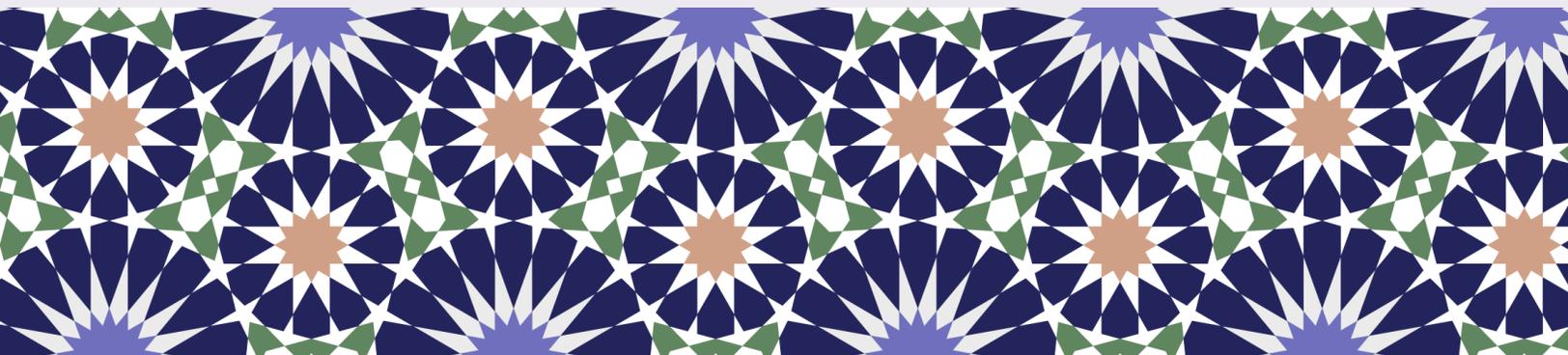


# USAID's MCH Program Component 5: Health Systems Strengthening

Jacobabad Institute of Medical Sciences  
Strategic Business Plan

2015

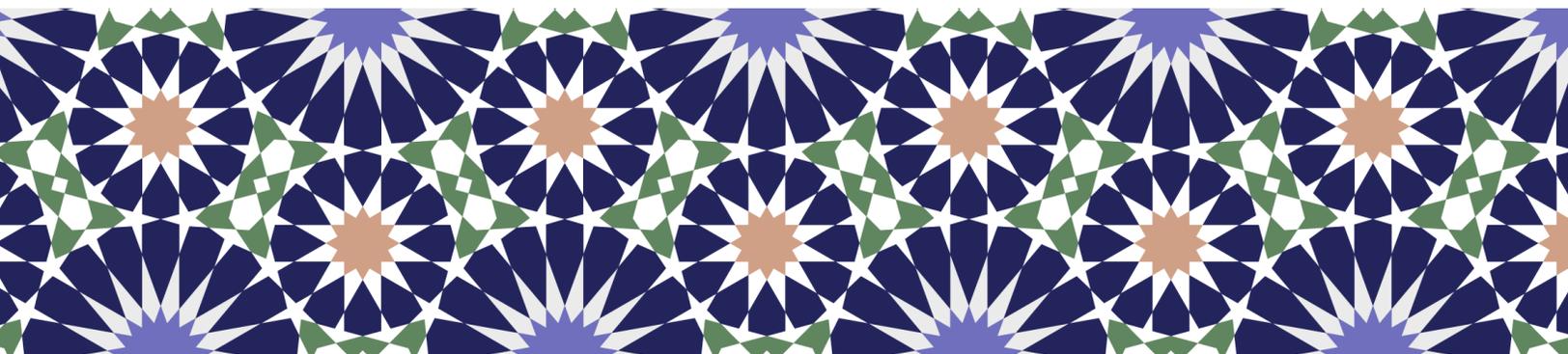


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# 1. Executive Summary

The United States Agency for International Development (USAID) and the Government of Sindh signed a Memorandum of Understanding (MOU) on January 24, 2013 to build a new hospital in Jacobabad through USAID funding which will provide high quality healthcare to the residents of Northern Sindh and Baluchistan. The Sindh provincial assembly later introduced a law and passed the Jacobabad Institute of Medical Sciences (JIMS) Act of 2013 which led to the creation of an independent hospital management board to ensure that JIMS provides the highest standard of health care and is financially sustainable.

This Strategic Business Plan (SBP) 2014-19 is a guide for the board and management of JIMS, as to how to move forward and focus on making JIMS a sustainable institution. The finance section of this plan enumerates the fund flow requirements for the institution in order to achieve the targets set forth in the strategic part of this document. From the Board of Governors point of view the strategy for growth, profitability from provision of private healthcare services, risk management and optimum utilization of JIMS services are necessary and it can be achieved through teaching and trainings of staff by developing quality human resources.

The success of this plan is expected to be complemented by the autonomous status of JIMS, which will help take timely decisions without referring back to the health department Government of Sindh (GoS). It is expected that JIMS will provide a wide range of emergency, general and specialized hospital services in line with modern day standards of secondary / tertiary care hospital's. This range of services will support, and will be backed by strong partnerships with local and international universities drawing on their inputs for improving the standards of care and applying lessons learnt from evidence based medicine strategies at other institutions.

