



**Khyber Pakhtunkhwa
Health Care Commission**

Service Delivery Standards Reference Manual



**Homoeopathic
Clinics**



**2nd Edition
KP HCC-10RM-Ed2**

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Service Delivery Standards Reference Manual

Homoeopathic
Clinics



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Khyber Pakhtunkhwa Health Care Commission

@ March 2026
Service Delivery Standards
Reference Manual for Homoeopathic Clinics

Foreword



Dr. Nadeem Akhtar
Chief Executive Officer

The effectiveness of a health care system is measured by the health of its people. It is a fact that the cost of poor quality in health care 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 health care 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 health care 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, it was decided to revise the already available quality 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 Homoeopathic Clinics is ready. This marks a significant milestone in the journey of ensuring quality of health care. These revisions reflect our learning from practical implementation and are designed to better meet the local health care 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.

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 I highly appreciate the unwavering commitment and efforts of the entire team of the Commission. Mr. Amanullah Khan contributed in the review process, and Mr. Malik Waqar Ahmad Khan assisted with coordination during composing of the Reference Manual.

As we move forward, I encourage staff of all health care establishments to implement these revised standards of the second edition, and prioritise the safety and well-being of patients and service providers.

TABLE OF CONTENTS

List of Figures	vii
List of Acronyms	viii

01 SECTION 1: INTRODUCTION

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

02 SECTION 2: STANDARDS & INDICATORS

Human Resource Management	07
Standard 1. A suitably qualified individual provides services in the homeopathic clinic	07
Indicator 1: The service provider has the requisite qualification(s)	08
Indicator 2: Valid NCH registration certificate/licence of the homoeopathic doctor is visibly displayed inside the clinic	08
Facility Management System	11
Standard 2. Homeopathic clinic is identifiable as an entity and easily accessible	11
Indicator 3: The homeopathic clinic has a visible signboard displaying the clinic name and KP HCC registration/licence number	12
Indicator 4: Homeopathic clinic timing is clearly displayed outside the clinic	12
Indicator 5: The homeopathic clinic is easily accessible for patients	13
Indicator 6: The homeopathic clinic is registered/licensed with KP HCC and certificate is prominently displayed inside the clinic	13
Indicator 7: Door plate clearly displays the name and qualification(s) of the homeopathic doctor	14
Standard 3. Homoeopathic clinic premises support the scope of services	18

Indicator 8: Homoeopathic clinic has sufficient space for provision of services as per the scope of services	19
Indicator 9: Homoeopathic clinic has adequate arrangement of waiting area for patients	19
Indicator 10: Homoeopathic clinic has adequate toilet facilities for patients	20
Indicator 11: Homoeopathic clinic has separate room or area, providing privacy during consultation/examination	20
Indicator 12: Homoeopathic clinic has clear direction signs to guide patients to different service areas	21
Indicator 13: Homoeopathic clinic has clean water supply for use	21
Indicator 14: Homoeopathic clinic has safe drinking water for patients and staff	22
Indicator 15: Homoeopathic clinic has continuous electricity supply with appropriate backup	22
indicator 16: Homoeopathic clinic has proper lighting systems to maintain a comfortable environment for patients and staff	23
Indicator 17: Homoeopathic clinic has effective ventilation to promote a healthy environment for patients and staff	23
Indicator 18: Homoeopathic clinic has functional sewerage system for healthy environment	24
Standard 4. The homoeopathic clinic has safety and security system in place	28
Indicator 19: Arrangements to combat fire emergency are available in the Homoeopathic clinic	29
Indicator 20: Staff know how to use fire extinguisher in fire-emergency	29
Indicator 21: The staff has knowledge of non-fire emerge	30
Indicator 22. The staff has knowledge about key protocols of emergency exit and mock drills are conducted	30
Care of Patient	35
Standard 6. The clinic has a well-established patient management system	35
Indicator 23: The homoeopathic clinic has an established registration and guidance process.	36
Indicator 24: The services being provided are prominently displayed inside the homoeopathic clinic	36

Indicator 25: Only homoeopathic system of medicine is practised in the homoeopathic clinic	37
Indicator 26: List of fee and possible exemptions is prominently displayed inside the homoeopathic clinic	37
Indicator 27: Consultation by the homoeopathic doctor is done according to the Code of Ethics of NCH	38
Indicator 28: Health education is provided through relevant educational material	38
Standard 6. Essential arrangements for emergency care exist	42
Indicator 29: The staff has knowledge about key protocols to deal with emergencies in the homoeopathic clinic	43
Indicator 30: List of emergency contact numbers is available and displayed in the homoeopathic clinic	43
Indicator 31: Standard Operating Procedures are available for referral of patients	44
Management of Medication	48
Standard 7. Prescribing practices, storage & dispensing of medication conforms to the standard guidelines	48
Indicator 32: Standards for prescription writing are followed by the homoeopathic doctor	49
Indicator 33: Medicines are stored as per safe storage guidelines	49
Indicator 34: Expiry dates are checked prior to dispensing	50
Indicator 35: Labelling requirements are implemented prior to dispensing	50
Indicator 36: Dispensing is done by an authorised person	51
Indicator 37: Adverse Drug Reactions (ADR) are reported to supplier/ manufacturer and DRAP on ADR reporting form	51
Information Management System	61
Standard 8. Clinical record of patients is maintained	61
Indicator 38: Clinical record of every patient is maintained on the standard format	62
Indicator 39: Every patient record has at least two elements for identification	62
Indicator 40: Only authorised person(s) make entries in the record	63

Indicator 41: The homoeopathic clinic is reporting notifiable disease to the concerned District Health Officer	63
Continuous Quality Improvement	69
Standard 9. The homoeopathic clinic has a quality improvement system in place	69
Indicator 42: A quality assurance system is in place in the homoeopathic clinic	70
Indicator 43: Patient satisfaction assessment system is in place in the homoeopathic clinic	70
Indicator 44: Sentinel events to be assessed and managed, are enlisted	71
Patient Rights and Responsibilities	75
Standard 10. Patients and families are informed about their rights and responsibilities.	75
Indicator 45: The homoeopathic doctor obtains consent from patients before examination	76
Indicator 46: The KP HCC charter of rights and responsibilities is prominently displayed in the homoeopathic clinic	76
Indicator 47: Patients and families have a right to refuse treatment at the homoeopathic clinic	77
Indicator 48: Patients and families have a right to complain and there is a mechanism to address the grievances	77
Infection Prevention and Control	82
Standard 11. Good hand hygiene is practised in the homoeopathic clinic	82
Indicator 49: The homoeopathic doctor and concerned staff have knowledge about good hand hygiene	83
Indicator 50: The homoeopathic clinic has complete arrangement for good hand hygiene and it is practised as per protocol	83
Standard 12. Personal Protective Equipment is used for infection prevention and control	89
Indicator 51: The homoeopathic doctor and concerned staff have knowledge about Personal Protective Equipment and its use	90
Indicator 52: Required Personal Protective Equipment is available in the homoeopathic clinic as per scope of services	90

