



THE PHC GAZETTE

QUARTERLY NEWSLETTER

OCT 2018 - JAN 2019

STRIVING FOR QUALITY HEALTHCARE IN PUNJAB

4th EDITION

Prof Dr Attiya Mubarak Khalid elected as Chairperson BOC



Senior health professional Prof Dr Attiya Mubarak Khalid has been elected as the Chairperson Board of Commissioners (BOC) of the Punjab Healthcare Commission (PHC). She has been elected by an illustrious, recently-constituted Board comprising of prominent figures representing medicine, law, administration, education, philanthropy, finance and the media. Empowered by the PHC Act of 2010, the Board will oversee the Commission's affairs, set policies and provide overall strategic direction.

Upon her election, **Prof Dr Attiya Mubarak Khalid** thanked the Commissioners for reposing their confidence in her and hoped that the Board would further improve the PHC's performance. In a career spanning over 30 years, Prof Dr Attiya served as the Dean at King Edward Medical University, Head of Department at the Punjab Medical College and as the first Principal of Gujranwala Medical College. Currently, she is serving as Convener of the Synopsis Review Committee at the University of Health Sciences, Member of the Board of Studies at King Edward Medical University and Chairperson of the Board of Management at Gujranwala Medical College/DHQ Teaching Hospital.



The legal fraternity is represented by the esteemed **Justice (Retd) Karamat Nazir Bhandari**, a retired Judge of the Supreme Court of Pakistan.

He started practicing as an advocate in 1963, after graduating from the University Law College of Pakistan. In 1994, he was appointed as Judge of the Lahore High Court and was later elevated to the Supreme Court in 2002. He also served as Assistant Advocate General Punjab in 1979 and held different positions at the Lahore High Court Bar Association, including Secretary of the Association in 1977 and later, as President in 1989.



Mr GM Sikander has a career spanning over 35 years as a District Management Group (DMG) Officer. During this time, he served as

Assistant and Deputy Commissioner at various districts in Punjab and served as Secretary to the Governments of Punjab and Khyber Pakhtunkhwa. He headed a number of different departments and served as Principal Secretary to five Chief Ministers of Punjab. After retiring as Federal Secretary Housing and Works Division, he is now associated with a number of welfare organizations in the public health and education sectors.



Educated at the University of Karachi and the Victoria University of Manchester, **Ch Muhammad Ashraf** belonged to the erstwhile Civil

Service of Pakistan (CSP) cadre. He served as Secretary at various departments and was appointed Secretary Health twice, retiring from government service as Chief Secretary Azad Jammu and Kashmir. Since his retirement, he has, in an honorary capacity, been involved with the governing bodies of various entities in the public sector and philanthropic organizations, including Punjab Zakat Council, Punjab Local Government Commission, Evacuee Trust Property Board and National School of Public Policy; as well as several NGOs.



An eminent educationist, **Prof Dr Mira Phailbus** served as Principal at Kinnaird College Lahore, an institute she was associated with for over 40 years as a faculty member. After retiring in 2004, she was appointed the honorary founding Chairperson of the Pakistan Cricket Board (Women Wing). In 2013, she was appointed the first Ombudsperson Punjab and has also served as the Minister for Education and Minority Affairs in the Punjab government. She is a published author and serves on a number of university boards and committees. In recognition of her services in the field of education, she was awarded Pride of Performance in 1995 and the Sitara e Imtiaz in 2005.



With over 55 years of experience in pediatrics and public health, **Prof Dr Tariq Iqbal Bhutta** is President of the Pakistan Medical and Dental Council. He is also an advisor to the WHO in the field of immunization and drug

classification. Previously, he served at King Edward Medical University and Nishtar Medical College, where he retired as Principal in 2000. Prof Dr Bhutta has been associated with various associations and has also served as President of the Pakistan Pediatric Association. In 1996, he was awarded the Presidential Gold Medal for outstanding work in the field of child health.



Well known philanthropist, **Ms Fatima Fazal** has dedicated her time to many charitable causes in the health and education sectors.

She is the Vice President of Hunar Foundation and PakArab Technical Training Institute; organizations working to economically empower youth. She is also a Board member at Friends of Mayo and Al-Mustafa Trust, charities focusing on ensuring the provision of quality medical care. Her work in the education sector includes working closely with Care Foundation schools and Bunyaad Foundation's Adult Literacy and Women Empowerment Program, which provide education and vocational training in remote villages.