During the process of developing this business plan, the experiences of institutes such as the Sindh Institute of Urology & Transplant Karachi, Gambat Institute of Medical Sciences and Shahdadpur Institute of Medical Sciences were used as reference points. These are personality driven institutions, where the hospital leadership played a pivotal role either to get them declared as Institutes or to define their scope of services. All these institutes lack a formal business planning exercise on a regular basis. We also visited and had detailed meetings with persons managing the Indus Hospital, AMAN (Health) and AMAN Mental Health Project (both subsidiaries of AMAN Foundation) and

Hussaini Hematology and Oncology Trust in Karachi. Finally, a broader stakeholder meeting was held in Karachi in February 2015 attended by a number of stakeholders including but not limited to a few Board members of JIMS, Director JIMS, Special Secretary Health GoS, representatives of Finance Department GoS, Health department GoS, USAID, John Snow Research and Training Institute (JSI), District Health Officer Jacobabad, as well as consultants working on the JIMS Strategic Business Plan.

In the case of JIMS, it was found necessary to move forward with a systems approach. The systems developed for this Institute will serve as templates for future planning and execution for other health institutions working all over Sindh.

JIMS has budgeted and will staff its services at a level it anticipates will be needed to meet the quality and safety requirements of patient care. In this regard, a manual of regulations and a Human Resource plan has already been prepared through the technical assistance of USAID/ USAID Grantee John Snow Research and Training Institute and approved by the Board of Governors of JIMS in May 2014.

Presently the existing district headquarter hospital block of JIMS which has a 130 bed capacity is operating with 56 active beds; as the rest of the premises are being renovated. The new JIMS will be a 133-bed health facility. New JIMS building will have consultant clinics for Cardiology, Gynecology, Pediatrics, Medicine, Surgery, ENT, Eye and Dentistry. In addition to these ICU, CCU, Labor rooms, Operation theatres, Dialysis and indoor facilities will be available to patients. The Government of Sindh has initiated construction of residential accommodations for hospital employees.

The total funding requirement estimated to run the operations of the new JIMS block including postgraduate teaching for the next five years will be Rs. 4,266.16 million. The first year (3 months) requirement will be Rs. 142.52 million while government of Sindh has released finances to the tune of Rs. 200 million for FY 2014-15. In the first year JIMS has a surplus budget and savings will be carried forward in FY 2015-16. Leveraging of philanthropy will start from FY2015-16. In the subsequent years any shortfall will be covered through philanthropy support, zakat, user charges from treatment provided and contracting out of hospital services. Over the period of this financial plan, salaries and allowances will comprise a major share of total expenditures followed by cost of medicines and disposables and other overheads. Similarly the key contributors of resources over the period of five years will be GoS grants (62%), Philanthropy (29%) Revenue against treatment provided to patients (6%) and others such as Zakat, Baitul Mal and outsourcing some of the facilities/services.

In this plan, the education and research roadmap identifies the areas of work with partner educational and research organizations, which may further raise the profile of JIMS. The section on Governance comprises of requisite guidelines and governance

arrangements for the Board of Governors across a range of key measures and indicators. A section on risks and their mitigation and a financial audit has also been incorporated in this document. A section on referral network and linkages, strategic marketing highlights and an initialization plan has also been included.

This strategic business plan will serve as a guideline for the JIMS Board and management, outlining key processes and action steps for achieving the strategic objectives to ensure the operational and financial sustainability of the hospital. This will be a dynamic document and does not underestimate the importance of annual business cycle reviews and making necessary adjustments over the years to come.

## 2. JIMS Profile

JIMS was established by an Act of Sindh Assembly, promulgated in 2013. The existing district headquarter hospital block, which is working, as an operational clinical facility is now a part of JIMS. This facility is a 130 bed secondary care level health facility originally constructed in 1956. It has the following sections; (1) administration wing, (2) outpatient clinics, (3) inpatient department and diagnostics etc. This building was renovated many times but still needs major repairs and is presently in a dilapidated condition, as a result many areas are under renovation and only 56 hospital beds are operational.

Presently both outpatient and inpatient services are provided at the existing operational block of JIMS. The various specialties and services available in this block include: General OPD, Medicine, Surgery, Pediatrics, Eye, ENT, Orthopedics, Psychiatry, Dental, Skin, Obstetrics / Gynecology, Cardiology, Chest, Emergency / Casualty, Homeopathic Medicine, Unnani Tibb (Eastern System of Medicine) and other services including dialysis unit; Hepatitis Ward and Thalassemia Center.

Subsequent to a needs assessment, USAID Pakistan signed a Memorandum Of Understanding with Department of Health, Government of Sindh and undertook to establish a new modern hospital in addition to the existing DHQH building. The new 133 bed hospital is being built near the existing DHQ hospital Jacobabad on the same road about 1 KM to the south. . A major portion of civil works is completed and the hospital will be commissioned by the end of March or April 2015.