Standard 13. Waste management system is in place in the homoeopathic clinic.	93
Indicator 53: The concerned staff has knowledge of the process of general cleaning and homoeopathic clinic premises is cleaned on daily basis	94
Indicator 54. Relevant staff has complete knowledge of the waste management of the homoeopathic clinic	94
Indicator 55. Waste management system is present in the homoeopathic clinic	95

03

SECTION 3: APPENDICES

Appendix A: Health Related Laws in Khyber Pakhtunkhwa	99
Appendix B: Consolidated Assessment Scoring	100
Appendix C: Statement of Ethics	101
Appendix D: Adverse Drug Reaction Reporting Format	102
Appendix E: Format of Patients Clinical Record	103
Appendix F: Weeding of Old Record	104
Appendix G: Confidentiality Agreement	105
Appendix H: List of Notifiable Diseases	106
Appendix I: Quality Assurance Checklist	107
Appendix J: Template for Patient Satisfaction Assessment	109
Appendix K: KP HCC Charters for Patients and HCEs	110
Appendix L: HCE Complaints Management	115
Appendix M: Segregation of Waste for Disposal in Coloured Bins	117

LIST OF FIGURES

Figure 1. Scoring and Colour-coding	04
Figure 2. Sign Boards Requirement	15
Figure 3. Door Plate Template	16
Figure 4. Emergency Exit Sign	32
Figure 5. Inscription	53
Figure 6. Prescription Sample	54
Figure 7. Labelling sample	57
Figure 8. Patient Characteristics	64
Figure 9. Template of Authorisation	66
Figure 10. Complaints and Suggestions Box Signage	79
Figure 11. When to wash hands	85
Figure 12. Hand Washing Steps	87

LIST OF ACRONYMS

No.	Acronym	Full Form
1.	ADR	Adverse Drug Reaction
2.	AIDS	Acquired Immuno Deficiency Syndrome
3.	AWD	Acute Watery Diarrhoea
4.	BHMS	Bachelor in Homoeopathic Medical System
5.	BLS	Basic Life Support
6.	CCHF	Crimean Congo Hemorrhagic Fever
7.	Co2	Carbon Dioxide
8.	COP	Care of Patient
9.	CPR	Cardio Pulmonary Resuscitation
10.	CQI	Continuous Quality Improvement
11.	CT	Computed Tomography
12.	DHMS	Diploma in Homoeopathic Medical System
13.	DHO	District Health Officer
14.	DRAP	Drug Regulatory Authority of Pakistan
15.	HCEs	Health Care Establishments
16.	HCP	Health Care Provider
17.	HIV	Human Immunodeficiency Virus
18.	HRM	Human Resource Management
19.	ID	Identity
20.	IEC	Information, Education and Communication

21.	IMS	Information Management System
22.	IPC	Infection Prevention and Control
23.	ISQua	International Society for Quality (in Health Care)
24.	JCI	Joint Commission International
25.	KP HCC	Khyber Pakhtunkhwa Health Care Commission
26.	MOM	Management of Medication
27.	MRI	Magnetic Resonance Imaging
28.	NCH	National Council of Homoeopathy
29.	NIC	National Identity Card
30.	NNT	Neonatal Tetanus
31.	OPD	Out Patient Department
32.	PPE	Personal Protective Equipment
33.	PRR	Patient Rights and Responsibilities
34.	SDS	Service delivery Standards
35.	SOPs	Standard Operating Procedures
36.	VCO	Verbal Consent Obtained
37.	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 a certain standard and its related indicator. This is exactly the same methodology used by the assessors of the Health Care Commission to assess the 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 standards 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 Homoeopathic Clinics comprises 13 standards with 55 associated indicators grouped in eight Functional Areas for such services. 37 indicators require full compliance and have been ascribed 100% weightage, while 18 are acceptable even at partial compliance and 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 homoeopathic clinics to achieve and sustain continuous compliance with KP HCC quality standards for healthcare. Effectively communicating critical information to staff and maintaining continuous compliance with KP HCC 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. Familiarise 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 with 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 SDS Training

The Khyber Pakhtunkhwa Health Care Commission conducts training on SDS 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 enroll for the SDS training.



Section 2

Standards & Indicators

Human Resource Management¹

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

¹ 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 the homeopathic doctor by reviewing copies of his/her Bachelor in Homoeopathic Medical System (BHMS) or Diploma in Homoeopathic Medical System (DHMS) for homeopathic clinic.
- Verify that all degrees/diplomas of the homeopathic doctor are registered with the National Council for Homoeopathy (NCH), Government of Pakistan.
- Verify that the NCH registration/licence certificate is valid. Confirm the status through the official NCH online verification portal.
- Conform that the NCH registration/licence certificate is of the same homeopathic doctor who is providing services at the clinic.

Assessment Scoring

- **Compliance**
The service provider possesses the required educational qualifications, i.e., BHMS/DHMS or equivalent for homeopathic clinic, and;
The service provider has a valid NCH registration/licence.
- **Non-compliance**
The service provider does not possess the required qualifications, i.e., BHMS/DHMS or equivalent for homeopathic clinic, and/or;
The service provider does not have a valid NCH registration/licence.

Indicator 2

Valid NCH registration certificate/licence of the homoeopathic doctor is visibly displayed inside the clinic

Assessment Methodology

- Check that valid NCH registration certificate of the concerned homeopathic 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 homeopathic doctor is service provider in the clinic.
- Verify the registration number and validity of the certificate of the concerned homeopathic doctor.

Assessment Scoring

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

EXPLANATORY NOTES

Display of NCH Registration Certificate

No homoeopathic doctor is allowed to practice without having valid registration with NCH, as per provisions of Sections 24 of the Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965, and the defaulters

are liable to be punished. It is the personal responsibility of every homoeopathic 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,

issued by NCH in respect of the homoeopathic 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 NCH website on line,² if required.

² <https://www.nchpakistan.gov.pk/>

Assessment Scoring Method Standard 1

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

Facility Management System³

Standard 2. Homeopathic clinic is identifiable as an entity and easily accessible

³ Hereinafter Facility Management System shall be abbreviated as FMS.

Indicator 3

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

Assessment Methodology

- Verify that the homeopathic 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.
- Check that the words “Homoeopathic Doctor” are clearly visible, in the same font and size. As per section 39(2) of the Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965, “... a Homoeopath may use the expression “**Homoeopathic Doctor**” both the words “Homoeopathic” and “Doctor” having equal prominence.”
- Confirm that the information is legible and accurately reflects the registration/licence details.