Renowned media professional and acclaimed journalist **Mr Usman Yousaf** has over 40 years of experience in the industry.

During his career, he has held senior positions in a number of national dailies, with the longest stretch at Daily Jang. Among other notable positions, he has served as Chairman of the Editorial Committee at Daily Jang, Group Editor at Daily Ausaf and News Editor for the Daily Jang, Daily Musawaat and Pakistan Press International. He is currently the Group Editor at the Daily Media.



Financial expert **Mr Shahzad Hussain** is a graduate of the Institute of Chartered Accountants of England and Wales (ICAEW, UK). He

is a member of the Institute of Chartered Accountants Pakistan, where he also served as member of the Council and Vice President (North). In 1980, after briefly working at SGNPL, he joined AF Ferguson and Co., where he was later made Partner and served until his retirement in 2016. With vast experience in audit, tax practice and consultancy, he headed many assignments, including an ADB funded assignment for Punjab Government Resource Mobilisation.

The Commission warmly welcomes the new Board members!

COMMENTS

Moving ahead..

The publication of the fourth edition of the PHC Gazette coincides with the ushering in of new year and the appointment of the New Board of Commissioners. The Commissioners took up their job on January 15 and appointed Professor Dr Attiya Mubarak Khalid as the new Chairperson.

Ever since its inspection in 2011, the Commission has been adding new feathers in its cap. The year 2018 was no different. It ended with the attainment towards a new milestone of making the Commonly Undertaken Procedures at the private hospitals relatively affordable. It took the PHC enormous hard work, image building and institutional integrity, to be entrusted with yet another responsibility by the Honorable Supreme Court.

Prior to ordering the Punjab HealthCare Commission to neutralize the prevailing exploitative pricing structure of the private hospitals, the Commission was made a lead agency in Punjab for the elimination of quackery. During both the efforts, every administrative machinery of the district and health department of Punjab was asked to fully cooperate with the Commission. It is pertinent to acknowledge SC for its decisions that did not only ease off many hurdles in the way of the Commission but has also positively affected the health sector of Punjab.

This edition takes up two important issues that the Commission finds should be at the crosshair of any future policy of the Punjab Health Department. The growing rate of stunting in children in Pakistan is detrimental not only for the children and their families but for the social and economic cost incurred. In a similar vein, the Commission finds the awareness efforts toward the growing resistance of antibiotics patchy requiring a robust response.

The newsletter carries a detailed article on inspection. Such write-ups are in line with the Commission's policy of transparency. PHC looks forward to have an equally productive year ahead.

What's inside?



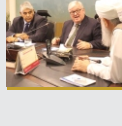
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Pricing of healthcare services

Following the directives of the honourable Supreme Court (SC) to streamline the fees of the consultants and costs of other treatments in the private hospitals of Lahore, the Punjab Healthcare Commission (PHC) invited 16 tertiary hospitals to develop a mechanism for costing and pricing. The preliminary report on this had been submitted to the SC on December 15, 2018. The SC had earlier taken a suo motu notice over what it considered the exploitative price structure of the private hospital. Short of any business model to justify the high cost of treatment, the private hospitals have been found charging from the patients on personal whims.

To propose rationalised rates for the Commonly Undertaken Procedures (CUP), the PHC engaged a private chartered accountancy firm and adopted the Activity Based Costing framework. Rates are proposed for room stay, Outpatient Department (OPD) consultation, room visits, 14 surgical procedures (surgeon fee, operation theatre charges, anaesthetist fee), 17 OPD procedures, 18 laboratory tests and 16 imaging procedures. Hospitals are categorized into four groups--A to D. The consultant's fee would depend upon his qualification and experience. The proposed Consultants' fee would now range from Rs. 1,500 to a maximum Rs. 2,500. Also irrespective of a number of visits paid in a day only one will be charged from the admitted patient. (continues - page 2)



Role and impact of inspections on healthcare services

By Dr Muhammad Anwar Janjua
Director Licensing & Accreditation



The primary objective behind the establishment of the Punjab Healthcare Commission was to implement the Punjab Healthcare Commission Act-2010. The Commission uses the framework of Minimum Service Delivery Standards (MSDS) to implement many of the legalities enunciated in the Act. To ensure whether a Healthcare Establishment (HCE) has correctly implemented the required MSDS according to its category, the PHC conducts inspections in different phases. Inspection of the HCEs are done to plug loopholes and bring quality in the delivery of health services.

