saniplast.
  26. Savlon/Pyodine.
  27. Cotton Roll.
  28. Dermazine Cream.
  29. Polyfax skin ointment.
  30. Polyfax eye ointment.
  31. Lidosporin ear drops.
  32. ORS.
  33. Tears Naturale eye drops.
  34. Chloramphenicol eye drops 0.5%.
  35. Tablet Paracetamol.
  36. Spasfon Tablets.
  37. Scissors small.
  38. Torch.
  39. BP Apparatus.
  40. Stethoscope.
  41. Thermometer.
  42. Disposable tongue depressors.
  43. ENT Examination set.
  44. Disposable masks.
  45. Gloves disposable set.
- This list is neither exhaustive nor absolute binding and the doctors should use professional acumen and capacity to determine the contents of the emergency kit and to maintain for life saving ventures and to meet the needs of their practice.

### Guidelines for Treatment of Emergencies in Clinics

1. When a patient comes to a clinic in an emergency condition, preference should be given to treatment and/or referral instead of documentation. The patient's particulars, name of person who brought the patient(s) to the clinic, time of receiving the patient etc., are to be recorded after the emergency has been dealt with.
2. After providing first aid treatment to the emergency patient, medicines should be noted on a register. If the patient does not

### First Aid Kit

improve, he/she should be referred to an appropriate HCE by calling an ambulance/rescue service for transportation. Time of referral of patient and HCE referred to should be recorded. If the patient improves with the treatment at the clinic, the time of discharge should be recorded.

3. If the patient comes in with a surgical emergency, like an injury, it may be managed with first aid procedures, e.g., supporting or pressure bandaging, cardio-pulmonary resuscitation (CPR).
4. The clinic staff should explain the condition of the patient to the attendants accompanying the patient. In case the patient is brought in by others, the family, relatives or friends of the patient are to be contacted to inform them regarding the patient's emergency.
5. The referral data should include the following:
  - i. Patient name.
  - ii. Unique identification number.
  - iii. Date and time the patient was attended.
  - iv. Significant findings.
  - v. Symptoms.

- vi. Patient condition on referral.
- vii. First aid support provided.
- viii. Medication administered.
- ix. Follow up advice and other instructions.

#### **List of Referral Situations**

1. Patient with serious injury, particularly head injury.
2. Patient with profound bleeding.
3. Patient with suspected heart attack.
4. Patient in severe unrecognizable pain.
5. Patient with severe vomiting and diarrhea (dehydration).
6. Patient with high grade fever.
7. Patient with pregnancy related complaints.
8. Patient in shock due to electrocution.
9. Patient with burns.
10. Patient with snake bite.
11. Patient with insect bite.

The clinics of the GPs and Specialists should portray the list of emergency situations, which can be managed at the clinic.

Records of all referred patients, with details such as serial number, name, son/daughter of, wife of, address, contact number, symptoms/condition, reasons for referral, date and time of referral, place of referral etc., should be available at the clinic.

In case emergency care is portrayed, review the record

of up to 10 patients referred in past 12 months, or from the date of dissemination, whichever is earlier.

#### **SOPs for Transfer of Patients**

Following the decision to refer a patient to a hospital, there should be a written communication containing the reasons of referral with date, time, name of the receiving hospital and a copy of the same should be retained in the medical record of the patient.

If the patient has been transferred at his/her own request, a note to that effect is added in the patient's record. In such cases the name of the receiving hospital would be of the one where the patient desires to go to. However, if the patient has been transferred by the Clinic under care with medical staff, it shall have acknowledgment from the receiving hospital. Any element of care/treatment carried out during patient transfer must be documented.

#### **Emergency Contact Numbers**

Provision of timely information and coordinating with the authorities who are going to take care of the referred patient in case of any serious emergency, carry high importance and is highly recommended. Sometimes an incidence or law and order situations is required to be

reported to law enforcement or other agencies like Rescue 1122. Therefore, list of contact numbers of at least the following HCEs/organizations of the area must be available with the staff and displayed in the

clinic at a prominent public place:  
MS Teaching/DHQ/THQ Hospital.

1. DOH office.
2. Trauma center.
3. Blood bank.

4. Concerned Police Station.
5. Rescue Service.
6. Fire brigade.
7. Police emergency.
8. Rescue 1122 and other ambulance services.

## Assessment Scoring Method Standard 7

Indicator		Required Score
Ind. 32	The staff has knowledge about key protocols to deal with emergencies in the clinic	2 / 2
Ind. 33	The clinic has essential arrangements to cater for emergency care	2 / 2
Ind. 34	An efficient triage system is implemented to prioritize patient care based on urgency and need	2 / 2
Ind. 35	List of emergency contact numbers is available and displayed in the clinic	2 / 2
Ind. 36	Standard Operating Procedures are available for referral of patients	2 / 2
Total Required Score		10

# Management of Medication<sup>10</sup>

---

**Standard 8. Prescribing practices,  
storage & dispensing of medication  
conforms to the standard  
guidelines**

---

<sup>10</sup> Hereinafter Management of Medication shall be abbreviated as MOM.

## Indicator 37

### Standards for prescription writing are followed by the doctor

#### Assessment Methodology

- Review a sample of prescriptions for the following standard information:
  1. Doctor PMDC number
  2. Patient details: Name, father/mother/spouse's name (s/o, d/o, w/o), age, and gender
  3. Date of visit(s)
  4. Symptoms and provisional diagnosis
  5. Detailed medication instructions, including dosage, frequency, and duration of use
  6. Doctor's name and signature
  7. Prescriptions are legible

#### Assessment Scoring

- **Compliance**  
Prescriptions are legible and have the required standard information.
- **Non-compliance**  
Prescriptions are not legible and/or do not have the required standard information.

## Indicator 38

### Medicines are stored as per safe storage guidelines

#### Assessment Methodology

**Note:** In case medicines are not used, mark as "Not Applicable."

- Check stored medicine according to the guidelines for safe storage of drugs, which include inter alia:
  1. Proper stacking of the medicines in groups to differentiate common drugs, injections, look alike and sound alike medicines within the rack/cupboard.
  2. Ventilation.
  3. Labelling.
  4. Temperature & humidity control/refrigerator for sensitive drugs like vaccines/sera etc.
  5. Protection of high risk and narcotic drugs.
  6. Record of expiry dates of all the medicines.

#### Assessment Scoring

- **Compliance**  
Medicines are stored as per safe storage guidelines.
- **Acceptable**  
Implementation of only parameters 1 and/or 2 of safe storage guidelines is inconsistent.

- **Non-compliance**  
Implementation of any one of the parameters 3, 4, 5 and 6 of safe storage guidelines is inconsistent.

## Indicator 39

### Expiry dates are checked prior to dispensing

#### Assessment Methodology

**Note:** In case medicines are not used, mark as “Not Applicable.”

- Check five randomly selected medicines dispensed or to be dispensed, and verify that the medicines are within the expiry date printed on the label as per Drug Act/Rules.

#### Assessment Scoring

- **Compliance**  
All five randomly selected medicines dispensed or to be dispensed are within the expiry date.
- **Non-compliance**  
Any of the five randomly selected medicines dispensed or to be dispensed is not within the expiry date.

## Indicator 40

### Labelling requirements are implemented prior to dispensing

#### Assessment Methodology

**Note:** In case medicines are not used, mark as “Not Applicable.”

- The indicator requires to confirm that medicines prescribed by a doctor for dispensing are correctly dispensed and utilized by the patient.
- Observe that the dispensed medicine(s), (bottle or sachet/envelope) indicate:
  1. Patient name/record number
  2. Instructions to use
  3. Dosage
  4. Date of issue
- Check sample of 4-6 dispensed medications to determine how they are labelled.

#### Assessment Scoring

- **Compliance**  
All medications of the reviewed sample are labelled as per labelling guidelines.
- **Non-compliance**  
Any one medication of the reviewed sample is not labelled as per labelling guidelines.



## Indicator 41

### Dispensing is done by an authorised person

#### Assessment Methodology

**Note:** In case medicines are not used, mark as “Not Applicable.”

- The indicator requires that the person made responsible to dispense the medicines is either a qualified and registered professional, or is able to correctly read and identify the medicines prescribed by the doctor from those in the store/cabinet.
- Check that the person is qualified and registered professional, or
- The person is, at the least, a matriculate preferably with science subjects, having not less than one year experience of working with a qualified practitioner registered with the PMDC and duly certified by the doctor accordingly. (This relaxation is provided till a sufficient number of qualified dispensers registered with the FPAHS are available in the market).
- Check that the person able to correctly distinguish look alike, sound alike and high risk medicines and to dispense correctly under supervision of the doctor.

#### Assessment Scoring

- **Compliance**  
Dispensing of the medicines is done by an authorised person.
- **Non-compliance**  
Dispensing of medicines is not done by an authorised person.

## Indicator 42

### Adverse Drug Reactions (ADR) are reported to supplier/manufacturer and DRAP on ADR reporting form

#### Assessment Methodology

**Note:** In case medicines are not used, mark as “Not Applicable.”

- Check the availability of ADR reporting form.
- Check ADR cases reported to supplier/manufacturer of drug and DRAP, if any adverse drug reactions have occurred.

#### Assessment Scoring

- **Compliance**  
ADR reporting form is available, and ADR if any occurred, have been reported to supplier/manufacturer of drug and DRAP on the standard form.
- **Non-compliance**  
ADR reporting form is not available.

## EXPLANATORY NOTES

### Prescription Writing

<sup>11</sup> is one of the most important element of patient care and safety, but procedures of writing prescriptions vary from practitioner to practitioner, clinic to clinic and across disciplines of treatment. This standard and its related indicators provide guidelines with the minimum requirements which the doctor(s) must follow while writing prescriptions. These include form used and details of record to be maintained such as serial and unique number, name of patient, s/o, d/o, w/o, age, gender, date of visit(s), symptoms and medicines prescribed. Instructions for use, with duration, should also be clearly mentioned. A description of a prescription and the information it should contain is given below to help the clinic staff/dispenser in dispensing the medicines.

### Prescription

'Prescription' is derived from the Latin word 'prescripto' (pre: before, scripto: write). Prescription is a written document (order) given by a practitioner to the dispenser for the preparation of the required medicine and contains instructions

The prescription

regarding the use of the medicines for a particular patient at a particular time. The doctor may choose to dispense the medication himself, instead of getting it done by a trained and authorized person/dispenser, but the patient has to be provided the prescription, and the record thereof must be maintained.

### Prescription Writing Guidelines

1. Prescriptions must always be written in a definite pattern, following a standard and universal arrangement, to ensure uniformity. It should be legible and neatly written without any coding, so as to be easily interpreted.
2. The information should be complete, accurate and unambiguous.
3. The doctor should write only the allopathic medicines.
4. Prescriptions should be written in simple form.

A prescription is an instrument used by the practitioner, dispenser and patient. The doctor writes the prescription, the dispenser dispenses the

medicine according to the prescription and the patient uses the prescribed medicine as per the instructions given in the prescription.

### Form of Prescription

Prescriptions are usually written on prescription forms, with the name, address, telephone number, registration number and other relevant information printed on them. A standard prescription must contain the following information, in a definitive order:

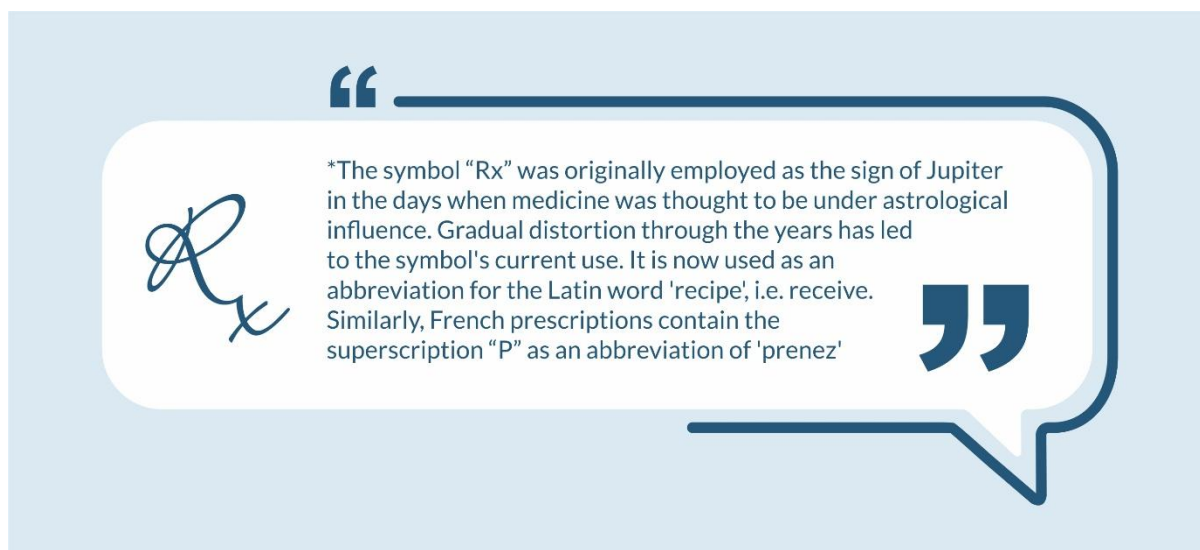
1. **Superscription** includes patient related information, such as the name age, gender and address of the patient. Full name and address of the patient are necessary to be written at the top of the prescription for identification purposes. The name of patient should also be copied on to the label, by the dispenser, for identification purposes. It would then be possible to identify or contact the patient with the help of the address, in case of an emergency.
2. **Inscription** \*Rx is the body of the prescription which includes the name

<sup>11</sup> Only a qualified doctor registered with the PM&DC is allowed to write the prescription.

of the medicine, its potency and quantity. This is the actual treatment decided by the

doctor for the patient. The name of medicine, along with its potency, form, frequency, timings,


days of use and quantity is written in this part of prescription



*Figure 5. Inscription*

3. **Subscription** includes instructions and directions for the dispenser regarding dispensing the medicine, the dosage, the duration and the route etc. for dispensing of the medicines.
  4. **Instruction** includes directions to the patient. In this portion of prescription, the prescriber writes directions for the use of medicine by the patient. This should be short, simple, comprehensible and complete, and must include:
    - i. How to take the medicine, the route of administration and the time of taking medicine.
    - ii. When to report back.
    - iii. Advice regarding diet and regimen to be followed.
    - iv. Any other instructions or caution to the patient.
    - v. The dispenser must also transfer these directions onto the label of the container of the dispensed medicine.
  5. **The signature** of the doctor, along with his/her PM&DC registration number, is essential as this makes the prescription valid and authentic. If name and PM&DC registration number of the doctor is printed on the prescription pad/slip, only putting signatures will be sufficient.
- Date** must be mentioned on the prescription when it is written and again, when it is dispensed at the pharmacy. The date is important in establishing the record of the patient and helps the pharmacist to detect cases where prescriptions were brought in for dispensing. A format for the prescription is given below as sample:

**CLINIC xxx**  
**Dr. X.Y.Z**  
 PM&DC Reg. No. 0000-P  
 Ph: 091-0000000 Cell: 0300:0000000



---

Ref. No. (Unique Identifier) \_\_\_\_\_ Time \_\_\_\_\_ Date/s \_\_\_\_\_ No. of Visit \_\_\_\_\_  
 Patient Name \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_  
 Age \_\_\_\_\_ Gender \_\_\_\_\_ Weight(kg) \_\_\_\_\_ Contact No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Presenting Complaints \_\_\_\_\_  
 History \_\_\_\_\_  
 Findings \_\_\_\_\_  
 Provisional/Diagnosis \_\_\_\_\_

**INVESTIGATIONS**  
  
 Inscription \_\_\_\_\_  
 Subscription \_\_\_\_\_  
 Instructions \_\_\_\_\_

(Signature & Stamp)

---

24/7 Emergency Call Number 0101010101  
 Consultation Days xyz = Consultation Timings 00:00 to 00:00

*Figure 6. Prescription Sample*

### Storage and Dispensing Policy

Safe storage of medicines is an important aspect of their remaining effective and safe. Proper environmental control (i.e., proper temperature, light, and humidity, conditions of sanitation, ventilation, and segregation) must be maintained wherever drugs

and supplies for dispensing at the clinic are stored. Storage areas must be secure; fixtures and equipment used to store drugs should be constructed so that drugs are accessible only to designated and authorized personnel. Safety is also an important factor, and proper consideration should be given to the safe

storage of poisons and flammable compounds. Medications for external use should be stored separately. Medicines requiring temperature control including vaccines must be stored in a refrigerator. Food items and drinks should not be kept in the same refrigerator.