Assessment Scoring

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

Indicator 4

Homeopathic clinic timing is clearly displayed outside the clinic

Assessment Methodology

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

Assessment Scoring

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

Indicator 5

The homeopathic clinic is easily accessible for patients

Assessment Methodology

- Observe that access to the homeopathic 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 homeopathic 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/licence is valid, with details of the concerned homeopathic doctor.
- Cross-check the clinic registration/licence and details of homeopathic 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 homeopathic doctor

Assessment Methodology

- Observe the placement of the door-plate and qualification(s) having a text in accordance with the provision of VI(a) of the Code of Ethics for Homoeopathic Practitioners prescribed under the Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965.
- In addition, check that the words “Homoeopathic Doctor” are clearly visible, in the same font and size. As per section 39(2) of the Unani, Ayurvedic and Homoeopathic Practitioners Act, 1965, “... a Homoeopath may use the expression “**Homoeopathic Doctor**” both the words “Homoeopathic” and “Doctor” having equal prominence.”

Assessment Scoring

- **Compliance**
The door-plate clearly displays the name and qualification(s) of homeopathic doctor (full two words having equal prominence).
- **Non-compliance**
The door-plate does not exist, or does not clearly displays the name and qualification(s) of doctor (full two words having equal prominence).

EXPLANATORY NOTES

Identification as a Legal Entity

The clinics of all homoeopathic doctors, like all other HCEs, are required to be identifiable as legal entity to enable the patients/clients seeking health care 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 “Homoeopathic Doctor ABC” with the qualification, or “XYZ Homoeopathic Clinic,” followed by name, and qualification. The board is also required to reflect the registration/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(s) of the clinic/homoeopathic doctor(s), as provided in the law
- The KP HCC registration/licence number issued to the clinic

In addition:

Consultation timing of the homoeopathic doctor(s) is displayed outside the clinic, either on the signboard or separately

Figure 2. Sign Boards Requirement

Consultation Hours

The prominent display of working hours of the clinic and availability of homoeopathic doctor for consultation outside the clinic is important for the convenience of patients. The clinic should only provide services when the homoeopathic 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 health care 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 homoeopathic doctors 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***.

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 homoeopathic practitioners 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 NCH. The

name of the homoeopathic 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.

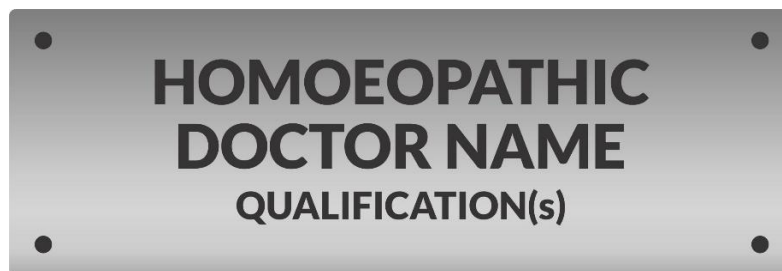


Figure 3. Door Plate Template

Caution:

- 1) Only the qualification(s) registered by the NCH 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 homoeopathic clinic has a visible signboard displaying the clinic name, KP HCC registration/licence number	2 / 2
Ind. 4 The homoeopathic clinic timing is clearly displayed outside the clinic	2 / 2
Ind. 5 The homoeopathic clinic is easily accessible for patients	1 / 2
Ind. 6 The homoeopathic 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 homoeopathic doctor	2 / 2
Total Required Score	8

F a c i l i t y

M a n a g e m e n t

S y s t e m

Standard 3. Homoeopathic clinic premises support the scope of services

Indicator 8

Homoeopathic clinic has sufficient space for provision of services as per the scope of services

Assessment Methodology

- Assess the overall layout of homoeopathic 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, medicine area to ensure it is separate from other sections, providing privacy and functionality, if portrayed.

Assessment Scoring

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

Indicator 9

Homoeopathic 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.⁴ 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.

⁴ 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

Homoeopathic 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

Homoeopathic clinic has separate room or area, providing privacy during consultation/examination

Assessment Methodology

- Check clinic for a separate examination room or area designated for consultations, providing privacy to patients.

Assessment Scoring

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

Indicator 12

Homoeopathic 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., reception, waiting area, consultation room, 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

Homoeopathic clinic has clean water supply for use

Assessment Methodology

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

Assessment Scoring

- **Compliance**
Homoeopathic clinic has consistent clean water supply and storage tank is clean.
- **Non-compliance**
Homoeopathic clinic has no consistent clean water supply and/or storage tank is not clean.

Indicator 14

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

Indicator 15

Homoeopathic clinic has continuous electricity supply with appropriate backup

Assessment Methodology

- Check that the clinic has continuous electricity supply.
- Check that the backup system has adequate capacity to support critical services, including lighting, and essential systems like refrigeration for medicines, if used.
- For clinics not using electrical appliances, check the availability of alternate source, at least for lighting.

Assessment Scoring

- **Compliance**
Continuous electricity is available in the homoeopathic clinic, and
Alternative source of electricity is available in the clinics for electrical appliances, if used.
Alternate source of electricity available, at least for lighting, in clinics not using electrical appliances.
- **Non-compliance**
Continuous electricity is not available in the homoeopathic clinic, or
Alternative source of electricity is not available in clinics for electrical appliances, if used.
Alternative source of electricity is not available, at least for lighting in clinics not using electrical appliances.

Indicator 16

Homoeopathic 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.

Assessment Scoring

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

Indicator 17

Homoeopathic 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

Homoeopathic 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 health care 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 homoeopathic doctors 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 colours 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 and/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 bin⁵

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.⁶ 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.

⁵ 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.

⁶ As per Code of Ethics for Homoeopathic Practitioners.

Assessment Scoring Method Standard 3

Indicator	Required Score
Ind. 8 Homoeopathic clinic has enough space for provision of services as per the scope of services	1 / 2
Ind. 9 Homoeopathic clinic has adequate waiting area for patients	1 / 2
Ind. 10 Homoeopathic clinic has adequate toilet facilities for patients	1 / 2
Ind. 11 Homoeopathic clinic has separate examination room or area, providing privacy during consultation/examination	2 / 2
Ind. 12 Homoeopathic clinic has clear directions signs to guide patients to different service areas	2 / 2
Ind. 13 Homoeopathic 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 a c i l i t y

M a n a g e m e n t

S y s t e m

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

Indicator 19

Arrangements to combat fire emergency are available in the Homoeopathic 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 homoeopathic 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 homoeopathic doctor and 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 homoeopathic 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 defence 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 CO₂ 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

- x. (used gloves, syringes, tubing, sharps etc.) and medical wastes (blood, pus, amniotic fluid, vomit etc.)
- xi. Building or structural collapse
- xii. Falls, slips or collision of personnel in the corridors
- xiii. Fall of a patient from the bed/stretchers
- xiv. Bursting of pipelines
- xv. Sudden flooding of areas like basements due to clogging in pipelines or heavy rains
- xvi. Sudden breakdown of supply of electricity, gas, vacuum etc.
- xvii. Bursting of boilers and/or autoclaves
- xviii. The person in charge and the clinic staff shall take care of non-fire emergency situations by identifying them and taking appropriate course of action.

Awareness of rapid response

Rapid response time of fire service-based, pre-hospital emergency systems is pivotal. The Khyber Pakhtunkhwa Emergency Services **Rescue 1122** is one of the major organisations in to be contacted in cases of emergencies.