The PHC provides two types of licenses: provisional and regular. The provisional license is given at the onset of registration. Between the acquisition of provisional and regular license, the HCE is given enough time to implement MSDS. The Commission invites all the provisionally licensed HCEs to nominate clinicians, senior administrative staff and allied health professionals, as applicable, to attend training on the implementation of relevant MSDS.



As soon as a satisfactory level of compliance on the implementation of MSDS is achieved, the HCE is awarded the regular license. A regular license is assurance to the patients that the service providers meet minimum standards of healthcare service delivery. The final decision to issue a regular license rests with the PHC's Board of Commissioners (BOC). The Licensing and Accreditation Sub-Committee reviews the inspection report and recommendations of the surveyors to ascertain the factual status of the HCE and its compliance with MSDS. Eligible cases are forwarded to the Board of Commissioners for a final decision. Thus far, 1,999 HCEs have qualified for the regular license, 98 per cent of which are category-III HCEs.

Inspection is a tough call. The surveyors are required to be stern, yet not offending when pointing out noncompliance issues in an HCE. At times operation theatres are sealed, and on another the entire hospital is shut down, because of nonfulfillment of standards. For the surveyors it is just not only about putting lock to a noncompliant service, their test rests at creating "realization" in the targeted HCE about

the missed standard[s]. Since there is a wide range of HCEs, from a small homoeopathic clinic in a far-off village of Punjab to a tertiary care teaching hospital in the provincial capital, the strategy of inspections is modified depending upon the category, type, location, and nature of the HCE. In order to assess the impact of inspection, an in-house study of 200 hospitals with more than 50 beds, was conducted to find out performance differential between the first and last inspection.

The overall improvement recorded in 102 public and 97 private hospitals was 33 and 59 per cent respectively. During the first inspection, the area of continuous quality improvement was recorded lowest, 10 per cent in public and 15 per cent in private hospitals. By the time the final inspection was conducted the score had risen to 47 and 65 per cent respectively. Similarly, the area of medication management improved from 46 to 51 per cent in public and 74 to 84 per cent in the private HCEs. Changing behaviour is the most difficult part of any modification process. For the Commission bringing the HCEs around to accepting the importance of registration and acquisition of licenses was a difficult task. It was not until 2015 that the reluctance to licensing started shedding off considerably.

In the previous financial year, there was yet another surge in the PHC's figures, as a total of 12,693 HCEs submitted applications for registration, whereas 9,407 were issued provisional licenses. In 2017-18, the Commission exceeded its registration and licensing targets, as defined in the strategic business plan, by 91 per cent and 184 per cent respectively.

Inspections give access to an unprecedented amount of information about healthcare services being delivered across different categories of HCEs. Areas requiring improvement are highlighted along with the capacity building requirements in the infrastructure and technical sides for the effective implementation of service delivery indicators identified in the MSDS. Such information does not only ascertain dispensation of safe and high-quality service healthcare but also prepares the HCE to face any challenges that might impede the standardization process. Quality assurance through inspections is a continuous process. Unless a consistent oversight is maintained neither improvement nor modernization of processes is possible. The inspection department of the PHC does not only identify issues but also informs about the steps required for reformation.

The rates for Magnetic Resonance Imaging (MRI) is between Rs7,000 to Rs22,000. PHC has suggested it to be maximum at Rs5,641. The proposed fees for ultrasound is set at Rs1,340. The rates of routine laboratory tests are also proposed to be reduced to half of what is already being charged.

The apex court has sought the response of the hospitals and other stakeholders on the proposed fees and cost structure. Once accepted and implemented this new mechanism of pricing and costing would become a benchmark for other HCEs in the country to follow.

Performance in numbers

Registration and Licensing

The process of licensing is initiated with registration, which is not only mandatory, but also formally inducts a HCE into the PHC's regulatory process. Once a HCE is registered, its management is obligated to apply for a regular license. Meanwhile, a provisional license acts as a stopgap arrangement, indicating that a HCE is in the process of implementing the MSDS.