The total area of the new JIMS building covers 130,000 square feet. The new hospital building contains a reception, consultation rooms in out patients department, indoor wards containing 8 beds per ward, diagnostics (i.e. pathology lab, radiology department, blood bank), emergency / casualty, coronary care unit (CCU), intensive care unit (ICU), pharmacy, operation theaters (OTs) and an administration block. This 133 bed health facility is primed to provide acute care services to the local community along with specialist services for a larger catchment area. Keeping in view the hot climate during the summer, wind catchers have been included as part of the building design to make the building airy and ventilated. Thirty percent of the electricity load will be powered by solar panels and a stand by generator will be there to ensure consistent supply of

energy. The Government of Sindh had also initiated construction of a residential block and other allied facilities with a planned completion date of June 2015.

According to the JIMS Act, all employees working in Civil Hospital Jacobabad stand transferred to JIMS unless they opt otherwise. However, till date a total of fifty staff members working in district headquarter hospital Jacobabad have opted to serve in JIMS.

The total budget for the old block for the year 2014-15 is 137 million rupees, which has not been considered in this business plan. The present business plan only focuses on the new hospital building built and equipped by USAID.

Important performance measures of the existing setup and data collected from different departments are given in annex 10.

This Strengths Weaknesses, Opportunities and Threats (SWOT) analysis was conducted which is based on feedback received by the author during individual meetings with various stakeholders as well as a focus group discussion with the present JIMS consultants. This analysis is provided in Annex 16.

### 3. Strategy

(Vision, core values and strategic objectives)

The vision of JIMS is “to be a regional leader in provision of accessible, affordable, customer focused quality healthcare services; undertake applied research for the benefit of patients and contribute in developing quality and competent human resource for health through teaching and training programs”. The core values of JIMS are summarized as ‘Delivering Affordable Quality Healthcare Services with Excellence,’. The JIMS founding partnership with USAID will underpin this vision. JIMS will achieve this by offering emergency, general and specialized hospital services to both local as well as a wider population in an environment where research and teaching are integral to care; where the needy and the destitute are treated free of cost and others at affordable rates; where customers are the most important persons; and where safety and quality of care are a constant.

Our core values are Diversity, Innovation, Equity, Ethics, Service delivery and freedom. The patient is at the center of everything that JIMS does. JIMS is committed to delivering a high quality of care to patients irrespective of age, disability, religion, race, ethnicity, gender, socio economic status and sexual orientation, ensuring that its services are accessible to all but customized to the individual.

Collaboration and partnerships are central to our approach in delivering our triple functions of patient care, education and research.

JIMS values will be used by staff, stakeholders specially the Board members throughout the Institution, and with partner organizations, as a basis for improving the quality of care JIMS provides.

JIMS position is thus of a provider of general and emergency healthcare services to local people and of some specialist services to a wider population. The catchment of JIMS for general and emergency services is primarily those living in the three taluka’s of Jacobabad district, whereas for specialist services it includes parts of Northern Sindh, parts of Baluchistan and parts of Dera Ghazi Khan in South Punjab.

The staff at JIMS is central to this vision. JIMS aims to recruit, train and retain the best people to enact its values and achieve its vision. Some of the methodologies as

provided in the JIMS HR Plan for recruitment of staff include internal job announcements, unsolicited application database, advertisements in newspapers, search consultants and online recruitment facility. The education program of JIMS is also focused to first develop and polish its own staff and then also benefit others.

JIMS aims to achieve excellence in healthcare by encouraging a culture of support, respect, integrity and teamwork; by monitoring and assessing its performance against national and international standards; by learning from its successes and setbacks; by striving to improve what it does through innovation and change; and by working in partnership and collaboration with all the agencies of health and social care in its service area.

JIMS's vision and values are therefore the basis of its strategic objectives, which in turn forms the basis of this Strategic Business Plan. JIMS has eight strategic objectives on which all the activities related to this institution are based.

1. Provision of excellent emergency, quality general and specialized services, while relying on robust institutional systems
2. Recruit and retain properly trained, competent and service oriented staff.
3. Employ technology especially information technology
4. Establish and promote educational and research activities which focus on benefiting the patients in form of improved clinical outcomes through strengthening of specialized services
5. Implement and assure practice of transparency, merit, good governance through organized monitoring and feedback system.
6. Leverage philanthropy.
7. Develop meaningful local and international partnerships and linkages.
8. Ensure JIMS financial performance meets or surpasses planned forecasts in the Long-term financial plan.

Based on these strategic objectives the main measures of strategic success will be

1. The recruitment, training and retaining of qualified and competent staff.
2. Provision of quality healthcare services leading to an increase in the number of patients utilizing JIMS services. The Operational and Quality manuals of JIMS will

enumerate a system to record and report patient satisfaction with focus on providing quality services and a guide as to how a standardized level of services will be maintained and continuous quality improvement undertaken to convert patient satisfaction into patient delight.

3. Fund raising by leveraging philanthropy to augment the next budget cycle along with raising government's financial support and generating revenue against services provided through institutional practice to make JIMS sustainable.
4. Generation of revenue from user charges levied on general and private patients, outsourcing as well as introduction of research and teaching and training programs.