Assessment Scoring Method

Standard 4

Indicator	Required Score
Ind. 19 Arrangements to combat fire emergency are available in the homoeopathic 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

Care of Patient⁷

Standard 5. The homoeopathic clinic has a well-established patient management system

⁷ Hereinafter Care of Patient shall be abbreviated as COP.

Indicator 23

The homoeopathic clinic has an established registration and guidance process.

Note: Applicable to busy homoeopathic clinics, where prior appointments may be necessary. This indicator is optional for single person homoeopathic 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 24

The services being provided are prominently displayed inside the homoeopathic 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 25

Only homoeopathic system of medicine is practised in the homoeopathic clinic

Assessment Methodology

- Check that the services being provided are according to the list displayed inside the clinic.
- Ensure that only homoeopathic system of medicine is practised, and no other system of medicine, including allopathic, is practised.

Assessment Scoring

- **Compliance**
Only homoeopathic system of medicine is practiced in the clinic, and no other system of medicine, including allopathic, is practiced.
- **Non-compliance**
Only homoeopathic system of medicine is not practiced in the clinic, and any other system of medicine, including allopathic, is practiced.

Indicator 26

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

Assessment Methodology

- Check that a list of fee and possible exemptions are 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 are prominently displayed inside the clinic and it is easily understandable.
- **Non-compliance**
List of fee and possible exemptions are not displayed inside the clinic or it is not easily understandable.

Indicator 27

Consultation by the homoeopathic doctor is done according to the Code of Ethics of NCH

Assessment Methodology

- Observe the homoeopathic doctor during consultation of patients and check few prescriptions for its conformity with the Code of Ethics of NCH, 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 homoeopathic doctor during consultation is according to Code of conduct of NCH.
- **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 NCH.

Indicator 28

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, and 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.

EXPLANATORY NOTES

Registration and Guidance

The homoeopathic clinic needs to have a reception, registration and guidance process, supported by written Standard Operating Procedures (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 Identity (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 homoeopathic doctor himself/herself or by the clinic assistant.

Portrayal of Services

It is important that homoeopathic doctor provide services to the patients according to their legitimate knowledge and skills, and the scope of services they are authorized to deliver on the basis of the terms of registration with NCH. The services being

provided are prominently displayed inside the clinic.

Tariff List

Customarily, the consultation fee is displayed 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 homoeopathic doctors, and the Code of Ethics for homoeopathic Practitioners, and the Statement of Ethics of KP HCC (**Appendix C**), 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 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 must be displayed and used to educate the clients.

Assessment Scoring Method Standard 5

Indicator		Required Score
Ind. 23	The homoeopathic clinic has an established registration and guidance process	2 / 2
Ind. 24	The services being provided are prominently displayed inside the homoeopathic clinic	1 / 2
Ind. 25	Only homoeopathic system of medicine is practised in the homoeopathic clinic	2 / 2
Ind. 26	List of fees and possible exemptions is prominently displayed inside the homoeopathic clinic	2 / 2
Ind. 27	Consultation by the doctor is according to the Code of Ethics of NCH	2 / 2
Ind. 28	Health education is provided through relevant educational material	2 / 2
Total Required Score		11

C a r e

O f

P a t i e n t

**Standard 6. Essential arrangements
for emergency care exist**

Indicator 29

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

Assessment Methodology

- The homoeopathic clinic may face emergency related to the patients waiting for treatment or even staff of the clinic. Therefore, first aid and Basic Life Support is essential (BLS).
- Check the knowledge of staff of clinic about first aid and Basic Life Support

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 30

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

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 31

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 homoeopathic doctor: (i) treat the patient, or (ii) refer them to an appropriate HCE. It is essential for all homoeopathic 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 and stabilizing, the patient with above conditions may be referred to an appropriate HCE.

Guidelines for Treatment of Emergencies in Homoeopathic 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 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.

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.

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:

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



The Homoeopathic emergency remedies alone are not be considered a substitute for seeking emergency care from a hospital.

Assessment Scoring Method

Standard 6

Indicator	Required Score
Ind. 29 The staff has knowledge about key protocols to deal with emergencies in the clinic	2 / 2
Ind. 30 List of emergency contact numbers is available and displayed in the homoeopathic clinic	2 / 2
Ind. 31 Standard Operating Procedures are available for referral of patients	2 / 2
Total Required Score	6

Management of Medication⁸

**Standard 7. Prescribing practices,
storage & dispensing of medication
conforms to the standard
guidelines**

⁸ Hereinafter Management of Medication shall be abbreviated as MOM.

Indicator 32

Standards for prescription writing are followed by the homoeopathic doctor

Assessment Methodology

- Review a sample of prescriptions for the following standard information:
 1. Homoeopathic doctor NCH 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. Homoeopathic 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 33

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, look alike and sound alike medicines within the rack/cupboard.
 2. Ventilation.
 3. Labelling.
 4. Temperature & humidity control/refrigerator for sensitive drugs.
 5. 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, and 5 of safe storage guidelines is inconsistent.

Indicator 34

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 35

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 36

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 homoeopathic 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 NCH and duly certified by the homoeopathic doctor accordingly. (This relaxation is provided till a sufficient number of qualified registered persons are available in the market).
- Check that the person is able to correctly distinguish look alike, sound alike and high risk medicines and to dispense correctly under supervision of the homoeopathic 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 37

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

The prescription⁹ 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 homoeopathic doctor(s) must follow while writing prescriptions.¹⁰ 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.

Homoeopathic 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 regarding the use of the medicines for a particular patient at a particular time. The homoeopathic doctor may choose to dispense the medication him/herself, instead of getting it done by a trained and authorized person/homoeopathic dispenser, but the patient has to be provided the prescription, and the record thereof must be maintained. A homoeopathic prescription is an instrument used by the practitioner, dispenser and patient. The homoeopathic doctor writes the prescription, the dispenser dispenses the medication/remedy according to the prescription and the patient uses the prescribed medication as per the instructions given in the prescription.

The generally prevailing practice among homoeopathic doctors is to write the medications on a small chit (parchi) used for dispensing purposes by the dispensers. The medication is dispensed to the patient in a small plastic bottle, either in the form of tablets or a liquid, or wrapped in a small piece of paper, with little or

NO information regarding the name, date, frequency of use, etc. The prescription or dispensed medication remedies only have code numbers on them. In order to change this practice for improving the quality of care and better record keeping, a standard procedure is being presented.

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.

Form of Prescription

Prescriptions are usually written on prescription forms, with the name, address, telephone number, registration number and other relevant information

⁹ Only a qualified homoeopathic doctor registered with the NCH is allowed to write the prescription.

¹⁰ Provisions V, VI (g)(3) of the Code of Ethics for Homoeopathic Practitioners (use of only homoeopathic pharmacopeia and NO secret wording).