Oct 2018 - Jan 2019

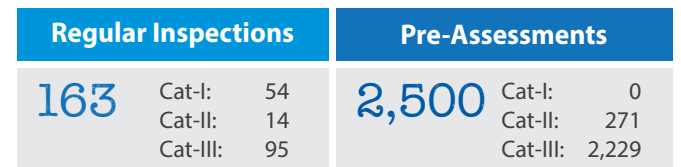


Inspections

Total Inspections: 17,029

PHC's inspections can broadly be classified into three categories. While pre-assessments serve as a facilitative intervention to assist HCE staff in the implementation of MSDS, regular inspections are formal, objective assessments of MSDS compliance at a HCE, thus determining its eligibility for the regular license. Inspection teams also conduct special inspections to assess and monitor the implementation of certain key indicators identified as crucial for patient safety.

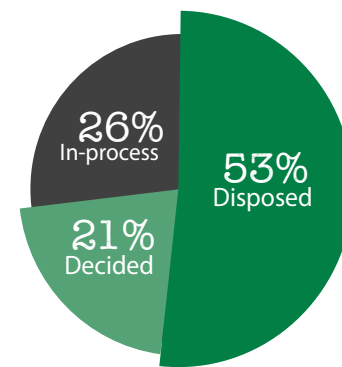
Oct 2018 - Jan 2019



A breakup of inspections conducted in the reported period

Complaints Management

Total Complaints: 1,540



The PHC utilizes a responsive and robust complaint management system to investigate and decide on cases of medical negligence, malpractice, administrative failure and harassment and damages to property.

Oct 2018 - Jan 2019

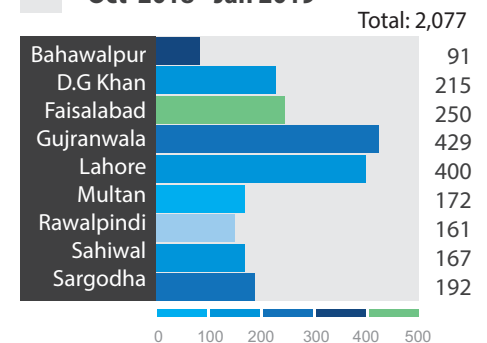


Anti-Quackery

Total Quackery Outlets Sealed: 18,180

With the mandate to ban quackery in all its forms and manifestations, the PHC is running a proactive, consolidated and comprehensive campaign against quacks. Data from the census of HCEs in Punjab, along with complaints received through various mediums, is being used to take decisive action against perpetrators of quackery.

Oct 2018 - Jan 2019



Capacity Building Workshops

The PHC conducts capacity building workshops, with specifically designed modules elaborating each standard and functional area of the MSDS, to familiarize HCE staff with the standards and train them on the practical aspects of their implementation.

Category	Workshops	HCEs	Participants
Cat-I	42	278	972
Cat-II	68	1,271	2,519
Cat-III Homeopathic Clinics	230	9,517	9,517
Cat-III BHUs	87	2,438	4,698
Cat-III GP Clinics	44	1,267	1,267
Cat-III Matabs	80	3,283	3,283
Cat-III Dental Clinics	15	366	357
Cat-III Clinical Labs	12	185	333
TOTAL:	578	18,605	22,946

Oct 2018 - Jan 2019
Total: 98
Dental Clinics 05, GP Clinics 13, Clinical Labs 10, Homeopathic Clinics 33, Matabs 36, Cat-II HCEs 01

...Pricing of healthcare services

To undo the anomaly of charging different rates for rooms providing identical services, standard rates are proposed depending upon the facilities. The top-of-the-line rooms would range between Rs20,224 to Rs17,732. Bed rate for general ward will be between Rs 1,600 to Rs2,800, ICU beds are now set at Rs15,675. The rates for gastroscopy procedures are proposed to be maximum Rs. 12,800. Similarly, in the case of appendectomy, some doctors are charging up to Rs 45,000 which is proposed to be set at maximum Rs. 38,000. For the operation theatres, Per Minute Costing mechanism is proposed. Therefore, fees charged for any OTs would depend on the duration it remains engaged in a surgical procedure.