The JIMS strategy supports the development of its specialist services, along with developing a network of clinical partners beginning to shape a future where JIMS is a partner with a range of providers in delivering high quality and effective care as locally as possible. Section 5 titled "Service development plans" describes developments which support and strengthen the value and sustainability of its specialist services.

Progress against JIMS's strategic objectives will be measured by the following:

**For patients**, through levels of satisfaction and experience that compare well with other institutions where patient satisfaction is given priority. Such examples are available in not for profit hospitals like Agha Khan University Hospital and Indus Hospital Karachi and in Government Hospitals like Sindh Institute of Urology Karachi, Punjab Institute of Cardiology and Diabetic Centre Services Institute of Medical Sciences Lahore (to mention a few). Patients will experience excellent care delivered in accordance with JIMS's values. Patients receiving 'general hospital' care will benefit from better-organized care closer to home. Across a wider clinical network, patients will be able to access specialized care more locally. Overall, the JIMS's patients will benefit from evidence-based treatments and care pathways, which are implemented in light of the academic and research activities undertaken at JIMS or other partners either locally or internationally.

**For staff**, through raised levels of satisfaction and their capacity building. Staff will benefit from working in a supportive culture where, consistent with JIMS strategy, individuals are expected to be treated with respect. Opportunities for personal development will be enhanced through new roles and ways of working, developed and implemented by the Human Resource Management and Development Department.

**For JIMS's board members** who will have to play a proactive role to influence the framing of forward looking policies at JIMS and be involved in the development of this institution remaining above board and avoiding conflict of interest.

**For philanthropists and donors** who will be able to see transparently that the funds donated by them are being responsibly utilized to provide better value healthcare to the underprivileged and indigent. JIMS plans to reshape its services to increase efficiency, enhance quality and where necessary to minimize any wastage in hospital resources.

JIMS will also measure its success in several other ways:

**Through choice by Private Patients** to use JIMS, gauged through increase in private services market share and a preference for specific services by patients; No private or semiprivate rooms have been provided in the present building plan of the new JIMS building. However, this has to be considered as an option in future financial years, from 2015-16 onwards.

**By creating a clinical referral network** with continued collaboration and partnership with a continuous two way communication;

**By creating a quality academic environment**, by focusing on developing high quality human resource which possesses skills and expertise to deliver the highest level of services in their respective fields and making JIMS a first choice for healthcare related education and training;

**Establishment of JIMS Research Centre / Cell**, through local and International partnerships with a strong commitment to the translation of basic research into applied research and evidence based patient care;

**Through continuous monitoring of progress to ensure delivery against plans**, a good plan is best utilized if all activities are implemented on time and followed up to ensure timeliness and quality implementation and at the same time give continuous feedback if things are moving in the right direction, make adjustments where any delays are expected which are beyond control;

**By developing protocols, clinical pathways and benchmarks and continuously monitor their implementation**, as this will depict that JIMS delivers services at an acceptable level of patient satisfaction at costs that are within reach; and

**Utilization of technology specially hospital management information systems.** In a world where digital technology and smart electronic devices have taken over, forward-looking institutions cannot achieve their objectives if they do not employ technology. The

success of JIMS will also depend on effective utilization of technology in diagnosis, treatment and rehabilitation as well as for generating data and information for effective decision making as well as for accounting and financial management. This will also enable transparency of operations and increase confidence in the organization's capability.

## 4. Market Assessment

There is a clear dichotomy of the health care system in Pakistan; the public sector is financed by the state and the private sector is working independently for profit. The Government of Pakistan spends less than 1% on health care, even lower than Bangladesh and Sri Lanka. For the 66% living in the rural part of the country, poverty along with illiteracy, low status of women and inadequate water and sanitation facilities have remarkably slowed down progress in improvement of health indicators. Cultural and social barriers hinder health seeking from an effective and modern health care service. In spite of a lot of efforts made by the government at the primary healthcare level, the basic level facilities, restricted hours of operation and distant locations have been unable to change the picture. Most of these facilities lack trained personnel especially female health providers. In the private sector, besides a few accredited outlets and hospitals, many unregulated hospitals, medical general practitioners, homeopaths, traditional/spiritual healers, Unani Tibb (Hakeem's) healers, bonesetters and quacks provide unchecked health care. As a consequence, improvements in health behaviors and practices, especially among rural population groups have been very slow. In fact, anyone who can pay with ease or by arranging funds for treatment prefers to use private health facilities due to their reliability. In government health facilities either the staff is not posted and if posted, is on leave. If staff is available, medicines are not available and at the end of the day the patients end up spending a lot of money on investigations and medicines from their own pocket. This has led to a preference for seeking private healthcare services, where the service provider tries to offer some level of quality service, which ensures patient satisfaction.