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 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

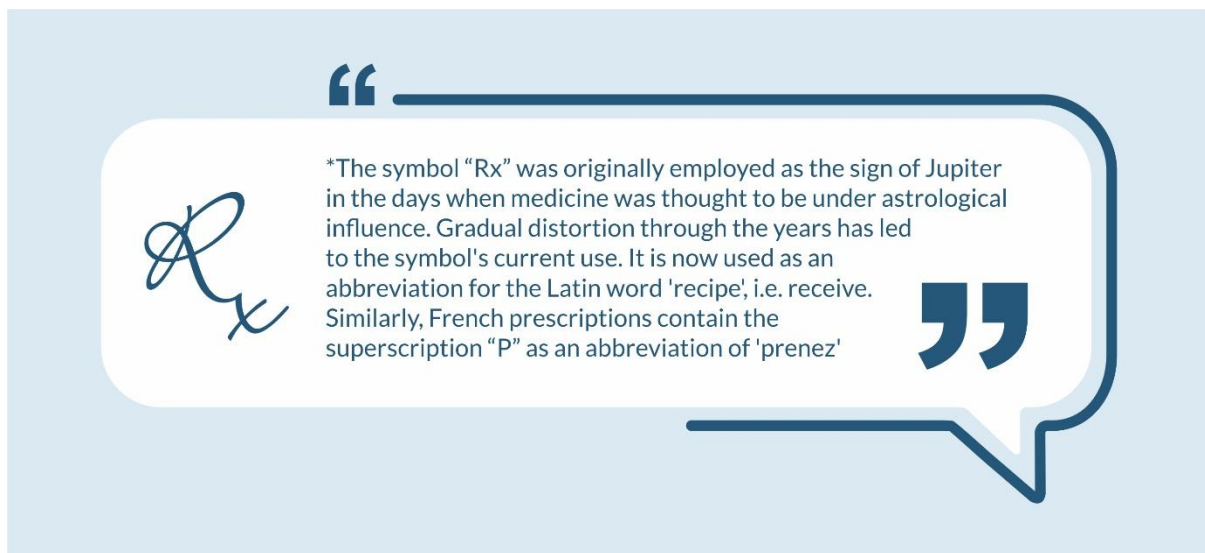


Figure 5. Inscription

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 homoeopathic doctor, along with his/her NCH registration number, is essential as this makes the prescription valid and authentic. If name and NCH registration number of the homoeopathic doctor is printed on the prescription pad/slip,

6. only putting signatures will be sufficient.
7. **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

Homoeopathic Doctor

NCH No
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

Safe Storage and Care of Remedies- Procedures and Precautions

Special handling and safe

storage of homoeopathic medicines are needed in order to avoid possible contamination. Since it is very difficult to determine if the medicines have been

contaminated, the following precautions should be taken to prevent potential problems:

1. The medicines should

be kept away from direct sunlight, higher temperatures and exposure to strong odors like camphor, menthol, mothballs, or perfumes.

2. The medicines should always be kept in the container in which they were supplied and never be transferred to any other bottle which previously contained other substances.
3. During administration of the medicines, containers should be opened for the minimum possible time.
4. One should be careful not to contaminate

the cap or cork before replacement.

5. If a larger number of pills, than those specified in the prescribed dose, are taken out of the bottle, these should not be returned to the container and the excess number should be discarded to avoid possible contamination.
6. Homoeopathic remedies are light sensitive and are always supplied in amber, light-resistant containers. The range of homoeopathic remedies is also supplied in boxed packaging, which

provides additional light protection, besides enabling the provision of additional information for consumers. For maximum protection, homoeopathic remedies should always be left in their original containers and packaging.

Homoeopathic remedies should be stored at an appropriate temperature and additional precautions should be taken to avoid exposure to excessive heat. Remedies should not, therefore, be kept in the glove box of a motor vehicle or in direct sunlight.

SOPs for Safe Storage/Administration of Remedies

- Keep in properly designed wooden, steel or glass cabinets in an orderly way.
- Keep the storage area clean and dry.
- Avoid exposure to sun light.
- Keep at room temperature and DO NOT refrigerate.
- Use clear and clean bottles for dispensing to avoid contamination.
- Use the cap to pour the tablets in to the mouth while administering. Do not touch with hands, unless they are clean.

Homoeopathic remedies should not undergo prolonged exposure to sunlight because of the possibility of degradation. Amber bottles are, therefore, used for storage to limit exposure to light. Experience has shown that exposure to high

magnetic fields may interfere with a remedy's therapeutic effect. Do not place homoeopathic remedies on, or near, a television or microwave. The most important warning, however, is to avoid exposing homoeopathic remedies/medications to

strong smelling substances (such as perfume, nail polish and liniments etc), as these may be inactivated if contaminated in this way. As bathroom cupboards are commonly used to store a variety of household medicines, as well as strong smelling

cosmetics, homoeopathic remedies should be stored in a cool place away from other substances. Homoeopathic remedies have an excellent safety record. However, all medicines, whether allopathic, homoeopathic or complementary, should be kept under lock and key and well out of the reach of children.

Remedies should not be stored in a damp place or the refrigerator. Moisture will melt these into a glob, making it difficult to extract them from the bottle. Besides, if water entered the medicine living organisms present in water might contaminate the remedy, making it harmful for the patient. It is recommended that homoeopathic remedies should not be placed near a microwave, refrigerator, electric blanket, cell phone and other places where ambient energies are likely to be around.¹¹ If remedies appear not working, it should be noted if they have been exposed to these energies for a long period, in which case replacements should be ordered.

Importance of Expiry Dates

Homoeopathic medicines/remedies are known to be safe in terms of their use due to their manufacturing techniques and biochemical properties. Expiry dates and shelf lives of these products have not been given priority in the past. Dr. Rajesh Barve from Virar Homoeopathic College, India, presented his valuable paper titled 'Stability and Expiry Date Evaluation of Homoeopathic Mother Tincture' at the International Conference and Exhibition on Traditional and Alternative Medicine, held from December 09th to 11th, 2013, at Radisson Blue Plaza, Hyderabad, India. The abstract of this paper provides an interesting analysis of, and justification for, the importance of expiry dates. It is worth mentioning that most homoeopathic products currently being marketed in Pakistan have the date of expiry mentioned on the label. Some of the manufacturers have recently started printing manufacturing and expiry

dates, along with the maximum price, in compliance with DRAP regulations. In India, most homoeopathic medicines have a 5-year expiration date. The expiration date is based on stability studies which determine how long the active and inactive ingredients remain stable. The ranges vary from drug to drug stability evaluations.¹²

This practice has been introduced in an attempt to comply with World Health Organisation (WHO) requirements for allopathic medicines where "manufacturers and distributors are under obligation to clearly mention manufacturing and expiry dates on the labels." The most prominently held belief of experts in homoeopathy states that if a homoeopathic remedy is kept in an alcohol base in an air tight bottle, it can remain effective for centuries, whereas if it is sugar based, it is better to use it within a few years after which it should be discarded. However, technically there is no expiry date prescribed for these remedies.