The dilemma of making healthcare a business

The private health sector in Pakistan resembles corporate culture. With the only difference that, unlike a marketplace, the healthcare functions like a casino where the physicians hold all the cards. The medical industry has experienced this behavioral change world over, but what makes Pakistan's case worrisome is the culpability of the government in allowing the health system to deteriorate and letting it become the hub of irregular practices. While the unqualified doctors made the hay in the sun of ignorance and neglect, it was the qualified doctors who took undue advantage of the unregulated and unmonitored system. However, with the arrival of the Punjab Healthcare Commission (PHC), the health sector began functioning in a new direction.

The diagnostic procedures are made so complex, thanks to the technological breakthroughs, that the high cost of treatment looks justified. One study showed how when prices for chemotherapy (anticancer) drugs changed, physicians switched to more expensive drugs. It was considered a rational response to the economic incentive culture.

Another justification for the high cost of treatment is derived from a successfully advanced idea that when it comes to payment policy: "Doctor knows best." In an overall policy vacuum, the physician and hospital owner directed payment billing code system was adopted as a policy instrument and became standard across the entire private healthcare system.

The outcome of expensive healthcare has not been satisfactory either. In the US, where the costliest healthcare system exists, quality or outcome hardly matches the expenses incurred. The framework has survived because of the country's exploitative insurance system. In the context of Pakistan, the framework has



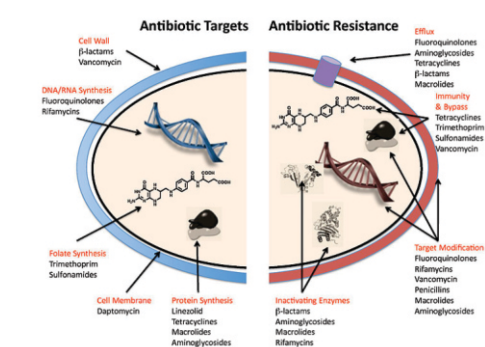
The application of Minimum Service Delivery Standards (MSDS) has been made the baseline for the new medical culture. Now for Healthcare Establishments' (HCEs), survival is possible only if they are registered with and licensed by the PHC; the practice that has helped sift quacks from the qualified practitioners.

All these achievements, nevertheless have only proved to be a drop in the sea of change, because of the corporate mentality that has taken over the medical industry, especially the doctors and hospital owners. The nexus is complicated and nuanced. Complicated because businessmen have financial stakes in keeping the large and luxurious hospitals in service. Nuanced because there are layers of stakeholders besides doctors making money. The question is whether the cost of treatment charged by an upscale private hospital is justified or not. Apparently, yes.

survived because the government has failed to provide quality and inexpensive healthcare services in the public sphere. It was just a piece of cake for the private health sector, that included both the imposters and the professionals, to get the asking price.

Now when questions are being raised over the ethics of the medical practitioners, one may expect the physicians to revisit their commitment to their profession. If people are dying because of preventable diseases, in spite of sprawling and highly equipped hospitals, the wages of their death is on all those holding the cards of this corporate culture.

Resistance to antibiotics



The rapid emergence of resistant bacteria is occurring worldwide, endangering the efficacy of antibiotics, which have transformed medicine and saved millions of lives. Many decades after the first patients were treated with antibiotics, bacterial infections are again becoming untreatable. The antibiotic resistance crisis has been attributed to the overuse and misuse of these medications, as well as a lack of new drug development by the pharmaceutical industry due to reduced economic incentives and challenging regulatory requirements. Coordinated efforts to implement new policies, renew research efforts, and pursue steps to manage the crisis are greatly needed.

WHO instituted a global action plan to tackle antimicrobial resistance in the 68th World Health Assembly in 2015. This global action plan was endorsed by all countries, including Pakistan—the world's sixth most populous country, and which is expected to rise to fourth place by 2050. The first follow-up action was the development of the National Strategic Framework for Containment of Antimicrobial Resistance, which was translated into the national action plan of Pakistan for antimicrobial resistance. An intra-sectoral core committee on antimicrobial resistance was formed by the Government of Pakistan with the mandate to identify key stakeholders and experts in policy making, assess the existing status of antimicrobial resistance, prepare a policy document, and provide recommendations. In April 2018, the Pakistan Global Antibiotic Resistance Partnership launched a situation analysis report about antimicrobial resistance in Pakistan.