## Drug Storage Site Inspections

Quarterly inspections of all medicine storage areas within the clinic shall be carried out by the technical in charge. A written record shall verify that Safe Storage Practices, including the following are implemented:

1. The storage is properly maintained using stacks, bin cards/labels and inventory control documents as indicated.
2. Medications are stored securely and accessible to the authorized personnel only.
3. Narcotic and controlled drugs are stored under lock and key.
4. Standards of neatness and cleanliness are consistent with good medicine handling practices.
5. Reconstituted medications are properly labelled with expiry and preparation date.
6. Illegible labels are replaced.
7. Liquid bottles are clean and free of spills.
8. Disinfectants and drugs for external use are stored separately from internal and injectable medications.
9. Non-pharmaceuticals are stored separately from medicines in the store room/fridge.
10. Expired or obsolete medications are not stocked.

11. Medications are not overstocked.

Medications which may be required on an urgent or emergency basis are in adequate supply and readily available (Emergency Box, Crash Carts).

## Importance of Expiry Dates

Medicines are known to be safe in terms of their use due to their manufacturing techniques and biochemical properties. All medicines being produced in Pakistan are labelled with date of production and date of expiry as per law. Therefore, medicines are not to be used beyond their labelled shelf life.

## Labelling and Packing Rules

The Government of Pakistan Drugs (Labelling and Packing) Rules of 1986 govern the manner of labelling of pharmaceutical products and the clinic pharmacy shall ensure compliance of the labelling requirements and conformance to other applicable terms and conditions before acceptance the stock/supplies. Healthcare Service Provider shall label all medications, medication containers (syringes, medicine cups, basins), or other solutions. This ensures safe medication practices and addresses a recognized risk point in the safe administration of

medications under various procedural settings. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers.

A standardized method for labelling all medications will minimize errors. Whenever one or more medications are prepared but are not administered immediately, the medication syringe/vial will be labelled with drug strength, date, time and secured in such a way that it can be readily determined that the contents are intact and have not expired. At a minimum, all medications are labelled as given in the checklist below:

## Medication Labelling Checklist

1. Patient's name.
2. Medication name, strength (concentration) and amount.
3. Expiry date when not used within 24 hours.
4. Expiry time when expiry occurs in less than 24 hours.
5. The date prepared and the diluents, for all compounded I/V admixtures and parenteral nutritional solutions.

When preparing medications for multiple patients, or when the person preparing the medications is NOT THE PERSON administering the

medication, the label must include the "Patient name." In surgical or other procedural settings (radiology, other imaging services, endoscopy units, and patient care units) where "bedside" procedures are done, when medications are drawn up and put on the sterile field for use during that specific procedure, at a minimum, the label will include the following:

#### Bedside Medication Labelling Check List

1. Medication name.
2. Medication strength (concentration).
3. Medication amount (if not apparent from the container).
4. Expiry date is required if the medication will not be used within 24 hours.
5. Expiry time is required if the expiry will occur in less than 24 hours.

6. Date prepared and the initials.
7. Any remaining medication must be discarded immediately after the case/procedure.

*If, during the perioperative or peri-procedural process, a solution or medication is poured, drawn into a syringe, or otherwise used from its original container and immediately administered, or disposed of in some fashion, labelling is not required.*

#### Authorization to Administer the Medications

Administering a medication to treat a patient requires specific knowledge and experience.<sup>12</sup> Each clinic is responsible for authorizing those individuals who have the requisite knowledge and experience, and who are also permitted by licensure, certification, laws or

regulations to administer medications (PMDC Ordinance 1962, PMDC Amendment Act 2012, PNC Ordinance, Pharmacy Council Act, The Khyber Pakhtunkhwa Faculty of Paramedical and Allied Health Sciences (FPAHS) Act, 2016, Pakistan Injured Person Act etc.) Similarly, special permissions are required to administer controlled substances or radioactive and investigational medications. In emergency situations, the clinic identifies any additional individuals permitted to administer medications. This is done according to size and workload of the clinic. A Specimen for Listing of Professionals Authorized to Administer the Drugs/Medications is provided below:

PROFESSIONALS AUTHORIZED TO ADMINISTER MEDICATIONS			
No.	Name of Professionals	Authorization PMDC/PNC/FPAHS etc. and Reg.	Validity Date
1.			
2.			
3.			
Signature Administrator of Clinic Date			

Figure 7. Specimen List of Professionals Authorized to Administer Medications

<sup>12</sup> Intravenous Injections, infusions and high-risk medicines are to be dispensed only by a qualified and registered pharmacist, nurse, dispenser or medical technician under supervision of a doctor registered with PM&DC or the doctor him/herself.

Dispensing takes place at the clinic's pharmacy, where the doctor(s) himself, or the dispenser, interprets the prescription and delivers the medicine to the patient. The doctor may do so himself or may give written instructions to the dispenser. The prescription order is part of the professional relationship between the prescriber, dispenser and the patient. It is the responsibility of the dispenser to provide the medicine to the patient and to maintain the trust of both the prescriber and the patient, including maintenance of confidentiality. Medicines being taken by a patient and the nature of his/her illness is a private matter, which must be respected and kept confidential.

Dispensing takes place at the clinic's pharmacy, where the doctor(s) himself, or the dispenser, interprets the prescription and delivers the medicine to the patient. The doctor may do so himself or may give written instructions to the dispenser. The prescription order is part of the professional relationship between the prescriber, dispenser and the patient. It is the responsibility of the dispenser to provide the medicine to the patient and to maintain the trust of both the prescriber and the patient, including maintenance of confidentiality. Medicines

being taken by a patient and the nature of his/her illness is a private matter, which must be respected and kept confidential.

### **Processing the prescription order/dispensing the medicine**

A strict dispensing routine is essential to ensure safety, speed, neatness and efficiency. Proper procedure include reading, checking, putting number and date, preparing, labelling, packaging, rechecking, delivering and guiding, recording, filing and pricing the prescriptions.

#### **1. Checking the prescription:**

The prescription order should be read completely and carefully and there should be no doubt as to the nature and quantity of the prescription. If something is illegible or confusing or if there appears an error, the prescriber should be consulted. The dispenser should never attempt to guess, making it essential to take every precaution so as to eliminate mistakes in interpreting the prescription. It is the responsibility of the pharmacist to detect prescriptions that have been forged by the patient.

#### **2. Putting number and date:**

It is advisable to put

number and date on the prescription order and copy the same on to the label of the medicines dispensed which serves to identify the prescription for future reference.

3. **Labelling:** The medicine dispensed as per the prescription should have an aesthetic and professional-appearing label, the size of which should be in accordance with the size of the container. Separate label should be made for each medicine as per prescription. The labels, "for internal use" and "for external use only" should also be properly prepared and distinctly pasted.

4. **Preparation of medicines as per prescription:** This requires adequate care and precaution by the dispenser, who must always carry the prescription along while dispensing the medicines in the dispensary. It serves as a constant reminder of the name and potency of the medicine and helps avoid mistakes.

5. **Rechecking:** Every medicine dispensed should be rechecked and compared with the prescription and the details on labels must also be verified against the prescription order to



crosscheck the minutest details. Before handing over the medicines to the patient, the dispenser must crosscheck again to ensure that the correct preparation for the correct patient has been provided and correct directions have been stated on the label.

**6. Delivering and patient counselling:**

When presenting the medicine to the patient, the dispenser should draw attention to any auxiliary labelling instructions. It is advisable for the dispenser to reinforce the directions to the patient while dispensing the medicine. Written directions outlining the proper use of the prescribed medicine should be provided.

**7. Recording and filing:**

Proper filing of the prescriptions is to be carried out for maintaining records, as well as reference and research.

**8. Pricing and receipt preparation:**

The prescription is ultimately priced and a receipt is delivered, if required to the patient, to complete the process.

**Provision of Prescriptions to Patients**

1. Prescriptions should be handed over to the patient for referral to it

while using the medicines accordingly, whenever in doubt and as a personal record for future use if required.

2. A carbon copy of the prescription is to be kept in clinic record as per policy for any repeat requirement or in case of any legal issue.

**Reporting of Adverse Drug Events**

Medicines likely to cause adverse drug reactions i.e., “high-risk” drugs, should be identified, and their use should be restricted with utmost care. Examples of drugs that may be considered as high risk include aminoglycosides, amphotericin, antineoplastic, corticosteroid, digoxin, heparin, lidocaine, phenytoin, theophylline, thrombolytic agents, and warfarin.

All ADRs should be reported to the supplier(s) of drugs, the manufacturer (or both) as well as the Drug Regulatory Authority (DRAP) on simplified format provided at **Appendix F.**

**Following is additional information on the subject**

Identifying the problems leading to ADRs, planning for positive changes, and measuring the results of these changes are important. Positive outcomes resulting from an ADR reporting

should be emphasized to support safety efforts.

A comprehensive ADR-monitoring and reporting should be an integral part of a clinic/HCEs drug use system. An ADR-monitoring and reporting program should include the following features:

1. The program should establish:
  - i. An on-going and concurrent (during drug therapy) surveillance system based on the reporting of suspected ADRs by pharmacists, physicians, nurses, or patients.
  - ii. A prospective (before drug therapy) surveillance system for high-risk drugs or patients with a high risk for ADRs.
  - iii. A concurrent surveillance system for monitoring alerting orders. Alerting orders include the use of “tracer” drugs that are used to treat common ADRs (e.g., orders for immediate doses of antihistamines, epinephrine, and corticosteroids), abrupt discontinuation or decreases in dosage of a drug or stat



- orders for laboratory assessment of therapeutic drug levels.
2. Prescribers, caregivers, and patients should be notified regarding suspected ADRs.
  3. Information regarding suspected ADRs should be reported to the pharmacy for complete data collection and analysis, including the patient's name, the patient's medical and medication history, a description of the ADR, the temporal sequence of the event, any remedial treatment required, and outcomes.
  4. High-risk patients should be identified and monitored. High-risk patients include but are not limited to pediatric patients, geriatric patients, patients with organ failure (e.g., hepatic or renal failure), and patients receiving multiple drugs.
  5. The cause(s) of each suspected ADR should be evaluated on the basis of the patient's medical and medication history, the circumstances of the adverse event, alternative etiologies, and a literature review.
  6. A method for assigning the probability of a reported or suspected ADR (e.g., confirmed or definite, likely, possible, and unlikely) should be developed to categorize each ADR. Algorithms may be useful in establishing the causes of suspected ADRs. Subjective questions and the professional judgment of a pharmacist/dispenser can be used as additional tools to determine the probability of an ADR.
- Questions might include the following:**
- i. Was there a temporal relationship between the onset of drug therapy and the adverse reaction?
  - ii. Was there a de-challenge; i.e., did the signs and symptoms of the adverse reaction subside when the drug was withdrawn?
  - iii. Can signs and symptoms of the adverse reaction be explained by the patient's disease state?
  - iv. Were there any laboratory tests that provide evidence for the reaction being an ADR?
  - v. What was the patient's previous general experience with the drug?
  - vi. Did symptoms return when the agent was re-administered?
7. A method for ranking ADRs by severity should be established.
  8. A description of each suspected ADR and the outcomes from the event should be documented in the patient's medical record.
  9. Serious or unexpected ADRs should be reported to the Drug Regulatory Authority (DRAP) or the drug's manufacturer (or both).
  10. All ADR reports should be reviewed and evaluated by a designated multidisciplinary committee (e.g., a pharmacy and therapeutics committee).
  11. ADR-report information should be disseminated to health care professional staff members for educational purposes. Good topics for medical staff education include preventing ADRs and appropriate and effective care for patients who experience ADRs. Educational programmes can be conducted as morning "report" discussions, newsletters, algorithms for treatment, and multidisciplinary reviews of drug-use evaluations. Patient confidentiality should be preserved.
  12. In settings where it is possible, a pharmacy-

coordinated ADR team or committee, consisting of a physician, nurse, QI leader, an administrator, and a pharmacist is recommended. The team should be charged with adopting a definition for the organization, promoting awareness of the consequences of ADRs, establishing mechanisms for identifying and reporting ADRs, reviewing ADR patterns or trends, and developing preventive and corrective interventions.

13. Continuous monitoring of patient outcomes and patterns of ADRs is imperative. Findings from an ADR monitoring and reporting program should be incorporated into the organization's on-going quality improvement activities. The process should include the following:
  - i. Feedback to all appropriate health care staff.
  - ii. Continuous monitoring for trends, clusters, or

significant individual ADRs.

- iii. Educational efforts for prevention of ADRs.
- iv. Evaluation of prescribing patterns, patient monitoring practices, patient outcomes, and the ADR program's effect on overall and individual patient outcomes.

An overall goal of the ADR process should be the achievement of positive patient outcomes.<sup>13</sup>

---

<sup>13</sup> Society of Health-System Pharmacists. (1995). AHSP guidelines on adverse drug reaction monitoring and reporting. *American Journal of Health-System Pharmacy*. 52:417–9.

## Assessment Scoring Method Standard 8

Indicator		Required Score
Ind. 37	Standards for prescription writing are followed by the doctor	2 / 2
Ind. 38	Medicines are stored as per safe storage guidelines	1 / 2
Ind. 39	Expiry dates are checked prior to dispensing	2 / 2
Ind. 40	Labelling requirements are implemented prior to dispensing	2 / 2
Ind. 41	Dispensing is done by an authorized person	2 / 2
Ind. 42	Adverse Drug Reactions (ADR) are reported to supplier/manufacturer and DRAP on ADR reporting form	2 / 2
Total Required Score		11

# **Information Management System<sup>14</sup>**

---

## **Standard 9. Clinical record of patients is maintained**

---

<sup>14</sup> Hereinafter Information Management System shall be abbreviated as IMS.