¹¹ "Care and storing of homoeopathic remedies", Part of the "Become Informed" Series, by WHP www.hmedicine.com/homeopathy/information/storing_remedies.php

¹² Homeopathy - Shelf life of Drug;

<http://www.medindia.net/alternativemedicine/homeopathy/Homeopathy>

Labelling

As explained in the labeling is beneficial for both patients and homoeopathic practitioners. It helps patients understand that they are using the right remedy and the right dose, as prescribed by the homoeopathic doctor. At the same time, it helps

standards and indicators mentioned earlier, correct homoeopathic doctors and dispensers maintain correct records and gives them the satisfaction that they have provided the patient with necessary instructions on taking the medicine/remedy.

It is important for the homoeopathic doctor

and/or dispenser to ensure that the bottle or sachet has instructions on using the medicine/remedy and the label has the patient's name and reference record number, date of issue and dosage.

Recommended samples are provided below:

Patient Name: _____	نام مریض: _____
Ref. No. _____	حوالہ نمبر: _____
Medicine Name: _____	نام دوا: _____
Mfg. Date: _____	تاریخ اجراء: _____
Exp. Date: _____	تاریخ انتہاء: _____
Usage: _____	استعمال: _____

Use as directed by your doctor.

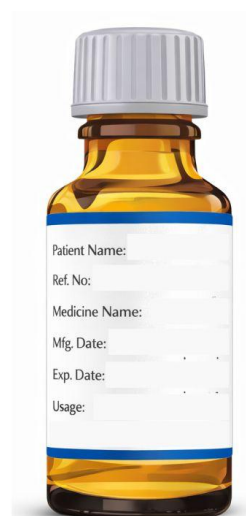


Figure 7. Labelling sample

Dispensing and Matching the Order/Prescription of Remedies:

This aspect is primarily linked with safe remedies, stored and dispensed by matching the prescription of the homoeopathic doctor. It is the responsibility of the homoeopathic doctor and/or dispenser to ensure homoeopathic medicines/remedies are given to right patient, in the right dose and with the right label documenting required details, such as patient's

name, date, remedy name with potency, dosage and expiry (if applicable). Touching the remedies: Both patients and persons dispensing should take precaution against touching the remedies. These should be poured into the cap of the container, and not into a dirty hand, before administration into the mouth. If it is not advisable to touch a remedy, while administering, hands should be cleaned before and after administering the same.

If too many remedies have been poured into the cap, the excess amount may be restored to the bottle. However, if too many have been poured into the hand, the desired amount may be consumed (provided the hand is clean) but the rest should not be poured back into the bottle as contaminating all the remedies to save some of the pills is not worth it.

Dispensing takes place at the homoeopathic clinic's pharmacy, where the

homoeopathic doctor him/herself, or the dispenser, interprets the prescription and delivers the medicine/remedy to the patient. The homoeopathic 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 medication/remedy 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 medication/remedy

A strict dispensing routine is essential to ensure safety, speed, neatness and efficiency. Proper procedures 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. 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 number and date the prescription order and place the same on the label. This serves to identify the prescription for future reference.

3. Labeling

A prescription should have an aesthetic and professional-appearing label, the size of which should be in conformance with the size of the container. Prepare the labels, 'for internal use' and 'for external use

only' properly and distinctly. A separate label should be made for each medication/remedy.

4. Preparation of remedies as per the prescription

This requires adequate care and precaution by the dispenser, who must always carry the prescription along while dispensing the remedies in the dispensary. It serves as a constant reminder of the name and potency of the medicine/remedy and helps avoid mistakes.

5. Rechecking

Every prescription should be rechecked and details on labels must be verified against the prescription order to crosscheck the minutest details. Before handing over the medications/remedies 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 counseling

When presenting the medication/remedy to the patient, the dispenser should draw attention to any auxiliary labeling instructions. It is advisable for the dispenser to reinforce the directions to the patient while dispensing the medication/remedy. Written directions outlining the proper use of the prescribed medication/remedy should be provided. In most homoeopathic clinics, it is a routine practice to place the medicine/remedy in a small paper/plastic envelope and/or a 'Purria' and label it with the numbers 1, 2, 3 etc. signifying 'morning or day 1, afternoon or day 2, evening/night or day 3' and so on. Color coding is also used to guide illiterate patients regarding medication administration times.

7. Recording and filing

Proper filing of the copies of 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 by the patient, to complete the process.

Eligibility and Authorization for Dispensing

As there is currently no system of training/registration of homeopathic dispensers or any person as explained in the Ind. 13 and footnote no. 24 who is capable of dispensing according to the prescription, guidance and satisfaction of a qualified homoeopathic doctor, registered with the NCH, will be considered eligible, till such time that the NCH devises a system for the training and registration of homoeopathic dispensers. Such a person should be able to correctly read and identify the medicines/remedies prescribed by the homoeopathic doctor from those in the store/cabinet. He/she should also be able to correctly distinguish look-alike and sound-alike remedies and be able to

dispense correctly.

However, for further improvement in service delivery, it is recommended that the following requirements regarding qualification and training of homoeopathic dispensers should be made essential to facilitate compliance of the Unani, Ayurvedic and Homoeopathic (UAH) Act II of 1965 and the Provision VI (d)(2) of the Code of Ethics for Homoeopathic Practitioners by the NCH:

1. Matriculation (preferably with science)
- 12 Month certificate course including hands on training in Homoeopathic Dispensing.

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.

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 D.**

Assessment Scoring Method

Standard 7

Indicator	Required Score
Ind. 32 Standards for prescription writing are followed by the homoeopathic doctor	2 / 2
Ind. 33 Medicines are stored as per safe storage guidelines	1 / 2
Ind. 34 Expiry dates are checked prior to dispensing	2 / 2
Ind. 35 Labelling requirements are implemented prior to dispensing	2 / 2
Ind. 36 Dispensing is done by an authorized person	2 / 2
Ind. 37 Adverse Drug Reactions (ADR) are reported to supplier/manufacture and DRAP on ADR reporting form	2 / 2
Total Required Score	11

Information Management System¹³

Standard 8. Clinical record of patients is maintained

¹³ Hereinafter Information Management System shall be abbreviated as IMS.

Indicator 38

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, National Identity Card (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 39

Every patient record has at least two elements for identification

Assessment Methodology

Note: If indicator 38 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 40

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 homoeopathic 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 homoeopathic 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 homoeopathic 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 41

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

Assessment Methodology

- Confirm that homoeopathic doctor 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 (DHO) 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 DHO 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 DHO 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

- | | | |
|------------------------------|--|------------------------------|
| 1 Full Name | 2 National Identity Card (NIC) Number | 3 Gender |
| 4 Date of Birth (DoB) | 5 Father's first name | 6 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 homoeopathic 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 homoeopathic doctor.
8. The date and time of the current visit.

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

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 F**.

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 referred.

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

arranged by the clinic management.

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. However, the homoeopathic doctor must refer the patient to a nearby hospital/healthcare service provider authorized to certify the death of a patient or otherwise as the case may be.

Note: As per the UAH Act of 1965, no homoeopathic doctor is allowed to issue a death certificate.

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 G**.