A recent detailed report by the World Bank confirms the correlation between poor sanitation and stunting in the nation's children.[1] Another study, "Stunting in Pakistan," conducted by an NGO, Action Against Hunger, states: "The poor state of Pakistan's healthcare system is one of the hindrance in eradicating stunting in the country. Indeed, Pakistan ranks very poorly among other countries on a wide range of health indicators in particular when it comes to maternal, neonatal and infant mortality." [2]

Poverty is generally believed to be the main culprit behind the reasons for stunting. There is a partial truth in this assumption. Poverty could have an impact because of hunger, however, it is usually the poor sanitation and thus higher levels of bacterial contamination of both soil and water that makes the environment unhealthy. Similarly, our handling of waste has never been satisfactory. The 2011 report by Pakistan Council of Research in Water Resources (PCRWR) states that "since there is no proper arrangement for waste disposal (domestic, industrial, agricultural, hospital, etc.), most of the waste finds its way into the natural waterways and water storages and pollutes the freshwater resources, making water unsafe for drinking and other domestic uses. Even groundwater gets contaminated by the seepage of municipal industrial wastewater and from agricultural fields."

Although Pakistan has been successful in reducing poverty, giving better access to primary healthcare, combating other diseases such as polio, and decreasing open defecation, the rates of stunting, however, has persisted. Lab tests reveal high rates of E. coli in ground and surface water, which is believed by some to permanently damage the small intestines of children, making it difficult for them to absorb the nutrients necessary for growth.

With the population having swollen to 207 million and expected to increase to 395 million by 2047, the demand for clean water and proper sanitation will keep rising. But the investment in inadequate. Currently, water and sanitation come under the same budget. Experts complain that the vast majority of spending goes towards the supply of water, while less than 10 per cent is allocated for sanitation services. Local administrations need to be involved in overseeing water and sanitation designs, while areas with high rates of stunting and malnutrition must be prioritized for better services.

[1] The World Bank, Documents and Reports: "When Water Becomes a Hazard: A Diagnostic Report on The State of Water Supply, Sanitation and Poverty in Pakistan and Its Impact on Child Stunting."

[2] Action Against Hunger Report: "Stunting in Pakistan: A trend analysis of underlying factors by 2030."

Stunting in children

Stunting in children in Pakistan has been constant at 44 per cent for over six years now. It was in 2013 that this figure was recorded, and in spite of concerns shown by different governments and those associated with the health sector, not much has been done to deal with the problem. Putting it simply, stunting happens when children are either not provided with enough nutritious food or are exposed to poor sanitary conditions. In the absence of required nutrients and relatively germ-free environment, children stop growing both physically and mentally. The consequences of this dwarfed growth results in increased mortality increased morbidity in childhood and later as adults, poor educational outcomes, pregnancy complications lost earnings and losses to national economic productivity. The bad news about stunting is that it is an irreversible physical and neurocognitive damage. The good news is that it only requires a political commitment for nutrition-specific and nutrition-sensitive action.

Seminar on dengue management guidelines

A special health seminar titled 'Guidelines for Dengue Management' organized by the Punjab Healthcare Commission (PHC) in collaboration with Mir Khalil-ur-Rehman Memorial Society (Jang Group of Newspapers) was held in a local hotel on October 4, 2018.



Commissioner Rawalpindi Captain (r) Saif Anjum presided over the seminar while Chief Operating Officer PHC Dr Muhammad Ajmal Khan was the chief guest. Professor Muhammad Khurram from Rawalpindi Medical University was the keynote speaker at the seminar.

Dr Ajmal said that Rawalpindi used to face repeated outbreak of dengue fever for many years, but now the situation has improved. He further added that the purpose of the seminar was to update general practitioners on the latest guidelines, to treat dengue fever, prepared by the PHC.

Midlands partnership NHS Foundation Trust

A three-member delegation from the Midlands Partnership NHS Foundation Trust (MPFT), visited the Punjab Healthcare Commission (PHC) on October 29, 2018. The delegation led by Neil Carr Chief Executive MPFT, briefed the Commission about the performance of the Care Quality Commission, the regulator of health and social care in England.

Other members of the delegation included, Director Trust, Dr Abid and, Clinical Partner, Dr Muhammad Gul. The two sides agreed to collaborate for the mutual learning of the quality assurance in healthcare. The Trust appreciated Commission's efforts in bringing about change in the health sector of Punjab through regulatory reforms.