## Indicator 43

### Clinical record of every patient is maintained on the standard format

#### Assessment Methodology

- Ask for clinical record of patients.
- Check if clinical record is maintained on the standard format given in table 1. Both electronic and manual record is acceptable.
- Examine record of about twenty patients and check that all fields of the format are filled for every patient, including serial number, date, name, parentage/husband name, age, gender, address, NIC/contact number, and the symptoms, provisional diagnosis, treatment advised and referrals (if any).
- Patient record should be maintained in the clinic at least for one year for general record. Moreover, vital events and medico-legal cases record is maintained according to legal requirement.

#### Assessment Scoring

- **Compliance**  
Record of patients is maintained according to the standard format.
- **Acceptable**  
Record of patients is maintained but the information is deficient for about 20% patients only.
- **Non-compliance**  
Record of patients is not maintained or the information is deficient for more than 20% of patients.

## Indicator 44

### Every patient record has at least two elements for identification

#### Assessment Methodology

**Note:** If indicator 43 is “Not met,” this indicator defaults to “Not met.”

- Check clinical record of at least twenty patients for at least two distinct elements for identification. This includes:
  1. A unique patient ID number assigned to each individual.
  2. Personal details such as full name, date of birth, or contact information.

#### Assessment Scoring

- **Compliance**  
Every reviewed patient record has at least two unique identification elements.

- **Non-compliance**  
Every reviewed patient record does not have at least two unique identification elements.

## Indicator 45

### Only authorised person(s) make entries in the record

#### Assessment Methodology

- Check written authorization of person making entries in the clinical record of patients, if other than the doctor.
- Review at least twenty entries of patients in the clinical record and verify that the person making entries is identifiable with name and designation.
- The indicator requires that in case a person other than the doctor, when delegated to make entries in the record of the patients, except for prescription, should be authorized in writing to do so and his/her entries are identifiable when required. Name and designation of the doctor writing the prescriptions and the person making entries in other record must be mentioned in the authorisation certificate, in pen or by stamp and should be signed. The same person should be identifiable in the clinical record of patients also.

#### Assessment Scoring

- **Compliance**  
The person making entries in the clinical record is duly authorised in writing and identifiable in all the entries of clinical record reviewed.
- **Acceptable**  
The person making entries in the clinical record is duly authorised in writing and identifiable in at least 80% entries of clinical record reviewed.
- **Non-compliance**  
The person making entries in the clinical record is not duly authorised in writing and/or identifiable in less than 80% entries of clinical record reviewed.

## Indicator 46

### The clinic is reporting notifiable disease to the concerned District Health Officer

#### Assessment Methodology

- Confirm that GP/specialist at the clinic is aware of notifiable diseases.
- Check that the official list of notifiable diseases of the Government of Khyber Pakhtunkhwa, Health Department is available at the clinic.
- Check record that the clinic is reporting notifiable diseases to the concerned District Health Officer as per protocol.

## Assessment Scoring

- **Compliance**

Official list of notifiable diseases of the Government of Khyber Pakhtunkhwa, Health Department is available at the clinic and notifiable diseases are reported to the concerned District Health Officer as per protocol.

- **Non-compliance**

Official list of notifiable diseases of the Government of Khyber Pakhtunkhwa, Health Department is not available at the clinic or notifiable diseases are not reported to the concerned District Health Officer as per protocol.

## EXPLANATORY NOTES

### Unique serial number and particulars of patient as identifiers

All documents of a patient must be consistently labelled with ONE unique number as an identifier so that it can be verified that documents correspond to a particular patient.

A computer/manually generated unique serial number is the easiest and most accurate identification method. The patient's clinical record always becomes a focal point when there are questions regarding the care and treatment rendered. Therefore, it is important that the clinical record be maintained accurately and updated timely. The clinical

record serves the following three primary purposes:

1. Provides documentary evidence of the patient's course of illness and treatment.
2. Ensures quality patient care.
3. Facilitates review, as and when needed.

The purpose of the clinical record, as it pertains to risk management, is to preserve the truth. In reality, a complete and accurate patient clinical record will protect the legal interests of both the patient and the healthcare service provider. The clinical record, if it exists, will provide justifiable defence, or will indict the responsible party where

there is no justifiable defence.

Accurate identification of a patient is the most important element in an effective and efficient clinical record keeping system and is needed to identify the patient and to ensure that each patient has only one record number, with one clinical record and no duplicates. In order to identify patients, UNIQUE PATIENT

CHARACTERISTICS are required. The type and number of the unique patient characteristics used may change from one setting to the other. Recommended standard features are given hereunder:

### Patient characteristics which do not change

- |                              |  |                              |
|------------------------------|--|------------------------------|
| <b>1</b> Full Name           | <b>2</b> National Identity Card (NIC) Number | <b>3</b> Gender              |
| <b>4</b> Date of Birth (DoB) | <b>5</b> Father's first name                 | <b>6</b> Mother's first name |

Figure 8. Patient Characteristics

The following are NOT considered permanent characteristics:

1. Where a person lives is NOT a permanent patient characteristic because it can change.
2. Age is NOT a permanent patient characteristic because it DOES change.
3. It is important that a patient's birthplace is NOT used as it is often identified by most people as being the place where they "come from" as opposed to the place where they were actually born. Further, while this characteristic is not subject to change, other patients may share the same.

### **SOPs for chronology of the documentation**

The SOPs demands that every time an entry is made in the records, it is dated and timed along with the particulars of the person making the entry.

Recording of date and time starts when a patient enters the clinic for seeking care. The first such record is entered in the register at the reception, when the purchi/slip is issued for consulting a doctor. Then, the attending doctor examining the patient, prescribes medicines or refers the patient to a dispensary, putting the date and time along with his/her signature on the slip. The

dispenser must also sign and put the date after issuing the medicines.

Recording accurate date and time in the record is an important proof of the care and treatment rendered to the patient on time. It is a valuable source of data and an evidence for cost and resource management besides being helpful for coding and health research.

### **Up-to-date chronological record**

Information recorded during or immediately after the occurrence of an event or provision of care, is more reliable and accurate record of care rendered, than information recorded later, on the basis of memory. Chronological entries present a clear picture of the sequence of care provided and lists the events over time besides facilitating better communication amongst the care providers and patients. Late entries should be appropriately recorded as soon as possible and duly endorsed by the doctor or the person authorized to do so. Minimum requirements for patients' Clinical Records include at least the following:

1. The unique identifying number of the patient.
2. Name, address, date of birth, gender and person to be notified in case of an emergency.
3. Symptoms, history and condition of the patient.

4. Treatment provided or procedures performed.
5. Report of the outcomes of the treatment or procedure and progress
6. Final disposal after treatment.
7. Signature of the treating doctor.
8. The date and time of the current visit.

Suggested format of patient's clinical record is given at **Appendix G**.

### **Duration of Record**

Patient record should be maintained in the clinic at least for one year for general record. Moreover, vital events and medico-legal cases record is maintained according to legal requirement, as given at **Appendix H**.

### **SOPs for Referral of Patients**

In case of referral of a patient to another clinic/hospital, written communication is to be sent from the referring clinic and a copy of the same is to be retained in the patient's record. If the patient is transferred at his/her own request, a note to that effect should be added in the patient's record mentioning the name of the hospital where the patient desires to be shifted.

The care/treatment carried out during patient transfer must be documented.



### Death Record

In case of death of a patient at the clinic, preliminary details of circumstances leading to the death of patient, like primary and secondary cause of death, along with date and time should be documented on a death register separately maintained for this purpose.

### Responsibility for Designation

The management of the clinic is responsible to designate and authorise, in writing, a person who shall maintain the record, especially updating entries related to patient care, dispensing, stocks of

medicines, clinic staff, other legal documents etc. The information of the patients is private and must not be disclosed. The in-charge of clinic is responsible to get the Confidentiality Agreement signed by the staff. Specimen of Confidentiality Agreement is given at **Appendix I**.

### SOPs for identification of medical record entries

1. The clinic maintains a list of authorized persons along with details of the documents they can sign. The list also contains their specimen signatures, initials and the stamps they use.

Specimens of both initials and full signatures are important for identification of a person as they are used in different situations and in different documents/records. The professional signing the official documents relating to patient care, such as prescriptions, patient records and other reports, shall clearly write his/her name, title and the date in block letters on the documents and stamp the same. A sample of such an authorisation is given in the figure below:

No.	Name	Designation	Authorised For	Initials	Signature	Stamp
1.						
2.						
3.						

*Figure 9. Template of Authorisation*

2. The Clinic must keep this authorisation in a file which should be updated as and when new staff/signatories are added, along with a list containing details of the individuals who can and cannot sign.
3. In case of a single-man clinic, the doctor may also place his/her specimen signature, both

- initials and full signature, on record.
4. In case computerized records are maintained, the Template of Authorization should also reflect the name and designation of person responsible for the same.

### Reporting Notifiable Diseases

The doctor should have knowledge of notifiable

diseases and the mechanism how to inform the concerned District Health Officer at the required time. List of notifiable diseases should be available in the clinic. Current list of notifiable diseases and reporting protocol is attached at **Appendix J**.

## Assessment Scoring Method Standard 9

Indicator		Required Score
Ind. 43	Clinical record of every patient is maintained on the standard format	1 / 2
Ind. 44	Every patient record has at least two elements for identification`	2 / 2
Ind. 45	Only authorised person(s) make entries in the record.	1 / 2
Ind. 46	The Clinic is reporting notifiable disease to the concerned District Health Officer	2 / 2
Total Required Score		6

# Continuous Quality Improvement<sup>15</sup>

---

**Standard 10. The clinic has a quality improvement system in place**

---

<sup>15</sup> Hereinafter Continuous Quality Improvement shall be abbreviated as CQI.

## Indicator 47

### A quality assurance system is in place in the clinic

#### Assessment Methodology

- The objective of the indicator is to ensure that the activities performed by the clinic staff and the services provided are as per the facilities displayed and are delivered to the patients according to the prescribed service delivery standards.
- Check record that the clinic in-charge or a designated staff quarterly check the facilities provided for the comfort of patients like reception, guidance, seating arrangements, drinking water, ventilation etc. as well as the professional services being provided at the clinic, by using a quality assurance checklist, to ensure that the services conform to the service delivery standards.
- Examine that corrective actions are taken on the basis of quarterly check, if required.

#### Assessment Scoring

- **Compliance**  
Quality assurance checklist is available and quality has been monitored for the last four quarters.
- **Acceptable**  
Quality assurance checklist is available and quality has been monitored for the last two quarters only.
- **Non-compliance**  
Quality assurance checklist is not available or quality has not been monitored during the last two quarters.

## Indicator 48

### Patient satisfaction assessment system is in place in the clinic

#### Assessment Methodology

- The objective of the indicator is to ensure that the activities performed by the clinic staff are according to the expectations of the patients and according to the prescribed service delivery standards.
- Ask for Patient Satisfaction Assessment checklist.
- Check that patient satisfaction is assessed on quarterly basis for at least five patients in each cycle.
- Examine that corrective actions are taken on the basis of quarterly patient feedback, if required.

## Assessment Scoring

- **Compliance**  
Patient Satisfaction Assessment checklist is available and patient satisfaction is assessed for the last four quarters.
- **Acceptable**  
Patient Satisfaction Assessment checklist is available and patient satisfaction is assessed for the last two quarters only.
- **Non-compliance**  
Patient Satisfaction Assessment checklist is not available or patient satisfaction is not assessed during the last two quarters.

### Indicator 49

#### Sentinel events to be assessed and managed, are enlisted

## Assessment Methodology

- The clinic in-charge is required to define and enlist the possible sentinel events.
- Check list of possible sentinel events maintained in the clinic.
- Check record if any sentinel event is assessed and managed in the last 12 months and results used for Quality Improvement.
- Sentinel events are unforeseen event like drug reaction, wrong prescription, wrong patient, patient violence against clinic staff, violence against patients etc.

## Assessment Scoring

- **Compliance**  
There is a list of possible sentinel events and evidence of having a sentinel event which was assessed and managed.
- **Acceptable**  
There is a list of possible sentinel events but no sentinel event occurred during the last 12 months.
- **Non-compliance**  
There is no list of sentinel events in the clinic.

## EXPLANATORY NOTES

### Quality Assurance System

1. In charge Clinic is personally responsible under a written order.

2. The designated person is trained for desired actions to ensure quality of all processes involving preventive, promotive,

curative, rehabilitative and referral management.

3. The staff is trained and guided in performing their respective duties.
4. Daily monitoring according to checklist for facilities for patient comfort, infrastructure and equipment.
5. Noting deficiencies for correction.
6. Keeping the equipment functional as far as possible.
7. Assessment Scoring Matrix provided at the end of each set of standard and its associated indicators is required to be used by the clinics' respective staff for self-assessment to ensure their compliance with MSDS for GP and Specialist Clinics prescribed by KP HCC.
8. Investigating complaints and using their results for improvement of patient care system.
9. The activity is monitored by the in-charge through his/her own check list.
10. Record of monitoring checklists is kept as documentary evidence.

Quality Assurance Checklist is given at **Appendix K**.

### **Patient Satisfaction Assessment**

The objective of this assessment is to ensure that the activities performed by the clinic staff are according to the expectations of the

patients and according to the prescribed service delivery standards.

Patient Satisfaction Assessment checklist is given at **Appendix L**. Patient satisfaction is required to be assessed on quarterly basis for at least five patients in each cycle and record is available. The in charge of clinic should take corrective actions on the basis of quarterly patient feedback, if required.

### **Sentinel Events**

Quality assurance and improvement is one of the most important and critical standards for any HCE, irrespective of its size or scope of services. It is essential for the person in charge, owner or manager of the clinic to have a better understanding of the quality assurance system. A brief definition of a sentinel event and its assessment and management process are given below:

#### **Definition**

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 the risk thereof" includes any recurring process variations that carry a significant chance of serious adverse outcomes. Such events are called "SENTINEL" because

they signal the need for immediate investigation and response. Medication errors, while significant and deserving attention, are not the only type of medical errors the clinic needs to pay attention to. Most of the medical mistakes are preventable. In the clinics, the agreed understanding of a sentinel event is: "Unforeseen events like severe drug reaction/anaphylaxis, wrong prescription, wrong patient, patient violence against clinic staff and violence against patients." The clinic has to put monitoring procedures in place, as part of an action plan to detect these events and determine a procedure for:

1. Analyzing the root cause
2. Taking appropriate corrective action and
3. Maintaining a record

**1. Analysis of Sentinel Events:** Doctor is expected to identify and appropriately respond to all sentinel events occurring in the clinic or associated with the services provided at the clinic. Appropriate response includes conducting a timely, thorough and credible analysis; developing an action plan designed to implement improvements to reduce risk of recurrence, implementing the

improvements and monitoring the effectiveness of the improvements.