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 (in block letters), title and the date 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 homoeopathic doctor should have knowledge of notifiable diseases and the mechanism how to inform the concerned District

Health Officer at the available in the clinic. protocol is attached at
required time. List of Current list of notifiable **Appendix H.**
notifiable diseases should be diseases and reporting

Assessment Scoring Method

Standard 8

Indicator	Required Score
Ind. 38 Clinical record of every patient is maintained on the standard format	1 / 2
Ind. 39 Every patient record has at least two elements for identification	2 / 2
Ind. 40 Only authorised person(s) make entries in the record.	1 / 2
Ind. 41 The homoeopathic clinic is reporting notifiable disease to the concerned District Health Officer	2 / 2
Total Required Score	6

Continuous Quality Improvement¹⁴

Standard 9. The homoeopathic clinic has a quality improvement system in place

¹⁴ Hereinafter Continuous Quality Improvement shall be abbreviated as CQI.

Indicator 42

A quality assurance system is in place in the homoeopathic 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 43

Patient satisfaction assessment system is in place in the homoeopathic 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 44

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 is maintained in the homoeopathic 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 homoeopathic 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, if available, 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 homoeopathic 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 I**.

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 J**. 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 homoeopathic 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: Homoeopathic 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

homoeopathic 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.

4. **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 9

Indicator	Required Score
Ind. 42 A quality assurance system is in place in the homoeopathic clinic	1 / 2
Ind. 43 Patient satisfaction assessment system is in place in the homoeopathic clinic	1 / 2
Ind. 44 Sentinel events to be assessed and managed, are enlisted	1 / 2
Total Required Score	3

Patient Rights and Responsibilities¹⁵

Standard 10. Patients and families are informed about their rights and responsibilities.

¹⁵ Hereinafter Patient Rights and Responsibilities shall be abbreviated as PRR.

Indicator 45

The homoeopathic doctor obtains consent from patients before examination

Assessment Methodology

- Verify that homoeopathic 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 46

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

Assessment Methodology

- Verify that the Khyber Pakhtunkhwa Health Care Commission Charter of Rights and Responsibilities is prominently displayed inside the homoeopathic 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 homoeopathic clinic.

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

Indicator 47

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

Assessment Methodology

- Whereas the homoeopathic 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 homoeopathic 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 48

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

EXPLANATORY NOTES

Scope of Verbal Consent

The verbal consent is politely obtained from every patient/parent of a minor/family to maintain the respect, dignity and honour of the patients while examining and providing care in compliance with the Code of Ethics for homoeopathic practitioners prescribed by the NCH and KP HCC Patients Charters.

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.

This little effort is a source of confidence building between the homoeopathic doctor and the patient and saves the doctors from many troubles which arise out of misunderstandings.

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.

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 K**.

Right to Refuse Treatment

Homoeopathic doctor has the right to refuse treatment to a patient.¹⁶ 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

¹⁶ Provisions VI. (f)(a) to (g), Code of Ethics for Homoeopathic Practitioners allows refusal to treat a patient.

their choice. 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 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 homoeopathic 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-redressal 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 L**.

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 10

Indicator	Required Score
Ind. 45 The homoeopathic doctor obtains consent from a patient before examination	1 / 2
Ind. 46 The RPHCC charter of rights and responsibilities is prominently displayed in the homoeopathic clinic	2 / 2
Ind. 47 Patients and families have a right to refuse the treatment at the homoeopathic clinic	2 / 2
Ind. 48 Patients and families have a right to complain and there is a mechanism to address the grievances	2 / 2
Total Required Score	7

Infection Prevention and Control¹⁷

Standard 11. Good hand hygiene is practised in the homoeopathic clinic

¹⁷ Hereinafter Infection Prevention and Control shall be abbreviated as IPC.

Indicator 49

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

Assessment Methodology

- Check knowledge of the homoeopathic 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 hand 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**
Homoeopathic doctor and concerned staff have complete knowledge of good hand hygiene.
- **Acceptable**
Homoeopathic doctor and concerned staff have at least 80% knowledge of good hand hygiene.
- **Non-compliance**
Homoeopathic doctor and concerned staff have less than 80% knowledge of good hand hygiene.

Indicator 50

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

- **Non-compliance**

The homoeopathic 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 homoeopathic doctor(s), as well as staff and the patients of the clinic. Some of the roles and responsibilities given hereunder must be understood and practised.

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. Homoeopathic doctor and staff are responsible to ensure good infection prevention and

control so that they do not put themselves, other 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.

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, via contaminated hands and equipment. Many of the

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

- i. Direct contact through hands
- ii. The environment
Practicing good hand hygiene, taking aseptic precautions and a clean working environment can minimize the risk of transmitting infection to patients or staff.

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:



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

Figure 11. When to wash hands

Appropriate hand washing can minimise 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 antiseptics/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 for 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



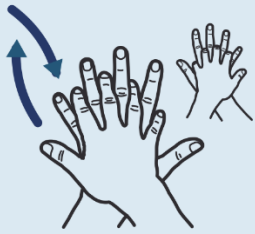
2



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

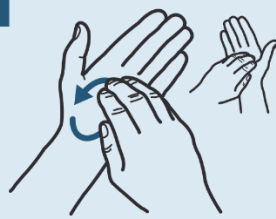
6



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

بائیں ہاتھ کے انگوٹھے کو دائیں ہاتھ میں لے کر ملیں

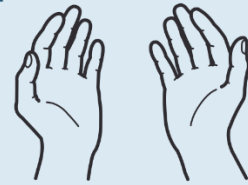
7



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.

خستک ہونے پر آپ کے ہاتھ محفوظ ہیں

Figure 12. Hand Washing Steps

Assessment Scoring Method

Standard 11

Indicator	Required Score
Ind. 49 The homoeopathic doctor and concerned staff have knowledge about good hand hygiene	1 / 2
Ind. 50 The homoeopathic clinic has complete arrangement for good hand hygiene and it is practised as per protocol	2 / 2
Total Required Score	3

I n f e c t i o n

P r e v e n t i o n

C o n t r o l

Standard 12. Personal Protective Equipment is used for infection prevention and control.

Indicator 51

The homoeopathic 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**
Homoeopathic doctor and concerned staff have complete knowledge of personal protective equipment and its use.
- **Non-compliance**
Homoeopathic doctor and concerned staff do not have complete knowledge of personal protective equipment and its use.

Indicator 52

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

Assessment Methodology

- Check the availability of commonly used PPEs according to the scope of services of the homoeopathic 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 homoeopathic 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 12

Indicator	Required Score
Ind. 51 The homoeopathic doctor and concerned staff have knowledge about Personal Protective Equipment and its use	2 / 2
Ind. 52 Required Personal Protective Equipment is available in the homoeopathic clinic as per scope of services	2 / 2
Total Required Score	4

I n f e c t i o n

P r e v e n t i o n

C o n t r o l

Standard 13. Waste management system is in place in the homoeopathic clinic.