Prior to the establishment of JIMS, the existing district headquarter hospital block was the main hospital of Jacobabad district providing secondary level care services to both the local population as well as populations from neighboring districts. Even at present JIMS has two relatively distinct markets: a local market for general and emergency hospital services and a wider market for its more specialized services. Specific challenges and opportunities exist in both. Presently, no appropriate consultant cover is available in the accident and emergency department of JIMS (existing district headquarters hospital building) round the clock, therefore only the poor go there, and at times they are also referred to other government hospitals like Chandka Medical College Hospital Larkana or the Government hospital in Sukkur. Those who can afford prefer to go directly to a private hospital or a medical center in Jacobabad.



Jacobabad and the existing district headquarter hospital is visited by patients to get primary or secondary healthcare services not available in their area

Similarly according to the Household Baseline Survey conducted by Population Council in 2009-10 in Jacobabad district for the FALAH project, it was found that the crude birth rate was 31 per thousand population, and the total fertility rate was 4.6 children per woman. This survey was conducted among 272 respondents who were randomly selected. Out of the total respondents more than 80% preferred to utilize private healthcare services as compared to services offered by government health facilities (including maternal and child health centers, basic health units, rural health centers, taluka hospitals and district head quarter hospitals). The results showed a preference to utilize private services over public health care especially in the context of family planning and reproductive health. Details of the survey can be seen in Annex 12.

Jacobabad, being at the crossroads of Sindh, Baluchistan and Punjab attracts a lot of travelers. The private healthcare market is thriving here, as is evident from the number of private hospitals, medical centers, laboratories and clinics of qualified doctors as well as unlicensed and unregistered service providers.

During a market situational analysis it was revealed that Jacobabad city had twenty seven (27) private hospitals and medical centers with some kind of indoor facilities, as compared to one main government hospital (the existing district headquarter hospital Jacobabad now a part of JIMS). These hospitals provide all kinds of services which are provided by specialists working at the district headquarter hospital.

Secondary level services related to medical and allied specialties, surgical and allied specialties, gynecology and obstetrics, pediatrics, otorhinolaryngology, ophthalmology, psychiatry and dermatology are available in Jacobabad. The private consultation varies from one hundred to five hundred rupees. The bed charges in private health facilities vary from two hundred and fifty rupees for a ward to up to one thousand five hundred rupees for a private room. Similarly, the cost of a C-section varies from fifteen thousand rupees to twenty five thousand rupees in the private sector. Details are given in annex 13.

There are more than two hundred (200) medical stores in the district. These medical stores also provide a limited level of consultations and treatments to patients and add to the number of unregistered service providers.

There are more than twenty (20) private clinical laboratories in the district, out of which eleven (11) are doing very good business. This points to the fact that there are considerable business opportunities for diagnostic services especially for JIMS clinical

Laboratory. This would of course be possible if it provides reliable quality test results at affordable prices. Services for tests ranging from routine chemistry and hematology to microbiology and Polymerase Chain Reaction Test (PCR) are available through renowned labs collection centers.

In light of the observations by the Health Systems Expert, as well as inputs from various stakeholders, the author infers that a large market exists for JIMS to provide specialized healthcare services to Jacobabad and surrounding areas subject to the condition that it provides quality services and attracts private and paying patients through institutionalizing private practice. A considerable market share of those utilizing private healthcare services can be attracted by JIMS subject to the condition that JIMS consultants undertake institutional practice within JIMS premises.

In our discussions with various stakeholders, a key feedback which we received was to hire an upright and competent Director to head JIMS who motivates the staff to work with dedication, focuses on provision of quality services and ensures that manuals and plans developed for JIMS are implemented properly. He should also guarantee that there is no conflict of interest among those associated with JIMS. This recommendation has been achieved and a Director has joined the hospital. It was also proposed that institutional practices with proper incentives for the service providers (Consultants) should be introduced. Failure to do so may lead the competent Physicians recruited for strengthening the Institution, to start strengthening the private healthcare market (outside JIMS) in Jacobabad.

Market Assessments as well as inputs from various stakeholders point to the fact that the eight strategic objectives of JIMS mentioned above, if implemented in letter and spirit will lead to the success of JIMS as first choice for patients and staff alike.

The successful implementation of the strategic business plan will also depend on the team hired to support the Director JIMS as well as backing from the JIMS BoG.

## 5. Service Development Plans

JIMS will provide totally free services to the poorest of the poor and the indigent. At the same time, services will also be available at subsidized rates to others and. private services for those who demand them. The JIMS management should engage a Medical Social Welfare Officer and establish a social welfare department at JIMS in this regard. Decisions on who will be treated free and who will pay subsidized user charges should be incorporated in the Operations Manual of JIMS. The Pakistan Medical and Dental Council requires that at all teaching institutions treat, at least fifty percent of the patients free if the institution intends to get teaching status recognition from it. In light of the feedback obtained in the final stakeholder meeting it is suggested that the institution should hire its own social welfare officer and staff rather than getting one posted by the government and the model of GIMS can be studied in this regard.

The present investment by USAID will enable many of its services to operate as state-of-the-art facilities at the new JIMS hospital. All of this provides a scope for effective service development within the upcoming JIMS infrastructure.