**2. Root Cause Analysis:**

Root cause analysis is a process for identifying the factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event and focuses primarily on systems and processes, not on individual performances. The analysis ranges from extraordinary discrepancies in clinical

processes to common deviations from organizational processes and systems and identifies potential improvements in these processes or systems to decrease the likelihood of such events in the future.

**3. Maintaining Record:**

Keeping the record of all sentinel events includes recording results of root cause analyses and maintaining the same at the clinic preferably using a standard format.

**Preventive and Corrective Action Plan**

The outcome of the root cause analysis is an action plan that measures the methods which the clinic intends to employ in order to reduce the risk of the occurrence of similar events in future. The plan should address responsibilities for pilot testing, implementation and supervision and include appropriate time lines and tools for measuring the effectiveness of the actions.

## Assessment Scoring Method Standard 10

Indicator		Required Score
Ind. 47	A quality assurance system is in place in the clinic	1 / 2
Ind. 48	Patient satisfaction assessment system is in place in the clinic	1 / 2
Ind. 49	Sentinel events to be assessed and managed, are enlisted	1 / 2
Total Required Score		3



# **Patient Rights and Responsibilities<sup>16</sup>**

---

**Standard 11. A system for  
obtaining consent for treatment  
exists**

---

<sup>16</sup> Hereinafter Patient Rights and Responsibilities shall be abbreviated as PRR.

## Indicator 50

### The doctor obtains consent from patients before examination

#### Assessment Methodology

- Verify that doctor consistently seek polite verbal permission from patients, relatives, or parents before physical examinations.
- The verbal permission so obtained is required to be recorded in the documentation/prescription at the minimum as Verbal Consent Obtained (VCO).
- Review a sample of 4-6 prescriptions to check for "VCO" notation.
- Conduct exit interviews with 4-6 patients who have undergone physical examination to validate that verbal consent was sought.

#### Assessment Scoring

- **Compliance**  
VCO is written on the reviewed prescriptions and verbal consent is validated by exit-interview of patients.
- **Acceptable**  
VCO is not written on reviewed prescriptions but verbal consent is validated by exit-interview of patients.
- **Non-compliance**  
VCO is not written on reviewed prescriptions and/or verbal consent is not validated by exit-interview of patients.

## Indicator 51

### Procedures for which informed consent is required, are enlisted and consent form is available

**Note:** If procedures are not conducted, mark as "Not Applicable."

#### Assessment Methodology

- Ask for a list of medical procedures for which informed written consent is required, and review the list for conformity with the scope of services of the clinic.
- In addition to medical procedures, informed consent is also required for taking photographs or making movies during the procedures either for record keeping, preservation of identity or educational & research purposes, as it can compromise the religious/social/cultural beliefs of the individual.
- Ask for written consent form and review it. The informed consent includes information on risks, benefits, and alternatives and as to who will provide the treatment or perform the procedure/investigation/test etc. Informed consent should be in a language that patient/attendant can understand.

## Assessment Scoring

- **Compliance**  
List of medical procedures for which informed written consent is required as well as consent form as per standard format are available.
- **Non-compliance**  
List of medical procedures for which informed written consent is required and/or consent form as per standard format are not available.

### Indicator 52

#### Informed written consent is obtained from patient/family before medical procedure

**Note:** If procedures are not conducted, mark as “Not Applicable.”

## Assessment Methodology

- Review the listed conditions requiring informed consent and then review five to ten records of patients from whom written informed consent should have been obtained from patient or family.<sup>17</sup>

## Assessment Scoring

- **Compliance**  
Informed written consent is available in all the reviewed patient records.
- **Non-compliance**  
Informed written consent is not available in all the reviewed patient records.

## EXPLANATORY NOTES

### Scope of Verbal Consent

The verbal consent is politely obtained from every patient/parent of a minor/family<sup>18</sup> to maintain the respect, dignity and honor of the patients while examining and providing care in compliance with the Code

of Ethics for Medical and Dental Practitioners prescribed by the PMDC and KP HCC Patients Charters. This little effort is a source of confidence building between the doctor and the patient and saves the doctors from many troubles which arise

out of misunderstandings. If there is any additional examination or treatment required, an informed consent should be taken as required under another indicator and explained thereunder.

<sup>18</sup> Family consent is required if the patient is not capable to give consent. Family means; immediate relatives—mother, father, brother & sister, son & daughter, wife & husband.

## Conditions Requiring Informed Consent

The patient has the right to have correct information about their health status (unless he/she has explicitly waived the right to such information), proposed treatment plan and all related issues in general. This information should be conveyed to the patient, by the attending staff, in a clear and simple way, using appropriate language. The patient should be provided sufficient information to help understand the issue and make informed decisions regarding treatment and management.

Additionally, informed consent of the patient is a prerequisite for his/her participation in clinical trial, teaching or scientific research.

### A specific informed consent shall be taken from the patient in following situations:

1. Before Surgery
2. Before anesthesia administration
3. Before transfusion of blood
4. Before any invasive procedure
5. Any High risk service or medicine

As an exception to the requirement of involvement

being in the interest of the patient, an incapacitated person may be involved in observational research which is not of direct benefit to his or her health provided that, that person offers no objection, that the risk and for burden is minimal, that the research is of significant value and that no alternative methods and other research subjects are available.

If the patient is incapable of giving consent, the next of kin or the attendant will provide consent on his/her behalf. If such patient is unattended too, the treating doctor can give consent in the best interest of the patient. Although the Patient's general consent is obtained for the proposed care or treatment, a written consent is mandatory for any invasive procedures or operations. The patient informed consent is a prerequisite to carry out any medical intervention and the patient has the right to refuse or to halt a medical intervention. Patient Informed Consent to Treatment Form is given at **Appendix M.**

In different situations of health care provision or involvement of the client in any research activity, the mode of consent and action will be:

1. When a patient is unable to express his or her will and a medical intervention is urgently needed, the consent of the patient may be presumed, unless it is obvious from a previous declared "Expression of Will" that consent would be refused in the situation.
2. 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.
3. When the consent of a legal representative is required, patients (whether minor or adult) must nevertheless be involved in the decision-making process to the fullest extent which their capacity allows.
4. If a legal representative refuses to give consent and the physician or other provider is of the opinion that the intervention is in the interest of the patient, then in case of a non-emergency situation, the decision must be referred to a court or some form of arbitration.

## Assessment Scoring Method Standard 11

Indicator		Required Score
Ind. 50	The doctor obtains consent from a patient before examination	1 / 2
Ind. 51	Procedures for which informed consent is required, are enlisted and consent form is available	2 / 2
Ind. 52	Informed written consent is obtained from patient/family before medical procedure	2 / 2
Total Required Score		5



**P**

**R**

**R**

---

**Standard 12. Patients and families are informed about their rights and responsibilities.**

## Indicator 53

### The KP HCC charter of rights and responsibilities is prominently displayed in the clinic

#### Assessment Methodology

- Verify that the Khyber Pakhtunkhwa Health Care Commission Charter of Rights and Responsibilities is prominently displayed inside the clinic, such as at the clinic entrance, reception area, or waiting room.

#### Assessment Scoring

- **Compliance**  
The Khyber Pakhtunkhwa Health Care Commission Charter of Rights and Responsibilities is prominently displayed inside the clinic.
- **Non-compliance**  
The Khyber Pakhtunkhwa Health Care Commission Charter of Rights and Responsibilities is not prominently displayed inside the clinic.

## Indicator 54

### Patients and families have a right to refuse treatment at the clinic

#### Assessment Methodology

- Whereas the doctor has a right to refuse treatment to a patient, the patient and families, though expected to respect the instructions/medication prescribed by the doctor, but they have a right to refuse the treatment and seek advice from any other doctor of their choice as provided in the KP HCC Charter of Rights and Responsibilities.
- The reasons to refuse to treat a patient need to be recorded. Similarly, in cases where patients refuse advice, procedures or treatment, it also has to be recorded.
- This necessitates specifically displaying the right of refusal. If the KP HCC Charter is displayed, check it specifically for the right of patient to refuse treatment at the clinic.

#### Assessment Scoring

- **Compliance**  
Patient right to refuse treatment is prominently displayed through KP HCC Charter of Rights and Responsibilities.
- **Non-compliance**  
Patient right to refuse treatment is not prominently displayed through KP HCC Charter of Rights and Responsibilities.

## Indicator 55

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

#### Assessment Methodology

- Patient and families have a right to complain and put forward their grievances on the spot, verbally, in writing or by any other means.
- Check that there is a complaint system to handle the complaints effectively.
- Availability of functional Complaints/suggestion Box or a Complaints Register, Complaint Form and File Record to address the complaint are evidences of the complaints system being in place. Check the availability of these elements.

#### Assessment Scoring

- **Compliance**  
Complaints system is available in the clinic and file record shows that complaints, if received, are addressed.
- **Non-compliance**  
Complaints system is not available in the clinic.

## EXPLANATORY NOTES

### KP HCC charter of rights and responsibilities

In the healthcare delivery system, rights of patients and service providers are equally important. The KP HCC Act, 2015, also recognizes the rights and responsibilities of both patients and healthcare service providers. The charters of rights and responsibilities of the patients and families and HCEs are to be displayed at a prominent place in the clinic, like the waiting area or the main entrance. Patients and

their families should follow social norms while waiting for their turn, avoid conflicts and follow the instructions of the doctor regarding the date and time of re-visit. Guidance is routinely provided to the patients and families on above aspects. The KP HCC charters are attached at **Appendix N**.

### Right to Refuse Treatment

Doctor has the right to refuse treatment to a patient.<sup>19</sup> While patients and families are expected to

respect the instructions and medicines prescribed by the doctor, they have a right to refuse treatment and seek advice from any other doctor of their choice.<sup>20</sup> The clinic manager/doctor must ensure that all such related information, regarding the rights and responsibilities of patients and others and the rights and responsibilities of HCEs, is displayed.

### Complaint Management

Patients and families have a right to complain and put

<sup>19</sup> Provisions 9 (2), (3) and (4) of Code of Ethics of Practice for Medical & Dental Practitioners by PM&DC.

<sup>20</sup> Provisions 12 (c) of Code of Ethics of Practice for Medical & Dental Practitioners by PM&DC.



forward their grievances and there should be a mechanism to handle these complaints effectively. Complaints can be lodged either on-the-spot as they occur or with some delay, verbally or in writing. The records of all complaints/grievances addressed must be placed in a file maintained at the clinic. In a single-man clinic, the doctor is required to ensure that such a complaints management mechanism is in place. He/she should do his/her best to address the complaints to the satisfaction of the patients.

### Right to Express Concern or Complain

An institutionalised, accessible and transparent grievance-redress mechanism (complaint management) must be in place at the clinic. Information on how to lodge a complaint must be clearly displayed in the local language at prominent places. A complaint is an expression of client dissatisfaction and a means of providing feedback on the quality of care received, and should be urgently addressed. Every healthcare facility should inform its

clients/patients about their right to complain and the complaint handling procedures in place. A complaint may be written or verbal and be lodged by a patient, his/her attendants or a legally authorized person. Various means may be adopted to communicate this. For instance, the healthcare facility may:

1. Display the message clearly in the local language at prominent places in the facility, such as registration desk, waiting area, main entrance etc., recommended as under:



Figure 10. Complaints and Suggestions Box Signage

2. Communicate pertinent information in the form of leaflets and brochures placed at appropriate places.
3. Obtain client feedback/comments on a prescribed, but simple, format during the visit (a sample format is given in the appendices).

### Complaint Management Procedure

To become a quality-driven service providing establishment, the facility should encourage clients and

their family members to freely raise and discuss their views, concerns or complaints with the concerned staff. This dialogue serves as an opportunity for improvement. Every clinic must have a documented grievance redressing procedure. A proposed format for the complaint management procedure is attached as **Appendix O**.

**Feedback mechanisms** should be culturally

appropriate, feasible and may include:

1. A suggestion/complaint box at the facility that may be used by the literate clients.
2. Periodic client exit interviews.
3. Key informant interviews within the community.

Depending upon their needs and resources, the clinic management should devise methods, and determine frequencies, of feedback mechanisms in order to seek patient views on the quality of care.

## Assessment Scoring Method Standard 12

Indicator		Required Score
Ind. 53	The KP HCC charter of rights and responsibilities is prominently displayed in the clinic	2 / 2
Ind. 54	Patients and families have a right to refuse the treatment at the clinic	2 / 2
Ind. 55	Patients and families have a right to complain and there is a mechanism to address the grievances	2 / 2
Total Required Score		6

# **Infection Prevention and Control<sup>21</sup>**

---

**Standard 13. Good hand hygiene is practised in the clinic**

---

<sup>21</sup> Hereinafter Infection Prevention and Control shall be abbreviated as IPC.

## Indicator 56

### The doctor and concerned staff have knowledge about good hand hygiene

#### Assessment Methodology

- Check knowledge of the doctor and concerned staff about good hand hygiene, specifically:
  1. Two types of hand hygiene: a. Hand rubbing - anti-sepsis/decontamination, and b. Simple hand wash.
  2. Uses of the two types of hand hygiene: preferred is hand rubbing.
  3. Five moments for hand hygiene: Before touching a patient, before clean/antiseptic procedure, after body fluid exposure risk, after touching a patient, after touching patient surroundings.
  4. Seven steps of and washing.
  5. Method of hand drying.
- For determining the percentage of knowledge, the assessors shall to use his/her judgment and knowledge of critical elements of good hand hygiene.

#### Assessment Scoring

- **Compliance**  
Doctor and concerned staff have complete knowledge of good hand hygiene.
- **Acceptable**  
Doctor and concerned staff have at least 80% knowledge of good hand hygiene.
- **Non-compliance**  
Doctor and concerned staff have less than 80% knowledge of good hand hygiene.

## Indicator 57

### The clinic has complete arrangement for good hand hygiene and it is practised as per protocol

#### Assessment Methodology

- Check complete arrangement for good hand hygiene, which means:
  1. Hand rubbing anti-septic is available.
  2. Running water and plain soap or anti-septic soap is available for hand washing.
  3. Hand drying: Disposable towel, reusable towel, and or air-hand-dryer is available.
- Observe that good hand hygiene is practised at the five recommended moments as per protocol, i.e., hand rubbing and hand washing as per requirement.

## Assessment Scoring

- **Compliance**

The clinic has complete arrangement for good hand hygiene and it is practised as per protocol.

- **Non-compliance**

The clinic does not have complete arrangement for good hand hygiene and/or it is not practised as per protocol.

## EXPLANATORY NOTES

### Infection Prevention and Control

The prevention and control of infection in the clinic settings can cover a wide range of aspects and activities which can minimize the risk of spread of infection, as far as reasonably possible for the doctor(s), as well as staff and the patients of the clinic. Some of the roles and responsibilities given hereunder must be understood and practiced.

colleagues or patients at risk of infection.

- iii. Patients should cover their face (nose and mouth) with a handkerchief or tissue paper while coughing or sneezing, to block the spread of germs. The infected person should be kept away from other patients, particularly children, to avoid the spread of infection.

these infections are avoidable. A doctor and staff working in a clinic may put patients at risk in the following ways:

- i. Direct contact through hands
- ii. The emergency environment

Practicing good hand hygiene, taking aseptic precautions and a clean working environment can minimize the risk of transmitting infection to patients or staff.