SBTP joins hands with PHC

The Punjab Healthcare Commission and Safe Blood Transfusion Programme Pakistan (SBTP) have joined hands to establish a common platform for creating coordination among all the stakeholders for safe blood transfusion. This was decided between the two sides, on November 22, 2018, in a meeting held at the PHC office. The SBTP team was led by National Coordinator and Project Director SBTP Pakistan, Prof Hassan Abbas Zaheer. Dr Ajmal Khan, the Chief Operating Officer, PHC, appreciated the efforts of the SBTP.

Both the organizations acknowledged that the objective to enhance blood safety at all levels cannot be fulfilled unless every stakeholder is abreast of the risks involved in not following standing operating procedures for blood transfusion. Both sides held discussion on issues pertaining to deficiencies in safe blood transfusion in Pakistan.



National Council of Tibb visits PHC

A high-level delegation of the National Council for Tibb (NCT) visited the Punjab Healthcare Commission on January 23, 2019. Led by President NCT, Prof Dr Zabta Khan Shinwari, the delegation comprised Council members Hakeem Muhammad Ahmed Saleemi and Hakeem Rahat Naseem. Other who also attended the meeting were Hakeem Sikander Hayat Zahid, Hakeem Bashir Bhervi and Maria Munair. The delegation was apprised about the healthcare standards, developed exclusively for the Matibs. The Chief Operating Officer, Dr Ajmal Khan, stressed on the implantation of the MSDS for quality assurance.

PHC holds meeting with USAID

The Punjab Healthcare Commission held a meeting with USAID on November 23, 2018, wherein it was decided to join hands for improving healthcare service delivery in the province.

A two-member USAID delegation comprising Senior Technical Advisor Dr Muhammad Ahmed Isa and Project Management Specialist



Health Dr Muhammad Ismail Virk met Chief Operating Officer Dr Muhammad Ajmal Khan and his team. The participants of the meeting discussed healthcare service delivery, the functions of the PHC and patient safety. They agreed to hold another meeting in the coming month to outline contours of the mutual working.

Riphah International University delegation visits PHC



The PHC and Riphah International University will collaborate to promote patient safety and quality of the healthcare service delivery. This was decided between the two sides here on November 2, 2018 in a meeting held at the PHC office. Director Riphah Institute of Healthcare Improvement and Safety (RIHIS) Dr Zakiuddin Ahmed led a three-member delegation comprising International Advisor, Professor Dr Paul Barach and CEO Talisium, Dr Tony Brenan.

Chief Operating Officer PHC Dr Muhammad Ajmal Khan led the Commission team. In this regard, a five-member committee has been constituted, which has three members from the PHC and two from the Riphah University. Director Clinical Governance Dr Mushtaq Ahmad, Director Licensing Dr Muhammad Anwar Janjua and Additional Director Dr Salman Qamar will represent the PHC, whereas Dr Zakiuddin Ahmed and Prof Dr Barach will represent Riphah University.

For collaboration, both partners have also decided to consider working on an awareness and advocacy programmes concerning patient safety, quality healthcare, reporting mechanism of adverse events and complaint management.



@PHC_Punjab 6th Oct
Let's debunk some common myths about breast cancer

@PHC_Punjab 15th Nov
World Antibiotic Awareness Week (WAAW) is being celebrated from 12 to 18 Nov.

@PHC_Punjab Dec 9th
سپریم کورٹ کے احکامات کی تعمیل میں پنجاب ہیلتھ کیئر کمیشن نے اپریل سے اب تک ۲۶,۳۱۳ علاجگاہوں پر چھاپے مارکر ۷,۲۰۰ سے زائد عطانیوں کے کاروبار بند کر دیے۔ اعدادوشمار کے مطابق ان میں سے ۸,۲۲۳ اڈوں پر عطانیت ترک کر کے وہاں دوسرے کاروبار شروع کر دیے گئے ہیں

@PHC_Punjab Dec 28
The PHC conducted one day Capacity Building Workshop for Homeopaths to implement Minimum Service Delivery Standards (MSDS) at their premises



World Polio Day
https://www.youtube.com/watch?v=j_P9yzsp9Bc

COO PHC's Interview to Rang News
https://www.youtube.com/watch?v=d1x_Vm_ncVg

PHC Training on Minimum Service Delivery Standards
<https://www.youtube.com/watch?v=2eCCaXvV-3M&t=7s>



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