The JIMS Board and the management should focus on transforming its service delivery through realizing benefits by introduction of a Hospital Management Information System with special focus on introducing Electronic Patient Record (EPR) which will not only help in both clinical and managerial decision making, but will also prove to be helpful for teaching and research purposes. Model of Indus Hospital Karachi may be studied in this regard.

### **Areas of service development that will ensure achievement of the financial targets set in this Business Plan**

Service developments are described in four categories:

- a. Improving patient experience
- b. Managing patient load
- c. Strengthening of specialized services
- d. Strategic development of services

**Improving patient experience:** Presently both primary and secondary care seeking patients present at existing DHQ Hospital. In order to streamline things, it is necessary that a proper mechanism for filtering patients is devised in JIMS. In this regard, it is proposed that a filter clinic be designated from within existing outpatient clinics, where all primary and in certain cases secondary level care seeking patients are dealt with by Medical Officers. Those patients who require specialized care should be given an appointment with the specialist. The success of the filter clinic depends on a strong communication and awareness program initiated through local and remote cable TV networks, announcements in mosques and through affixing posters at prominent sites throughout the catchment of JIMS. The medical officers should provide quality services and see each patient properly giving adequate time to each patient. New patients should be given more time and follow up patients given time according to their need. This will not only improve the environment for care, but will also have a direct bearing on improving patient experience and efficiency. In this regard, some of the salient features of the service delivery plan will be explained in detail in the operational manual. These are:

**Managing patient load:** Quality services demand that patients be given enough time according to need. Four main innovations will lead to better patient experience and unnecessary load reduction. These include:

1. Establishment of a filter clinic for screening patients who require specialized care and treating all the rest through the filter clinic.
2. Introduction of triage in the accident and emergency department to screen cold and emergency cases.
3. All categories of patients including free patients, general patients and private patients should be seen by specialists through an appointment system (which may be given for the same day or when time is available).
4. Establish and implement an organized referral system initially in collaboration with all government health facilities and later with private health facilities as well, through a wide area network (where ever possible).

**Strengthening of specialized services:** Teaching and research activities will be initiated in FY 2016-17, with full zeal and commitment as envisaged in approved HR Plan of JIMS. As a starting point, all the services / specialties which are present in the new JIMS building should be focused. After the appointment of qualified health professionals (possessing fellowship or equivalent degrees), they will be facilitated to undergo supervisor workshops through the College of Physicians and Surgeons

Pakistan. In the interim, the necessary paper work must be carried out and activities undertaken to get these specialties recognized for postgraduate training. Details of these activities are addressed in the section on education and research roadmap addressing the areas and way forward on research and educational activities to be introduced in JIMS.

The experience of the author shows that if the specialist doctors do their private practice within the institution, then they also focus on both teaching and research as the institutions resources are available to them and they want the best services to be available to their patients. However, when they prefer to work in a private clinic and either consult or operate patients outside the institution they gradually lose interest in the work related to their parent institution and at times some engage in drawing patients to their private clinics. In the present business plan it has been proposed that the private consultation fee of well-established specialist doctors related to Institutional practice should be Rs.300/- out of which 80% should go to the specialists, staff, in government taxes and to the institution. This may be periodically reviewed and approved by BoG.

The JIMS capability to support comprehensive teaching and research depends in part on its ability to function as a capable provider of specialized care. There is also a need to develop JIMS linkages with other tertiary care hospitals, both for referrals as well as for teaching and research.

**Strategic development of services:** As is embodied in the JIMS strategic objective 1 and 4, quality specialized services is an area to be focused on for bringing in patients from a wider area to utilize these services. The following specialties need to be focused generally during the period of this strategic business plan from 2014-19:

1. General Medicine including
  - i) Pulmonology
  - ii) Gastroenterology
  - iii) Cardiology
2. General Surgery including
  - i) Orthopedics
  - ii) Urology
3. Gynecology / Obstetrics
4. Pediatrics and Neonatology
5. Eye
6. ENT

7. Anesthesia and Pain Management
8. Pathology
9. Radiology
10. Emergency Medicine and Trauma
11. Dental Surgery

This recommendation is based on the services already being provided at the old DHQ hospital, which now is a part of JIMS. The present data from the old DHQH building of JIMS and a survey of private health facilities by the health systems expert, as well as on basis of increasing population trends, point to the fact that demand can be expected to continue to rise in the areas of intensive care for both the adults and neonates, general surgery and specifically orthopedics as well as OBGY including infertility, ophthalmology and gastroenterology as these are the areas where development will be required at the secondary and tertiary care level. JIMS must also maintain up-to-date services and technology in any area of focus (care) where competitors are entering the local market.

More attention should be paid, but not limited to, developing the following specialties, so that they are the best in the catchment of JIMS and beyond. These may include

1. Intensive Care Services for adults
2. Neonatal Intensive Care Services
3. General Medicine and Gastroenterology
4. General Surgery and Orthopedics with rehab
5. Obstetrics and Gynecology (OBGY) including treatment of Infertility
6. Diagnostic Services
7. Ophthalmology (EYE)

These specialties are recommended in light of feedback received during various stakeholder meetings as well as from historical records of patient turnover in the DHQ hospital block of JIMS. These specialties in the private sector are also major revenue sources and if pitched properly to the segment of population utilizing private healthcare services, will lead to revenue generation and contribute to the sustainability of JIMS.