### 1. Roles and Responsibilities

- i. Clinic in-charge has the overall responsibility to ensure that appropriate controls and procedures are in place to minimize the risks of infection to staff and patients.
- ii. Doctor and staff are responsible to ensure good infection prevention and control so that they do not put themselves, other

### 2. Infection Control Guidance

Patients and healthcare providers may acquire infections during clinical checkups or healthcare interventions.

Healthcare workers commonly spread a wide variety of microorganisms, including Methicillin Resistant Staphylococcus Aureus, Influenza, Noro-virus and Clostridium Difficile via contaminated hands and equipment. Many of

**Good hand hygiene** has been described as the most important intervention in reducing the risk of cross infection. Use of soap and warm water is the most effective method of cleaning hands so as to remove dirt, organic material and transient micro-organisms. The technique of hand washing is more important than the solution used and involves three stages: preparation, washing/rinsing, and drying.

## Hands should be washed:



<b>1</b>	BEFORE TAKING A BREAK/GOING HOME	<b>6</b>	GOING TO THE TOILET	<b>11</b>	AFTER HANDLING DIRTY/LINEN OR WASTE
<b>2</b>	BEFORE UNDERTAKING A PROCEDURE	<b>7</b>	AFTER BLOWING NOSE OR COVERING A SNEEZE	<b>12</b>	AFTER HANDS BECOME VISIBLY SOILED
<b>3</b>	BEFORE PUTTING ON PROTECTIVE CLOTHING	<b>8</b>	AFTER EXAMINING A PATIENT	<b>13</b>	AFTER CLEANING UP SPILLS
<b>4</b>	BEFORE EATING, DRINKING AND HANDLING FOOD	<b>9</b>	HANDLING CONTAMINATED ITEMS SUCH AS DRESSINGS ETC.	<b>14</b>	REMOVAL OF GLOVES
<b>5</b>	BEFORE SMOKING	<b>10</b>	AFTER CLEANING EQUIPMENT/ENVIRONMENT	<b>15</b>	AFTER SMOKING

Figure 11. When to wash hands

Appropriate hand washing can minimize spread of infection through micro-organisms, acquired on the hands by contact with bodily fluids and contaminated surfaces, by breaking the transmission chain and reducing person-to-person transmission. All healthcare personnel and family caregivers of patients must practice effective hand washing and need to know proper techniques and situations for hand washing. Washing with soap and water kills many transient micro-organisms and allows them to be mechanically removed by rinsing. Washing with antimicrobial products kills or inhibits the growth of micro-organisms in the deep layers of the skin. Use of alcohol-based gel is the preferred method of hand cleansing.

### Types of Hand Washing

1. Simple hand washing is usually limited to hands and wrists where the hands are washed with soap (plain or

antimicrobial) and water for a minimum of 10 - 15 seconds.

2. Hand antisepsis/decontamination removes or destroys transient micro-organisms and confers a prolonged protective effect and may be carried out in one of the following two ways:
3. Wash hands and forearms with antimicrobial soap and water, for 15-30 seconds (following manufacturer's instructions).
4. Decontaminate hands with a waterless, alcohol-based hand gel or hand rub for 15-30 seconds. This is appropriate for hands that are not soiled with protein matter or fat. Immersion of hands in bowls of antiseptics is not recommended.

### Facilities and Materials Required for Hand Washing

The following facilities and material are required for good hand hygiene:

### Running water

Access to clean water is essential and it is preferable to have running water in washbasins having anti-splash devices. When running water is not available, use a bucket with a tap, which can be turned on and off; or a bucket and pitcher; or 60% - 90% alcohol hand rub.

### Materials Used Hand Washing/Hand Antisepsis

Use plain or antimicrobial soap depending on the procedure.

1. **Plain Soap:** Used for routine hand washing and available in bar, powder or liquid form.
2. **Antimicrobial Soap:** Used for hand washing as well as hand antisepsis.
  - i. If bar soaps are used: Use small bars with soap racks that can be drained.
  - ii. Do not allow bar soap to sit in a pool of water as it encourages the

growth of some micro-organisms such as pseudomonas.

- iii. Clean dispensers of liquid soap thoroughly every day.
- iv. Empty liquid soap containers must be discarded, not refilled with soap solution.

### **Specific antiseptics recommended for hand antisepsis**

- 1. 2%-4% chlorhexidine
  - 2. 5%-7.5% povidone iodine
  - 3. 1% triclosan
  - 4. 70% alcoholic hand rubs
- Waterless, alcohol-based hand rubs: with antiseptic and emollient gel and alcohol swabs, which can be applied to clean hands.

### **Facilities for Drying Hands**

- 1. Disposable towels, reusable roller towels, which are suitably maintained, should be available.
- 2. If there is no clean dry towel, it is best to air-dry hands.
- 3. Flexibility in using equipment products and procedures, sensitive to local needs, will improve compliance.
- 4. In all cases, the best possible procedure should be instituted.

### **Hand Washing Instructions**

- 1. Remove jewelry (rings, bracelets etc.) and watches before washing hands.
- 2. Ensure that the nails are clipped short and do not wear artificial nails.
- 3. Roll the sleeves up to the elbow.
- 4. Wet the hands and wrists, keeping hands and wrists lower than the elbows which permits the water to flow to the fingertips, avoiding arm contamination.
- 5. Apply soap (plain or antimicrobial) and lather thoroughly.
- 6. Use firm, circular motions to wash the hands and arms up to the wrists, covering all areas including palms, back of the hands, fingers, between the fingers and the lateral side of the fifth finger, knuckles and wrists and rub for a minimum of 10-15 seconds.
- 7. Repeat the process if the hands are very soiled.
- 8. Clean under the fingernails.
- 9. Rinse hands thoroughly, keeping the hands lower than the forearms.
- 10. If running water is not available, use a bucket and pitcher.
- 11. Do not dip your hands into a bowl to rinse, as this re-contaminates them.

- 12. Collect used water in a basin and discard in a sink, drain or toilet.
- 13. Dry hands thoroughly with a disposable paper towel or napkins. Clean dry with towel or air dry them.
- 14. Discard the towel if used, in an appropriate container without touching the bin lids with the hand.
- 15. Use a paper towel, clean towel or your elbow/foot to turn off the faucet to prevent recontamination.

### **Hand washing steps using antiseptics, hand rubs, gels or alcohol swabs**

A general procedure for hand washing is given in the figure below and must be conducted for over at least one full minute.

- 1. Apply the product to the palm of one hand. The volume needed to apply varies by product.
- 2. Rub hands together, covering all surfaces of hands and fingers, until the hands are dry.
- 3. Do not rinse.
- 4. When there is visible soiling of hands, they should first be washed with soap and water before using waterless hand rubs, gels or alcohol swabs.
- 5. If soap and water are unavailable, hands should first be cleansed

with an alcohol-based  
hand rub, gel or swab.



Hand washing steps are pictorially summarized as under:

# Steps to Hand Hygiene

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

تمام سطحوں کو ڈھانپتے ہوئے ہتھیلی کا ایک کپ ہاتھ میں لگائیں۔

1b



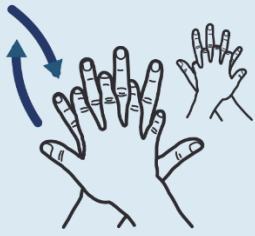
2



Rub hands palm to palm;

دونوں ہاتھوں کی ہتھیلیوں کو ملیئے

3



Right palm over left dorsum with interlaced fingers and vice versa;

دائیں ہاتھ کی ہتھیلی کو بائیں ہاتھ کے اوپر سے انگلیوں کے درمیان ملیئے

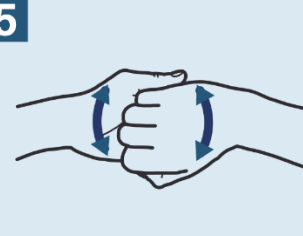
4



Palm to palm with fingers interlaced;

دونوں ہاتھوں کی انگلیوں اور ہتھیلیوں کو سامنے سے ملیئے

5



Backs of fingers to opposing palms with fingers interlocked;

انگلیوں کی پشت کو مخالف ہاتھ کی ہتھیلی سے ملیئے

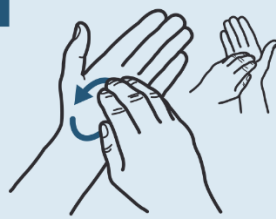
6



Rotational rubbing of left thumb clasped in right palm and vice versa;

بائیں ہاتھ کے انگوٹھے کو دائیں ہاتھ میں لے کر ملیں

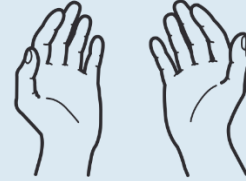
7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

دونوں ہاتھوں کی انگلیوں کو ہتھیلیوں سے ملیں

8



Your hands are now safe.

خشک ہونے پر آپ کے ہاتھ محفوظ ہیں

Figure 12. Hand Washing Steps

## Assessment Scoring Method Standard 13

Indicator		Required Score
Ind. 56	The doctor and concerned staff have knowledge about good hand hygiene	1 / 2
Ind. 57	The clinic has complete arrangement for good hand hygiene and it is practised as per protocol	2 / 2
Total Required Score		3



I

P

C

---

**Standard 14. Personal Protective Equipment is used for infection prevention and control.**

## Indicator 58

### The doctor and concerned staff have knowledge about Personal Protective Equipment and its use

#### Assessment Methodology

- Check knowledge of the doctor and concerned staff about Personal Protective Equipment (PPE) and its use, specifically:
  1. The commonly used PPEs: a. Gloves, b. Disposable/reusable protective clothing e.g. scrub suit, aprons, c. Eye protection, d. Face masks, e. Cap
  2. Ask about its use: Care to patients where the care provider comes in contact with blood, body fluids, excretions or secretions.

#### Assessment Scoring

- **Compliance**  
Doctor and concerned staff have complete knowledge of personal protective equipment and its use.
- **Non-compliance**  
Doctor and concerned staff does not have complete knowledge of personal protective equipment and its use.

## Indicator 59

### Required Personal Protective Equipment is available in the clinic as per scope of services

#### Assessment Methodology

- Check the availability of commonly used PPEs according to the scope of services of the clinic:
  1. Gloves
  2. Disposable/reusable protective clothing e.g. scrub suit, aprons
  3. Eye protection
  4. Face masks/face shield
  5. Hair cover or Cap
- The assessor shall use his/her knowledge about the requirement of a specific PPE according to the scope of services of the clinic.

#### Assessment Scoring

- **Compliance**  
Required Personal Protective Equipment is available in the clinic as per scope of services.
- **Non-compliance**

Required Personal Protective Equipment is not available in the clinic as per scope of services.

# EXPLANATORY NOTES

## Personal Protective Equipment (PPE)

Adequate and appropriate PPE, soaps, and disinfectants should be available and used correctly. These should be available at the point of use and the clinic shall maintain an adequate inventory and stock of items, as applicable. Using PPE provides a physical barrier between micro-organisms and the wearer and offers protection by helping to prevent micro-organisms from:

1. Contaminating hands, eyes, clothing, hair and shoes.
2. Being transmitted to other patients and staff.

## Commonly used PPE include the following:

1. Gloves
2. Disposable protective clothing e.g. plastic aprons
3. Eye protection
4. Face masks

## PPE should be used by:

1. Healthcare workers who provide direct care to patients and who work in situations where they may have contact with blood, body fluids, excretions or secretions.
2. Support staff including medical aides, cleaners and laundry staff in situations where they may have contact with

blood, body fluids, secretions and excretions.

## Principles for use of PPE

PPE reduces, but does not completely eliminate, the risk of acquiring an infection. It is important that it is used effectively, correctly, and at all times where contact with blood and bodily fluids of patients may occur. Continuous availability of PPE and training for its adequate use are essential. Staff must also be aware that use of PPE does not replace the need to follow basic infection control measures such as hand hygiene.

## The following principles guide the use of PPE:

1. PPE should be chosen according to the risk of exposure. The healthcare worker should assess whether they are at risk of exposure to blood, body fluids, excretions or secretions and choose the items of personal protective equipment according to the risk.
2. Avoid any contact with contaminated (used) PPE and surfaces, clothing or people outside the patient care area.

## Examples of use of PPE

1. Discard the used PPE in the appropriate disposal

bags and dispose of, as per the policy of the clinic.

2. Do not share PPE.
3. Change PPE completely and thoroughly wash hands each time you leave a patient to attend to another patient or another duty.

## Assessment Scoring Method Standard 14

Indicator		Required Score
Ind. 58	The doctor and concerned staff have knowledge about Personal Protective Equipment and its use	2 / 2
Ind. 59	Required Personal Protective Equipment is available in the clinic as per scope of services	2 / 2
Total Required Score		4



I

P

C

---

**Standard 15. Sterilisation protocols are followed in the clinic.**



## Indicator 60

### Sterilization equipment is available in the clinic

#### Assessment Methodology

**Note:** If procedures, requiring sterilization, is not done as per scope of work, mark as “Not Applicable.”

- Check for sterilization equipment, preferably an autoclave, for sterilization of equipment before any procedure.

#### Assessment Scoring

- **Compliance**  
Sterilization equipment, preferably autoclave, is available in the clinic
- **Non-compliance**  
Sterilization equipment, preferably autoclave, is not available in the clinic

## Indicator 61

### There is adequate space available for sterilization activities

#### Assessment Methodology

**Note:** If indicator 60 is “Not Applicable,” this indicator will default to “Not Applicable.”

- Check that adequate space is available for sterilization activities, and adequate means:
- Enough space as specified by the manufacturer of the sterilizing equipment (or at least the availability of physical barriers) to ensure separation of “clean” and “dirty” areas.
- Cleaning and washing of the used instruments are not allowed inside the procedure area/surgery.
- Check that separate rooms or physically separated areas in a larger room are available for cleaning, washing, drying, packing, autoclaving, and storing of autoclaved/sterilized packs.

#### Assessment Scoring

- **Compliance**  
Adequate space with clear separation of “clean” and “dirty” areas, is available.
- **Non-compliance**  
Adequate space with clear separation of “clean” and “dirty” areas, is not available.

## Indicator 62

### Relevant staff has knowledge of the process of sterilization and use of sterilizer

#### Assessment Methodology

**Note:** If indicator 60 is “Not Applicable,” this indicator will default to “Not Applicable.”

- Check knowledge of the relevant staff about the process of sterilization, specifically:
  1. Separation of “clean” and “dirty” areas
  2. Steps of sterilization: Cleaning and washing of the used instruments, drying, packing with date of sterilization and expiry, autoclaving, storing of autoclaved/sterilized packs, validation test, recall method.
- Ask the relevant staff about the use of sterilizer/autoclave. Check manufacturer user manual.

#### Assessment Scoring

- **Compliance**  
Relevant staff has knowledge of the process of sterilization and use of sterilizer.
- **Non-compliance**  
Relevant staff does not have knowledge of the process of sterilization and/or use of sterilizer.