Indicator 53

The concerned staff has knowledge of the process of general cleaning and homoeopathic 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 54

Relevant staff has complete knowledge of the waste management of the homoeopathic 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, 2018.

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 55

Waste management system is present in the homoeopathic clinic

Assessment Methodology

Note: If indicator 54 is “Not Applicable,” this indicator will default to “Not Applicable.”

- Confirm that waste management system is present in the homoeopathic 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 homoeopathic clinic.
- **Non-compliance**
Waste management system is not present in the homoeopathic 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 homoeopathic doctor should:

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

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. The plan 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 13

Indicator	Required Score
Ind. 53 The concerned staff has knowledge of the process of general cleaning & clinic premises is cleaned on daily basis	2 / 2
Ind. 54 Relevant staff has complete knowledge of the waste management of the homoeopathic clinic	2 / 2
Ind. 55 Waste management system is present in the homoeopathic 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 Pakhtunkhwa 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
16.	Allied Health Professionals Council Act, 2022

Appendix B: Consolidated Assessment Scoring

No.	Functional Area	Required Score	Score Obtained
1.	Human Resource Management (HRM)	4/4	
2.	Facility Management and Safety (FMS)	31/40	
3.	Care of Patients (COP)	17/18	
4.	Management of Medication (MOM)	11/12	
5.	Information Management System (IMS)	6/8	
6.	Continuous Quality Improvement (CQI)	3/6	
7.	Patient Rights and Responsibilities (PRR)	7/8	
8.	Infection Prevention and Control (IPC)	13/14	
Total		92/110	

Appendix C: 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 D: 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	<input type="radio"/> Patient	<input type="radio"/> Attendant	<input type="radio"/> 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)				
DETAIL OF THE PRODUCT				
Name of the product:			Pack size:	
Active ingredients and strength:				
Registration number:		Dosage Form: Tablet/Syrup/Powder/Injection/Drip		
Batch number		Expiry date		
Manufacturer Name:				
Address				
Tel	Fax		Manufacture date	
Name of reporting person: _____			Post: _____	
Phone No.: _____		Date: DD/MM/YYYY: _____		
Signature: _____		PCH Registration Number: _____		

Appendix E: 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 F: Weeding of Old Record

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

Appendix G: Confidentiality Agreement

In the course of your work at _____ Homoeopathic 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 homoeopathic clinic, or within one year thereafter, shall be regarded as made by employee solely and exclusively for the benefit of the homoeopathic clinic. These shall not be disclosed to others without the clinic's written consent, and shall be the sole and exclusive property of the homoeopathic clinic.

The employee agrees to make prompt and full written disclosure of such inventions, copyrights and other intellectual property, and when requested by the clinic 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 H: 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 I: 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"> Medicine Storage as per guidelines * Expiry dates Essential drug list updated * 		
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			

* If applicable			

Appendix J: Template for Patient Satisfaction Assessment

PATIENT SATISFACTION ASSESSMENT [ABC Clinic]				
No.	Questions	Response		
1.	Are you satisfied with the services, behaviour of staff and environment at the clinic?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
2.	<p>If YES, how?</p> <p>You can circle more than one response and can write below as well.</p>	<ol style="list-style-type: none"> 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.	<p>If NO, why?</p> <p>You can circle more than one response and can write below as well.</p>	<ol style="list-style-type: none"> 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) 		
<p>-----</p> <p>Name and signatures of patient/relative</p>		<p>Date: -----</p>		
<p>-----</p> <p>Action by the person in charge with date</p>		<p>Date: -----</p>		

Appendix K: 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, gender¹, 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 life² 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 L: 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 Health Care Provider (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:

آپ کو 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	10
No.	Date	Complainant's Name	NIC No.	Contact No.	Address	Detail of the Complaint	Signature/thumb impression of the complainant	Date seen & Signature of In-charge

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.

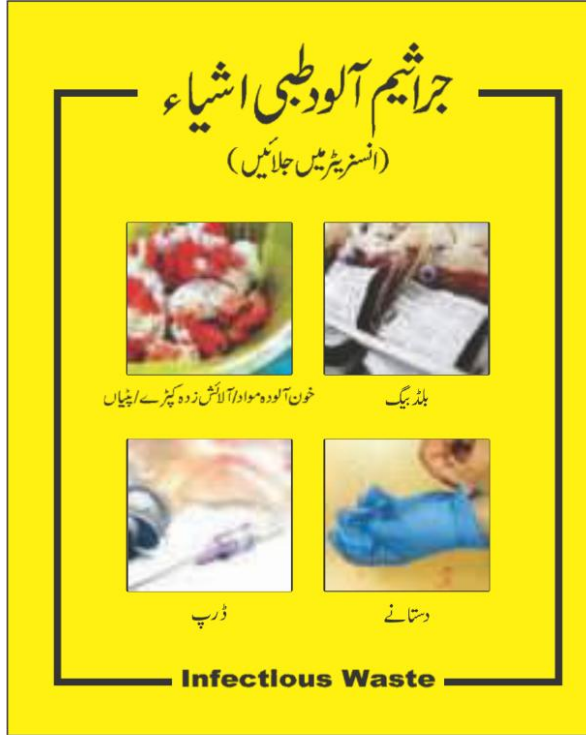
7. QUALITY IMPROVEMENT

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

Appendix M: Segregation of Waste for Disposal in Coloured Bins

Clinical and Municipal Waste Colour-coded Waste Bins

1. Yellow Colour



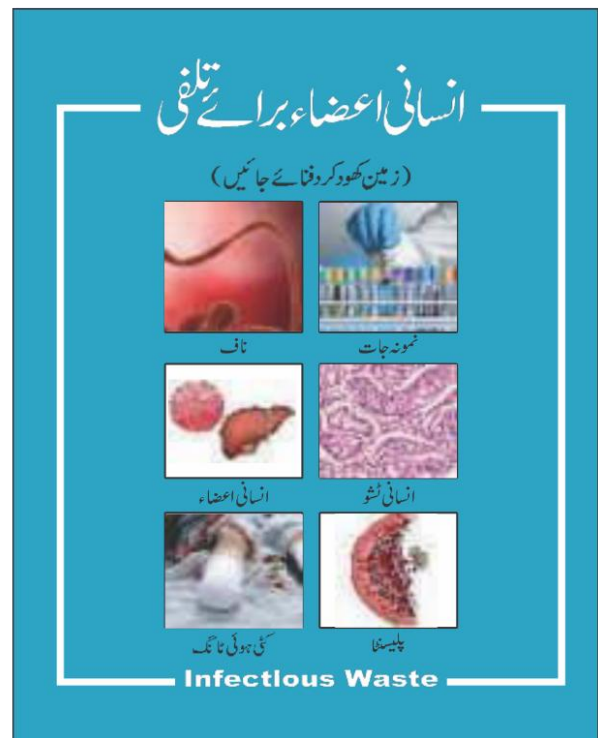
2. Red Colour



3. White Colour



4. Light Blue Colour





Khyber Pakhtunkhwa Health Care Commission

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 www.hcc.kp.gov.pk