The achievement of the JIMS business plan targets will depend on the following, which have to be addressed in detail in the operations manual:

- Preference of patients to consider JIMS as the first choice for availing quality health services by paying user charges

- Availability of service delivery packages related to various clinical services, especially elective surgeries and pregnancy.
- Transparency in maintaining data of free treatment to the needy and the indigent patients in order to help the social welfare department of JIMS for leveraging philanthropy.

However, the management of JIMS may review the needs of patients and alter any service development plan.

## 6. Financial Plan

### Cost Estimates for Operationalization of JIMS

The Long Term Financial Model (LTFM) presents the cost estimates for operationalization of JIMS. The focus of this section is to present the summary of cost estimates for JIMS operational cost methods and methodological issues on cost estimates prepared.

As with any costing study this also uses assumptions in many instances. The cost estimates presented in this report are valid as long as the assumptions are valid. These key assumptions are given in Annex 17.

### LTFM Development Methodology:

Six-(6) step methodology is implemented in preparation of Long Term Financial Model (LTFM). These steps include 1. Need assessment of various expenditure heads to be required in next five years. 2. Identification of resources along with timelines for fund generation over the period of five years. 3. Finalization of various assumptions to be used in LTFM preparation. 4. Quantification of various heads and their unit costs 5. Costing of revenue and expenditures

<b>1 Need Assessment of expenditure</b> <ul style="list-style-type: none"> <li>• Salaries and allowances</li> <li>• Medicines and disposables</li> <li>• Overheads</li> </ul>	<b>2 Need Assessment of revenue heads</b> <ul style="list-style-type: none"> <li>• Government of Sindh Grants</li> <li>• Philanthropy</li> <li>• Treatment</li> <li>• Facilities</li> </ul>
<b>3 Assumptions Finalization</b> <ul style="list-style-type: none"> <li>• Health facilities to be provided</li> <li>• Patient increase ratio</li> <li>• Electricity load</li> </ul>	<b>4 Quantification</b> <ul style="list-style-type: none"> <li>• No of patients (OPD, IPD, Private)</li> <li>• No of electricity Units</li> <li>• No of charged and free patients</li> </ul>
<b>5 Costing</b> <ul style="list-style-type: none"> <li>• Cost of Medicines</li> <li>• Cost of salaries</li> <li>• Revenue from treatments</li> </ul>	

Costing of Long Term Financial Module (LTFM)

Total fund requirement to run the operations of JIMS for next five years will be Rs. 4,266.16 million. The first year (3 months) requirement will be 142.52 million while the Government of Sindh has committed to provide Rs. 200 million for FY 2014-15. Rs. 70.45 million saving in first year (3 months) will be carried forward and utilized in next year (2015-16). Over the period of this plan, Salaries and allowances will comprise a major share of total expenditures (68%) followed by cost of medicines and disposables (19%) and overheads (10%). Similarly the key contributors of resources over the period of five years will be GoS grants (62%), Philanthropy (29%) and income from Treatment (6%).

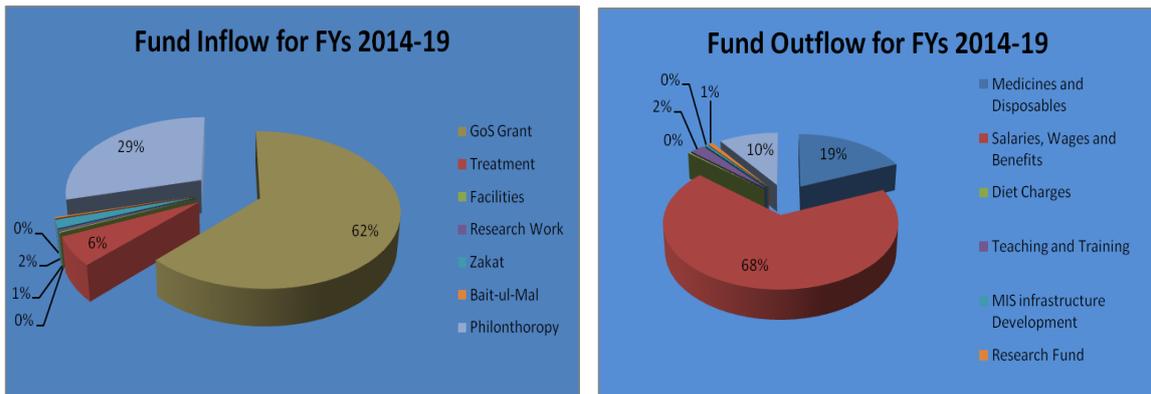


Table below presents summary of funds estimates to be required for implementation of LTFM in the next five years. The rest of the tables present costing details of various heads (both revenue and expenditures) used in fund flow statement