## Indicator 63

### Instruments/equipment are sterilized before every procedure on patient

#### Assessment Methodology

**Note:** If indicator 60 is “Not Applicable,” this indicator will default to “Not Applicable.”

- Observe that instruments/equipment are sterilized before procedure on a patient.
- Check sterilized packs of instruments for compliance, if a procedure is planned.

#### Assessment Scoring

- **Compliance**  
Evidence confirms that instruments/equipment are sterilized before every procedure on patient.
- **Non-compliance**  
Evidence confirms that instruments/equipment are not sterilized before every procedure on patient.

## Indicator 64

### Regular validation tests for sterilization are carried out and documented

#### Assessment Methodology

**Note:** If indicator 60 is “Not Applicable,” this indicator will default to “Not Applicable.”

- This is an important patient safety issue. Review the procedure to validate that complete sterilization has occurred. This should be uniformly done on each batch that is sterilized.
- There are several methods, such as color change strips, that can be used. Confirm that whatever method is used, it is effective and documented.

#### Assessment Scoring

- **Compliance**  
There is a mechanism to verify that complete sterilization has occurred, and it is documented.
- **Non-compliance**  
There is a no mechanism to verify that complete sterilization has occurred, or it is not documented.

## Indicator 65

### There is an established procedure for recall in case of breakdown in the sterilization system

#### Assessment Methodology

**Note:** If indicator 60 is “Not Applicable,” this indicator will default to “Not Applicable.”

- Review any written recall procedure employed in case of breakdown in the sterilization system.
- If an actual breakdown had occurred, review how the recall was implemented.
- Check to confirm that the staff members are aware of recall procedure.

#### Assessment Scoring

- **Compliance**  
Written recall procedure exists and staff is aware of it.
- **Non-compliance**  
Written recall procedure does not exist and/or staff is not aware of it.

# EXPLANATORY NOTES

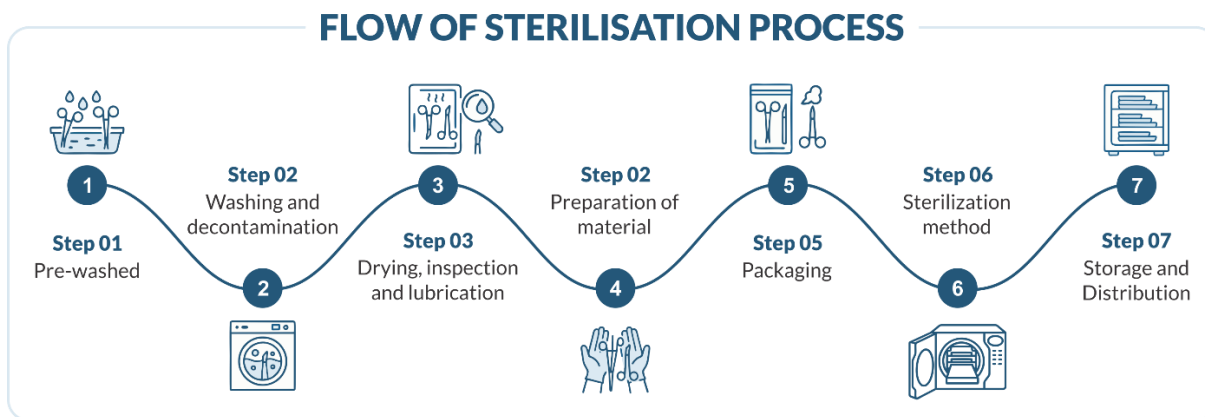
## Sterilisation

Sterilisation is a procedure that kills all life forms. Viruses, bacteria, fungi/mold and spores are all destroyed.

## Sterilisation Area Layout and Processes

1. The definition of “adequate” includes enough space or at least physical barriers, to ensure separation of “clean” and “dirty” considering the workload. The defined sterilisation area should have provision to physically separate the functions of cleaning, processing, sterile storage and distribution. This includes suitable location, proper layout and separation of clean and dirty areas. Sufficient space as recommended by the Original Equipment Manufacturer (OEM) shall be available to ensure that the activities can be performed properly. It is preferable to have separate areas for receiving, washing, cleaning, sterilisation, packing, sterile storage and dispatch. The entire layout map is required to be documented and displayed.
2. Each clinic needs to develop a programme for the implementation of good IPC practices. The IPC focal person, besides serving other functions, is also required to oversee the provision of sterile supplies to the doctor.
3. **Sterilisation Workflow:** In the clinic/procedure area, dirty re-usable instruments are collected and put into clearly labeled containers and shifted for sterilisation. Cotton wool and dressings should be discarded as clinical waste for incineration. The dirty instruments are then received in the allocated dirty area. All equipment is first washed in hot water and detergent either mechanically or manually. Manual washing requires the use of appropriate protective clothing such as heavy-duty gloves, plastic aprons and eye-protection. The equipment is then inspected for cleanliness and damage. Instruments are then packed into individual sets for use in clinics and autoclaved and/or disinfected, as required. The packaged sets are then inspected to ensure that they are dry. The sterile packs should be stored in a well-ventilated room ready for use. There should be a written record of sterilized material and its issue for use.
4. **Disinfection/Sterilisation of Instruments:** It is mandatory to disinfect soiled medical instruments before using them on other patients. Sterilisation of medical instruments prevents the spread of infectious diseases and is the first sterilisation process to protect patients from contaminants, like HIV and Hepatitis C, which can live on instruments. Liquid bleach, as well as isopropyl and ethyl alcohol, are extremely effective in disinfecting instruments.





*Figure 13. Sample of Sterilisation Workflow*

## 5. SOPs for Disinfection:

- i. Place your washbasins and supplies in a cleaning station or utility room. Decide which chemical you will use to disinfect the instruments - germicidal spray, liquid bleach or alcohol. These are all highly effective disinfectants and the medical community approves of them.
- ii. Put on your protective wear - gloves, goggles, mask and apron. Gloves should be the heavy-duty utility style for handling sharp instruments like scalpels and knives. Dispose of gloves and use a new pair if they tear during the disinfecting process.
- iii. Spray each individual instrument heavily with germicidal spray and disinfect one piece at a time. Allow each item to stay for two minutes in the

washbasin. 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 brush for removal.

- iv. In case of liquid bleach, mix one ounce of bleach with one quart of boiled water in a washbasin 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 brush to remove any visible contaminants left on the instruments and rinse the instruments with clean water in a separate basin.
- v. In case of using isopropyl or ethyl

alcohol, place the soiled instruments in the washbasin, pour alcohol into a spray bottle and spray the instruments thoroughly. Use a brush 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.

2. **Cleaning Instruments with Sterile Water:** While using equipment or instruments that need to be sterilized for safety and disinfection, use a solution of sterile water to ensure that all bacteria and viruses are killed and eliminated from the instrument or the tool. Using a mix of enzymatic detergent and sterile water can assist you in effectively cleaning and eliminating unwanted microbes from surgical

and medical tools and equipment.

### **SOPs for Cleaning Instruments with Sterile Water:**

- i. Remove debris and residue from the instruments by rinsing them under sterile water and using a brush or other scrubbing tools.
- ii. Mix proper amounts of sterile water and enzymatic detergent in a clean container large enough to hold the instruments. The proper ratio of enzymatic detergent and sterile water will be determined and followed as per manufacturer's instructions.
- iii. Place the instruments in the container with the enzymatic detergent and sterile water formula, making sure that they are fully covered by the solution.
- iv. Soak the tools in the solution for 20 minutes to effectively sterilize the instruments before reuse.

### **Breakdown Recall**

The clinic/procedure room/surgery should develop and maintain a written recall procedure and

the staff members should be trained on these procedures. The clinic shall ensure that the sterilisation procedure is regularly monitored and in the eventuality of a breakdown, it has a procedure for withdrawal of such items. A batch processing system with date and machine number for effective recall should be in place. Whenever a breakdown in the sterilisation system is noted, all packs sterilized by the faulty machine should immediately be called back from the respective area where the sterile packs have been supplied. The packs called back should be sent for re-sterilisation using a proper machine/technique. The IPC focal person shall ensure that institutional policies are consistent with provincial/national guidelines and conduct IPC audit periodically, e.g., at least monthly in areas where materials are reprocessed to ensure policy compliance. Breaches in policy should be documented and corrective action instituted.

### **Recommended Method of Heat Sterilisation**

The recommended method of heat sterilisation is autoclaving. Autoclaves use steam under pressure to sterilize the items. The autoclaving process, including drying of instruments, takes up to one

hour. All items should be cleaned and wrapped before autoclaving. Manufacturer's recommendations for sterilisation should be followed wherever applicable.

The instrument processing area should have five distinct sections ensuring physical separation/barrier between clean and dirty areas:

1. Receiving
2. Decontamination and cleaning
3. Wrapping
4. Sterilisation
5. Storage

### **Sterilisation/Instrument Processing Area**

An area in the clinic should be designated for instrument processing. Tea-making or laboratory work should not be carried out in this area.

### **Monitoring of Sterilisation**

The date of sterilisation should be recorded on the package, along with the sterilisation cycle number or code. If using wrapping material that does not have sterilisation indicators, the packages should be sealed using autoclave tape. This tape has indicator strips that change color after sterilisation. Packages should not be sealed with staples. The holes created by staples allow entry of microorganisms after sterilisation and reduce the shelf life of the sterilized package.

Chemical indicator strips are also available independently. These can be placed inside large packages or containers, to ensure penetration of heat.

### **Tips on Packaging**

A paper sheet or patient napkin may also be packed inside the package. Once sterile, this paper sheet can be used to line the instrument tray. All items necessary for a procedure should be packed in one instrument pouch.

### **Record of Validation Tests**

Documented processes should be available to provide guidelines for complete sterilisation. This should be uniformly done on each “batch” that is sterilized. There are several methods that can be used (such as color change strips). Every method used must be documented and effective. The date of sterilisation and expiry are clearly indicated on the packaging. This should be done by accepted methods, e.g., bacteriologic, strips, etc. Engineering

validations like Bowie Dick Tape Test and Leak Rate Test need to be carried out. WHO recommends each load to have number, content description, temperature, pressure and time-record chart, physical/chemical tests daily, weekly biological tests and steam processing.s



# Assessment Scoring Method

## Standard 15

Indicator		Required Score
Ind. 60	Sterilisation equipment is available in the clinic	2 / 2
Ind. 61	There is adequate space available for sterilisation activities	2 / 2
Ind. 62	Relevant staff has knowledge of the process of sterilisation and use of sterilizer	2 / 2
Ind. 63	Instruments/equipment are sterilized before every procedure on patient	2 / 2
Ind. 64	Regular validation tests for sterilisation are carried out and documented	2 / 2
Ind. 65	There is an established procedure for recall in case of breakdown in the sterilisation	2 / 2
Total Required Score		12



I

P

C

---

**Standard 16. Waste management system is in place in the clinic.**

## Indicator 66

**The concerned staff has knowledge of the process of general cleaning and clinic premises is cleaned on daily basis**

### Assessment Methodology

- Ask the concerned staff about:
  1. Wet mopping and dry sweeping: Wet mopping is recommended.
  2. Areas visibly contaminated with blood or body fluids: Use of detergent and water for such areas.
  3. Areas exposed to patients with known transmissible infectious diseases: Use of detergent/disinfectant solution for such areas.
  4. Frequency of toilet cleaning. At least once a day is recommended. More if daily human traffic is heavy.
- Check general cleanliness of the clinic premise, including toilets.
- Check that a daily log of general cleanliness is maintained for at least the last seven working days.

### Assessment Scoring

- **Compliance**  
Concerned staff has knowledge of the process of general cleaning, clinic premises is clean and daily log is maintained for at least the last seven working days.
- **Non-compliance**  
Concerned staff has deficient knowledge of the process of general cleaning, and/or clinic premises is not clean and/or daily log is not maintained for at least the last seven working days.

## Indicator 67

**Relevant staff has complete knowledge of the waste management of the clinic**

### Assessment Methodology

**Note: If clinic is not producing infectious waste, mark as “Not Applicable.”**

- Confirm that the relevant staff has knowledge of waste management of clinic, specifically:
  1. Different types of clinic waste: a. Municipal waste, b. Infectious waste (to be incinerated, to be buried, and sharps) .
  2. Colour-coding of waste bins.
  3. Steps of waste management, like collection, segregation, storage, transportation and safe disposal.
- Health care waste in Pakistan is regulated by the Hospital Waste Management Rules, 2005.

## Assessment Scoring

- **Compliance**  
Relevant staff has complete knowledge of the waste management of the clinic.
- **Non-compliance**  
Relevant staff does not have knowledge of the waste management of the clinic.

### Indicator 68

#### Waste management system is present in the clinic

## Assessment Methodology

**Note:** If indicator 60 is “Not Applicable,” this indicator will default to “Not Applicable.”

- Confirm that waste management system is present in the clinic, which means all the elements as given below:
  1. Availability of colour-coded waste bins for different types of clinic waste: a. Municipal waste, b. Infectious waste (to be incinerated, to be buried, and sharps).
  2. Arrangement for waste collection, segregation at source, storage, transportation and safe disposal.

## Assessment Scoring

- **Compliance**  
Waste management system is present in the clinic.
- **Non-compliance**  
Waste management system is not present in the clinic.

## EXPLANATORY NOTES

### Cleaning of the Clinic Environment

Routine cleaning is important to ensure a clean and dust-free clinic environment. There are usually many micro-organisms present in “visible dirt” and routine cleaning helps to eliminate this dirt. Administrative and office areas with no patient contact require normal domestic cleaning. Most patient care areas may be cleaned by wet mopping as

dry sweeping is not recommended. The use of a neutral detergent solution improves the quality of cleaning.

Hot water (80°C) is a useful and effective environmental cleaner. Bacteriological testing of the environment is not recommended unless seeking a potential source of an outbreak. Areas visibly contaminated with blood or body fluids should be cleaned immediately with

detergent and water. Areas that have been exposed to patients with known transmissible infectious diseases should be cleaned with a detergent/disinfectant solution. All horizontal surfaces and all toilet areas should be cleaned daily.

### Management of Healthcare Waste

Uncollected, long stored waste or waste routing within the premises must be avoided. A sound waste management system needs to be developed and closely monitored.

### **Additional Precautions (transmission-based)**

Additional transmission-based precautions may be taken while ensuring that standard precautions are maintained. Additional precautions include:

1. Airborne precautions
2. Droplet precautions
3. Contact precautions

### **Training in Safe Handling of Medical Waste**

The clinic in-charge should be oriented towards the importance of the IPC programme. Healthcare workers should be equipped with requisite knowledge, skills and attitudes for good IPC practices. In case of single-man clinics, the doctors should be responsible for ensuring that they are fully knowledgeable and trained in safe handling of medical waste. The doctor should:

1. Assess training needs of the staff and provide required training through awareness programmes.
2. Organize regular training programmes for the staff for essential IPC practices that are appropriate to their job description. The doctor

can train his/her staff or through an IPC expert.

3. Provide periodic re-training or orientation of staff.
4. Review the impact of training.

All staff that work in areas where infectious waste is handled are to be trained on the hazards of waste, management of waste, and IPC. All staff shall be trained in, and use, procedures for segregation and management of different types of waste, and colour-coding of bins, as given in **Appendix P**.

The various steps in waste management are:

1. Collection
2. Segregation at source
3. Storage
4. Transportation
5. Waste Treatment/disposal.

Medical waste is regulated by the Khyber Pakhtunkhwa Hospital Waste Management Rules, 2018. According to the rules, every clinic/HCE shall be responsible for the proper management of waste, through developing a **"Waste Management Plan."** The plan will be facility specific, containing a list of activities and quantities of required materials, with costs and timelines. Development of the plan is the responsibility of the clinic in charge or the **Waste Management Officer**.

The plan will be reviewed and finalized by the clinic in charge and should aim to:

1. Protect public health and safety.
2. Provide a safer working environment.
3. Minimize waste generation and environmental impacts of waste treatment/disposal.
4. Ensure compliance with legislative requirements.

# Assessment Scoring Method

## Standard 16

Indicator		Required Score
Ind. 66	The concerned staff has knowledge of the process of general cleaning & clinic premises is cleaned on daily basis	2 / 2
Ind. 67	Relevant staff has complete knowledge of the waste management of the clinic	2 / 2
Ind. 68	Waste management system is present in the clinic	2 / 2
Total Required Score		6



## **Section 3**

# **Appendices**

## Appendix A: Health Related Laws in Khyber Pakhtunkhwa

No.	Health Related Laws
1.	Khyber Pakhtunkhwa Food Safety & Halal Food Authority Act, 2014
2.	The Khyber Pakhtunkhwa Healthcare Commission Act, 2015
3.	The Khyber Pakhtun-khwa Public Procurement Regulatory Authority Act 2012
4.	The Khyber Pakhtunkhwa Consumer Protection (Amendment) Act, 2017
5.	The Khyber Pakhtunkhwa Blood Transfusion Safety Authority Act, 2016
6.	The Khyber Pakhtunkhwa Environmental Protection Act, 2014
7.	Pakistan Nursing Council (Amendment) Act, 2021
8.	Allopathic System (Prevention of Misuse) Rules, 1968
9.	Pharmacy Act, 1967
10.	The Unani, Ayurvedic And Homoeopathic Practitioners Act, 1965
11.	The Allopathic System (Prevention of Misuse) Ordinance, 1962
12.	Khyber Pakhtunkhwa Hospital Waste Management Rules, 2018
13.	Injured Persons Act, 2004
14.	Khyber Pakhtunkhwa Injured Persons and Emergency (Medical Aid) Act, 2014
15.	Pakistan Medical and Dental Council Act, 2022



## Appendix B: Consolidated Assessment Scoring

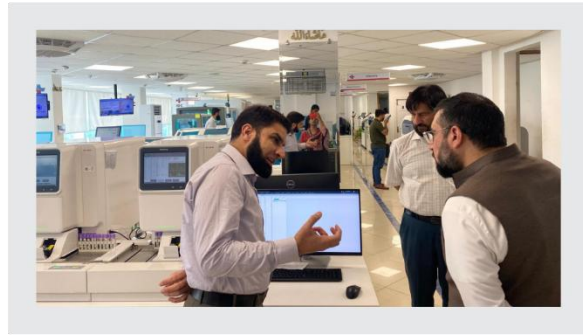
No.	Functional Area	Required Score	Score Obtained
1.	Human Resource Management (HRM)	14/16	
2.	Facility Management and Safety (FMS)	27/34	
3.	Care of Patients (COP)	23/24	
4.	Management of Medication (MOM)	17/20	
5.	Information Management System (IMS)	6/8	
6.	Continuous Quality Improvement (CQI)	3/6	
7.	Patient Rights and Responsibilities (PRR)	11/12	
8.	Infection Prevention and Control (IPC)	25/26	
<b>Total</b>		<b>126/146</b>	

## Appendix C: List of Contributors and Photographs of the Process of Revision

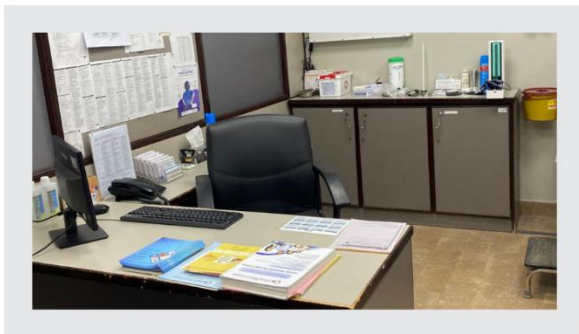
No.	Name	Designation	Organization
1.	Dr. Ikram Ghani	Chairman	Khyber Pakhtunkhwa Health Care Commission
2.	Mr. Muhammad Humayun	Member	Khyber Pakhtunkhwa Health Care Commission
3.	Prof. Dr. Alamzeb Khan Durrani	Member	Khyber Pakhtunkhwa Health Care Commission
4.	Dr. Nasir Idrees	Member	Khyber Pakhtunkhwa Health Care Commission
5.	Dr. Nosheen Sahibzada	Member	Khyber Pakhtunkhwa Health Care Commission
6.	Mr. Dilawar Khan	Member	Khyber Pakhtunkhwa Health Care Commission
7.	Mr. Ali Gohar Durrani	Member	Khyber Pakhtunkhwa Health Care Commission
8.	Mr. Ateeq ur Rehman	Member - Director General	Pakistan National Accreditation Council, Islamabad
9.	Mr. Jibreel Raza	Member - Deputy Secretary	Home Department, Government of Khyber Pakhtunkhwa
10.	Mr. Muhammad Ali	Member - Deputy Secretary (Admn)	Health Department, Government of Khyber Pakhtunkhwa
11.	Dr. Nadeem Akhtar	Chief Executive Officer	Khyber Pakhtunkhwa Health Care Commission
12.	Mr. Mohsin Ali Turk	Director Legal Affairs	Khyber Pakhtunkhwa Health Care Commission
13.	Dr. Shabnam Gul	Director Licensing	Khyber Pakhtunkhwa Health Care Commission
14.	Mr. Javed Afridi	Chief Financial Officer/ Director Operations	Khyber Pakhtunkhwa Health Care Commission
15.	Dr. Shefa Haider Sawal	Director Registration	Khyber Pakhtunkhwa Health Care Commission
16.	Dr. Uzma Syed	Deputy Director/Incharge Quality Directorate	Khyber Pakhtunkhwa Health Care Commission
17.	Mr. Malik Waqar Ahmad	Private Secretary	Khyber Pakhtunkhwa Health Care Commission
18.	Mr. M. Latif Khan	Inspector	Khyber Pakhtunkhwa Health Care Commission
19.	Mr. Adil Waqas	Anti-Quackery Officer	Khyber Pakhtunkhwa Health Care Commission
20.	Ms. Mareya Zaman	Quality Officer	Khyber Pakhtunkhwa Health Care Commission
21.	Mr. Mushtaq Ahmad	Training Officer	Khyber Pakhtunkhwa Health Care Commission

No.	Name	Designation	Organization
22.	Dr. Asghar Khan	Director, Expanded Programme on Immunization	Health Department, Government of Khyber Pakhtunkhwa
23.	Mr. Aftab Ahmad	Deputy Director	Independent Monitoring Unit, Health Department
24.	Dr. Muhammad Haris Ali	Incharge Empanelment	State Life Insurance Corporation
25.	Dr. Waheed Shah	Deputy Director (CE&QA)	Social Health Protection Initiative, Health Department
26.	Dr. Muhammad Hakim	Coordinator DHIS	DHO Peshawar Office, Health Department
27.	Ms. Ambreen Durrani	Manager Quality Assurance	Hayatabad Medical Complex, Peshawar
28.	Mr. Waqar Ali	Clinical Pharmacists	Hayatabad Medical Complex, Peshawar
29.	Dr. Alreena Riaz	Women Medical Officer	Health Department, Government of Khyber Pakhtunkhwa
30.	Prof. Dr. Usman Mahboob	Prof. Health Professional Education	Khyber Medical University, Peshawar
31.	Ms. Naz Gul	Deputy Director M&E	Khyber Pakhtunkhwa Health Foundation
32.	Dr. Misbah-ul-Hannan	Medical Officer	Private General Practitioner
33.	Dr. Ajab Khan	Consultant Cardiac Surgeon	Private Specialist Practitioner
34.	Dr. Nighat Jamal	Assistant Professor of Medicine	Ayub Medical College, Abbottabad
35.	Dr. Muhammad Rahman Khattak	Provincial Team Lead	Evidence for Health (E4H) Programme
36.	Ms. Afifa Munawar Baloch	Technical Officer Hospital Sector & Patient Safety Health System Dept.	WHO Country Office Islamabad, Pakistan
37.	Dr. Mehran Qayum	Provincial Coordinator	Evidence for Health (E4H) Programme
38.	Dr. Hira Nazir	Programme Officer	Evidence for Health (E4H) Programme
39.	Prof. Dr. Abdul Jalil Khan	Quality of Care Expert	Evidence for Health (E4H) Programme
40.	Ms. Faryal Baddia	Public Health Expert	Evidence for Health (E4H) Programme
41.	Mr. Zunaira Michael	Research Associate	Evidence for Health (E4H) Programme
42.	Mr. Ehtasham ul Haq	Graphic Designer	Medical Emergency Resilience Foundation (MERF)
43.	Mr. Syed Shah Miran	Chief Executive Officer	Medical Emergency Resilience Foundation (MERF)
44.	Mr. Khurram Awan	Director Program	Medical Emergency Resilience Foundation (MERF)

## Islamabad Visit



## Karachi Visit





## Consultative Workshop







## Appendix D: Template for Periodic Preventive Maintenance of Equipment

PERIODIC PREVENTIVE MAINTENANCE OF EQUIPMENT ABC Clinic XYZ					
Name of the Equipment		Date of Purchase	Name and address of Supplier	Date of Installation	Warranty Period
No.	Date of Preventive Maintenance	Date of Calibration (if applicable)	Service Repair Detail	Next Scheduled Maintenance	Remarks (if any)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

## Appendix E: Statement of Ethics

No.	Statement
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.
2.	We perform our work according to the specified quality standards.
3.	We avoid conflicts of interest either of a financial or personal nature; these could compromise the objectivity and integrity of our work.
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.
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.
6.	We act with courtesy and consideration towards all with whom we come into contact in the course of our professional work.
7.	We do not accept any favours, 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.
8.	We are fully committed to the principle of equality and non-discrimination on the grounds of disability, sex, age, race, colour, ethnicity, origin or marital status. We do not indulge in any intimidation and harassment of any sort at work.
9.	We will communicate with our clients and its representative in an effective and timely manner.
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: \_\_\_\_\_



## Appendix F: Adverse Drug Reaction Reporting Format

ADVERSE DRUG REACTION REPORTING FORMAT				
Name of Clinic/HCE reporting the problem of pharmaceutical product:				
Name of contact person:			Position:	
Address:				
E-mail address:				
Tel:(office)		(Fax)	(Cell)	
Date of receiving complaint:				
Source of Complaint	O Patient	O Attendant	O Self-inspection	Other:
Number of similar reports received:		Attach results of tests if conducted:		
Has manufacturer/distributor been contacted earlier? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes attach details)				
Attach photocopies, package insert and press clipping about the product (if any)				
<b>DETAIL OF THE PRODUCT</b>				
Name of the product:			Pack size:	
Active ingredients and strength:				
Registration number:		Dosage Form: Tablet/Syrup/Powder/Injection/Drip		
Batch number		Expiry date		
<b>Manufacturer Name:</b>				
Address				
Tel	Fax		Manufacture date	
Name of reporting person: _____ Post: _____				
Phone No.: _____ Date: DD/MM/YYYY: - _____				
Signature:		PMDC/FPAHS/PNC Registration Number:		

## Appendix G: Format of Patients Clinical Record

FORMAT OF PATIENTS CLINICAL RECORD															
No.	Unique ID	Date	Time	Visit No.	Name	Parentage	Age	Gender	Weight	Phone No.	Address	Allergy (if any)	Symptoms	Findings	Treatment
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															

## Appendix H: Weeding of Old Record

	Type of Record	Period of retaining
<b>Official Record</b>	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.
<b>Medical Record</b>	Patient charts, reports, X-Ray, CT Scan MRI, pathology reports OPD registers.	03 years or later as per necessity.
<b>Medico-legal</b>	Medico-Legal report/registers	12 years or later as per necessity.
<b>Demographic Record</b>	Birth and death record	Birth and death registers to be kept forever.

## Appendix I: Confidentiality Agreement

In the course of your work at \_\_\_\_\_ Clinic you are likely to receive, from time to time, information which is not in the public domain. You are reminded that such information must be kept confidential and release of such information could lead to termination of employment, civil or criminal prosecution.

All memoranda, notes, reports and other documents will remain part of the clinic's confidential records. Such confidential information must at all times be kept in a secure place on the clinic's premises and disclosed to others only in accordance with our duties as an employee of \_\_\_\_\_.

Inventions, copyrights and other intellectual property, when conceived, developed or made during employment by the clinic, or within one year thereafter, shall be regarded as made by employee solely and exclusively for the benefit of the clinic. These shall not be disclosed to others without the clinic's written consent, and shall be the sole and exclusive property of the clinic.

The employee agrees to make prompt and full written disclosure of such inventions, copyrights and other intellectual property, and when requested by the Hospital to do so, either during or after employment.

By signing this agreement, you confirm that you will comply with these requirements and you further undertake to preserve, even after you cease to be an employee, the confidentiality of information received by you during your employment at \_\_\_\_\_.

I hereby confirm that I accept the set out above.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Joining: \_\_\_\_\_

## Appendix J: List of Notifiable Diseases

No.	Disease/Condition		Reporting Timeline
1.	Probable Diphtheria		Within 24 hours
2.	CCHF		Within 24 hours
3.	Suspected Measles		Within 24 hours
4.	Acute Flaccid Paralysis		Within 24 hours
5.	Diarrhoea	5(a). Acute Diarrhoea (non- Cholera)	At the end of week
		5(b). AWD/Suspected Cholera	Within 24 hours
		5(c). Bloody Diarrhoea	At the end of week
6.	Tuberculosis		Within 24 hours
7.	Suspected Dengue Fever	Dengue Fever	Within 24 hours
		Dengue Hemorrhagic Fever	Within 24 hours
8.	Suspected Malaria		
9.	Leishmaniasis	Cutaneous Leishmaniasis	Within 24 hours
		Visceral Leishmaniasis	Within 24 hours
10.	Acute Viral Hepatitis/Acute Jaundice Syndrome (Hep. A&E primarily)		Within 24 hours
11.	Lower Respiratory Infection	11(a). Severe Acute Respiratory Syndrome (SARI)	Within 24 hours
		11(b). Pneumonia	
12.	Dog Bite		End of week report
13.	Neonatal Tetanus (NNT)		End of week report
14.	Suspected Pertussis		End of week report
15.	Suspected Meningococcal Meningitis		Within 24 hours
16.	Suspected Typhoid Fever		End of week report
17.	Cutaneous Anthrax		Within 24 hours
18.	HIV/AIDS		Within 24 hours
19.	Scabies		
20.	Influenza	Seasonal Influenza	
		Pandemic Influenza (H1 N1)	
		Avian/Human Influenza, A (H5N1)	Within 24 hours

## Appendix K: Quality Assurance Checklist

QUALITY ASSURANCE CHECKLIST			
Name of HCE:			
Name of in charge:		Designation:	
Date of inspection:		Time:	
Weekly 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 register/Biometric/Movement register/Leave register		
7.	Staff wearing identification badges		
8.	Emergency room ready /drug list/essential supply *		
9.	Oxygen cylinder filled/ready *		
10.	Clinic waste disposed of properly		
11.	Sterilisation/Hand washing facilities		
12.	Daily expense register maintained *		
13.	Patient registration/Guidance system		
14.	Patients privacy ensured during consultation/ examination		
15.	Medicines are being labelled while dispensing *		
Quarterly Monitoring Tasks		Observation	Recommendation
1.	<ul style="list-style-type: none"> <li>Medicine Storage as per guidelines *</li> <li>Expiry dates</li> <li>Essential drug list updated</li> </ul>		
2.	Equipment functional status *		
3.	Fire-fighting arrangements		
4.	Record review focusing on Unique Number, Completeness, Accuracy, Authorization, Legibility		
5.	Complaint register maintained/reviewed		
6.	Any Sentinel event recorded		
7.	Display of IEC material		
8.	High risk obstetric cases identification & documentation*		

9.	HCC patient rights charter displayed		
10.	Leave register maintained		
GENERAL REMARKS			
CORRECTIVE ACTION TAKEN BY THE IN-CHARGE (if any)			
Signature of In-charge with designation			
<div style="display: flex; justify-content: space-between;"> <div>-----</div> <div>-----</div> </div>			
* If applicable			

## Appendix L: Template for Patient Satisfaction Assessment

PATIENT SATISFACTION ASSESSMENT [ABC Clinic]			
No.	Questions	Response	
1.	Are you satisfied with the services, behavior of staff and environment at the clinic?	Yes	No
2.	If YES, how? You can circle more than one response and can write below as well.	1. Convenient to reach the facility. 2. Required guidance provided. 3. Services available as portrayed. 4. Services are affordable. 5. Staff is courteous. 6. Relevant staff is available. 7. Privacy is observed. 8. Female staff is available (if required) 9. Test results provided in time. 10. Other (specify)	
3.	If NO, why? You can circle more than one response and can write below as well.	1. Issues of confidentiality. 2. Issues of privacy. 3. Lack of attention. 4. Inadequate guidance provided. 5. I was asked to come another time without taking the sample. 6. Tests/services are costly. 7. Waiting time is too long. 8. Staff is discourteous/unsatisfactory behavior. 9. Staff is not competent. 10. Relevant staff NOT available. 11. Female staff NOT available (gender issue). 12. Other (specify)	
_____ _____ Name and signatures of patient/relative		Date:	
_____ _____		Date:	



Action by the person in charge with date

## Appendix M: Patient Informed Consent to Treatment Form

PATIENT INFORMED CONSENT TO TREATMENT FORM		
<b>Patient's Informed Consent to Treatment or Investigation</b>  {To be filled by Treating Consultant}  (Page1 of 2)	Name of HCE	Patient's Reg. No.
	Patient's name:	
	NIC No.:	
	S/O, D/O, W/O:	
	Age:	Gender:
	Address:	
	Diagnosis:	
<b>Declaration of Doctor/Proceduralist (to be completed by the clinician obtaining consent)</b>  <i>Tick the boxes or cross out and initial any changes or information not appropriate to the stated procedure</i>  1. I have informed the patient of the treatment options available, and the likely outcomes of each treatment option, including known benefits and possible complications. (State options) i. ii. 2. I have recommended the treatment/procedures/investigations noted below on this form. 3. I have explained the treatment/procedures/investigations, identified below, and what is entailed for the patient. 4. I have provided the patient with information specific to the procedure identified. The patient has been asked to read information provided and ask the doctor/proceduralist questions about anything that is unclear. 5. I have provided to the patient an identifiable copy of the information which has been kept on the patient's medical record. 6. Information provided to the patient includes:  <b>Open access procedures</b> I have given the patient opportunity to discuss the proposed procedure, benefits and risks, both general and specific, and the risk of not having the procedure.  <b>Other procedures</b> I have discussed the alternative procedures, benefits and risks, both general and specific, and the risks of not having the procedure.		
<b>Treatment/procedure/investigation</b>  List the treatment/procedures/investigations to be performed, noting correct side/correct site  This procedure requires:		

☐ General and/or Regional Anaesthesia

☐ Local Anaesthesia

☐ Sedation

An anaesthetist will explain the risk of general or regional anaesthesia to the patient at least 12 hours prior to the treatment.

#### Disclosure of material risks

Material risks or specific risks particular to this patient that have arisen as a result of our discussions are:

#### Signature of doctor/proceduralist obtaining consent

Full name (please print) \_\_\_\_\_

Position/Title \_\_\_\_\_

---

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

---

#### Signature of doctor/proceduralist with overall responsibility for treatment (if different)

Full name (please print) \_\_\_\_\_

Position/Title \_\_\_\_\_

---

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

---

*Please Note: A separate consent form (signed by the patient/relative) for blood transfusion as per relevant protocols is mandatory.*

#### Patient Consent to Treatment or Investigation (Page 2 of 2)

Name of HCE:

Patient Reg. No.:

Patient's name:

NIC:

S/O, D/O, W/O:

Age:

Gender:

Address:

Diagnosis:

#### Patient's declaration

1. Please read the information carefully and tick the following to indicate you have understood and agreed with the information provided to you. Any specific concerns should be discussed with

<p>your doctor or proceduralist performing the procedure prior to signing the consent form.</p> <p>2. The doctor/proceduralist has explained my medical condition and prognosis to me. The doctor/proceduralist has also explained the relevant diagnostic, treatment options that are available to me and associated risks, including the risks of <b>not</b> having the procedure.</p> <p>3. The risks of the procedure have been explained to me, including the risks that are specific to me and the likely outcomes. I have had an opportunity to discuss and clarify any concerns with the doctor or proceduralist or specialist.</p> <p>4. I understand that the result/outcome of the treatment/procedure cannot be guaranteed.</p> <p>5. I <b>understand</b> that tissue samples and blood removed as part of the procedure or treatment will be used for diagnosis and common pathology practices (which may include audit, training, test development and research), and will be stored or disposed of sensitively by the hospital.</p> <p>6. I <b>understand</b> that a photograph, if taken during examination/procedure or treatment, will be used for academic purposes only and that too ensuring confidentiality and privacy.</p> <p>7. If a staff member is exposed to my blood, I <b>consent</b> to a sample of blood being collected and tested for infectious diseases. I understand that I will be informed if the sample is tested, and that I will be given the results of the tests.</p> <p>8. I <b>agree</b> for my medical record to be accessed by staff involved in my clinical care and for it to be used for approved quality assurance activities, including clinical audit.</p> <p>9. I <b>understand</b> that if immediate life -threatening events happen during the procedure, I will be treated accordingly.</p> <p>10. I <b>understand</b> that I have the right to change my mind at any time before the procedure is undertaken, including after I have signed this form. I understand that I must inform my doctor if this occurs.</p> <p>11. I <b>consent</b> to undergo the procedure/s or treatment/s as documented on this form.</p> <p>12. I <b>consent</b> to a blood transfusion, if needed    Yes    <input type="radio"/>                      No    <input type="radio"/></p>	
<p><b>Please Note:</b> <i>A separate consent form for blood transfusion as per relevant protocols is also to be signed.</i></p> <p>Patient's full name: _____ Patient's Signature: _____</p> <p>_____ Date/Time: _____</p> <p>Parent/Guardian Signature: _____ Date/Time: _____ (if desired for mature minor)</p>	
<p><b>Interpreter's declaration</b></p> <p>Specific language requirements (if any)                      Interpreter services required: <input type="radio"/> Yes    <input type="radio"/> No</p> <p>I declare that I have interpreted the dialogue between the patient and health practitioner to the best of my ability, and have advised the health practitioner of any concerns about my performance as interpreter in the particular case.</p> <p>Interpreter's signature: _____ Date: _____</p> <p>_____</p> <p>Full    name    (please    print)</p> <p>_____</p>	
<p><b>Pre procedural confirmation of consent</b></p> <p>I confirm that the request and consent for the operation/procedure/treatment above remains current.</p>	

Patient's signature: _____ _____ (Patient/Person responsible)	Date/Time: _____
Patient Name: _____ DOB: _____ Parent's Name (if minor): _____ _____ Postal Address: _____ _____ E-mail: _____ Home phone: _____ Cell phone: _____ _____ Primary Care Provider: _____ _____ Signature & Thumb Impression of Patient or Guardian: _____ _____ NIC: _____ Date: _____ Place: _____ _____	
I certify that I have explained the above details to the patient in a language he/she understands: _____ Signature and Stamp of the Practitioner	

## Appendix N: KP HCC Charters for Patients and HCEs

### KP HCC CHARTER FOR PATIENTS & OTHERS

#### Part A: Rights of Patients and Others

1. 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:
2. Health, well-being and safety;
3. Easy access to registration/help desk to get registered and be guided to the respective services as per requirement;
4. Special arrangements for elderly people and disabled to have easy access to required health services;
5. 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;
6. Be made aware of the full identity and professional status of the Healthcare Service Provider(s) and other staff providing services;
7. 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;
8. Seek second opinion when making decisions about his healthcare, and may be assisted by the Healthcare Establishment/healthcare service provider in this regard;
9. 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;
10. Personal health information to be kept secure and confidential;

11. 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;
12. Not to be discriminated against because of age, disability, gender<sup>1</sup>, marriage, pregnancy, maternity, race, religion, cultural beliefs, color, caste and/or creed;
13. Expect that any care and/or treatment being received is provided by duly qualified and experienced staff;
14. 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;
15. 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 to life<sup>2</sup> or severe irreversible disability, if healthcare is not provided urgently];
16. 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;
17. 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;
18. Be made aware of procedures for complaints and resolution of disputes and conflicts;
19. 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;
20. 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;
21. Be informed and to refuse to participate in research, or any project dealing with his disease, care and treatment;
22. 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.
23. 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 favour(s) or any other undue or uncalled for reward or privileges in terms of professional fee or gifts etc.
24. Be informed as early as possible regarding cancellation and/or postponement of any appointment, surgery, procedure, treatment or meeting, as the case may be;
25. 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;
26. Be given written instructions regarding his treatment, including instructions at the time of discharge;
27. Examine and receive an explanation for the bill(s) regardless of the source of payment;
28. 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 behaviours 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.



## Appendix O: HCE 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

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

آپکے سروس کے متعلق تحریری یا زبانی شکایات کرنے کا حق حاصل ہے۔ آپ اپنی شکایات منظم کو دفتر یا ٹیلی فون نمبر پر کر سکتے ہیں یا استقبالیہ ہیلپ ڈیسک / ریسپشن پر موجود شکایات رجسٹر میں اپنی شکایات درج کر سکتے ہیں۔

### 5. COMPLAINT HANDLING

- Put into place a documented process for collecting, prioritizing, reporting and investigating complaints, which is fair and timely.
- Registration**
  - 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.
  - 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)  
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."

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	CNIC 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**

- i. Inform the complainant about the progress of the investigation at regular intervals and inform him/her about the outcome.
- ii. Stay in contact with the complainant and regularly update him/her about the progress made in investigation.
- iii. Record the outcome of the investigation and inform the complainant accordingly.
- iv. Don't indulge in argumentation. Be polite and empathetic.

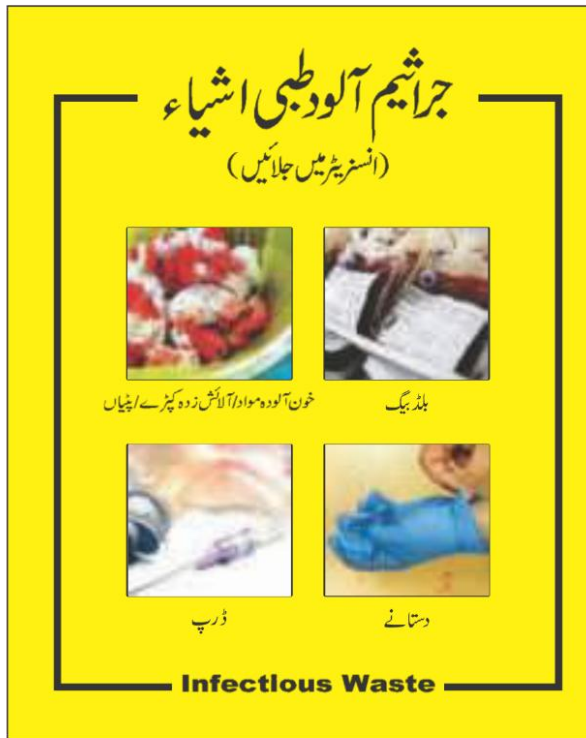
## **7. QUALITY IMPROVEMENT**

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

# Appendix P: Segregation of Waste for Disposal in Coloured Bins

## Clinical and Municipal Waste Colour-coded Waste Bins

### 1. Yellow Colour



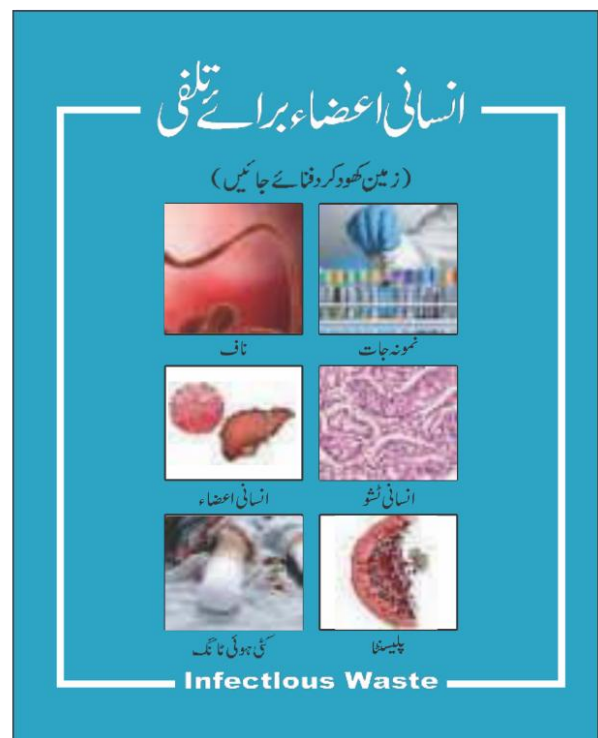
### 2. Red Colour



### 3. White Colour



### 4. Light Blue







# **Khyber Pakhtunkhwa Health Care Commission**

 Sector B-3, Phase 5, Hayatabad, Peshawar, Khyber Pakhtunkhwa, Pakistan

 [www.hcc.kp.gov.pk](http://www.hcc.kp.gov.pk)