**Jacobabad Institute of Medical Sciences (JIMS)**  
**Fund Flow Statement (2014-19)**  
**Rupees in Millions**

S #	Description	2014-15	2015-16	2016-17	2017-18	2018-19
<b>A</b>	<b>Balance carried forward (Previous year)</b>		70.14	-	-	-
<b>B</b>	<b>Current Year Fund Inflow (Revenue) (i+ii+iii+iv+v)</b>	212.96	654.57	1,028.73	1,130.29	1,238.96
I	GoS Grant	200	375	632	693	757
li	Treatment (Note 4)	7.61	39.86	59.19	69.02	78.32
lii	Facilities (Note 5)	.35	1.71	1.94	2.17	2.43
Iv	Research Work	-	-	3	4.95	6.6
<b>V</b>	<b>Donations(1+2+3)</b>	5.00	238	333	361.15	394.97
1	Zakat	5.00	15	16.5	18.15	19.97
2	Bait-ul-Mal	-	1	1.5	3	5
3	Philanthropy	-	222	315	340	370
<b>A</b>	<b>Total Fund Inflow (Revenue) (a+b)</b>	<b>212.96</b>	<b>725.01</b>	<b>1,028.56</b>	<b>1,129.93</b>	<b>1,238.47</b>
<b>LESS</b>						
<b>FUND OUTFLOW (EXPENDITURES)</b>						
I	Medicines and Disposables	31.06	151.63	176.41	200.99	226.69
li	Salaries, Wages and Benefits	91.8	448.62	722.45	785.1	854.08
lii	Diet Charges	0.49	2.6	2.82	3.04	3.25
lii	Teaching and Training	-	20	23.49	27.16	31.04
Iv	MIS Infrastructure Development	-	15	1	1.1	1.21
V	Research Fund	-	3	10	11	12.1
Vi	Over heads and Utilities	19.16	84.32	92.76	102.03	112.24
<b>B</b>	<b>Total Fund Outflow (Expenditures) (vii+viii+ix)</b>	<b>142.52</b>	<b>725.18</b>	<b>1,028.92</b>	<b>1,130.42</b>	<b>1,240.61</b>
	<b>Net Fund Inflow (Outflow)</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Jacobabad Institute of Medical Sciences (JIMS)**  
**Operating Expenditure Budget 2014-19**  
**Rs. in million**

Description	2014-15 (3 months)		2015-16		2016-17		2017-18		2018-19	
	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount
Medicines and Disposables	22%	62.13	21%	151.63	17%	176.41	18%	200.99	18%	226.69
Salaries, Wages and Benefits	64%	183.6	62%	448.62	70%	722.45	69%	785.1	69%	854.08
Diet Charges	0%	0.49	0%	2.6	0%	2.82	0%	3.04	0%	3.25
Teaching and Training	0%	-	3%	20	2%	23.49	2%	27.16	3%	31.04
MIS infrastructure Development	0%	-	2%	15	0%	1	0%	1.1	0%	1.21
Research Fund	0%	-	0%	3	1%	10	1%	11	1%	12.1
Over heads and Utilities	13%	38.33	12%	84.32	9%	92.76	9%	102.03	9%	112.24
<b>TOTAL BUDGET</b>	<b>100%</b>	<b>284.55</b>	<b>100%</b>	<b>725.17</b>	<b>100%</b>	<b>1,026.11</b>	<b>100%</b>	<b>1,127.38</b>	<b>100%</b>	<b>1,240.61</b>

The details of all the workings, which form the basis of this financial picture, are given in annex 13.

It is pertinent to mention here that the costs may be reduced in future financial years if the JIMS BoG reviews the HR Plan at some point in time.

## 7. Risks & Mitigation Measures

The JIMS Board of Governors is overall responsible for managing risk. The Board understands the importance of monitoring and managing those risks proactively, which have the potential to threaten the achievement of its vision and strategic objectives in general and achievement of the business plan specifically. The JIMS Board needs to establish effective arrangements to do this and to ensure that prompt and appropriate action is taken at the first sign that a risk may be materializing or where there is evidence that the mitigating action it has sanctioned is not proving effective.

**Processes and structures for managing risk have been described in this section.**

JIMS aims to undertake a professional and structured approach to managing and mitigating risks that strikes a balance between being excessively risk averse and exposing the organization to risks that are insufficiently controlled. The former could prevent JIMS from being able to seize strategic opportunities for improvement, whilst the latter could allow threats to its strategy and performance to materialize. Achieving this balance is based on a process of setting JIMS appetite for a particular risk based on its risk maturity, agreeing to an appropriate tolerance for this, delegating the authority to manage within this tolerance and ensuring that appropriate on-going monitoring is in place.

Risks are clearly linked to JIMS strategic objectives and, with the progressive implementation of its Risk Management Strategy. The institution intends to increase the sophistication with which it assesses, manages and monitors risk.

This chapter sets out the JIMS overall approach to risk management and summarizes the systems and processes employed. It provides an overview of the assessment of key risks, which may be faced by JIMS.

### **Summary of principal risks**

The JIMS Board will review its strategic objectives each year as part of its business planning cycle. In light of the strategic objectives, the Board will also have to set annual corporate objectives and targets

At the Board level, JIMS will monitor the principal risks related to the delivery of its strategic objectives through a special Risk Management Committee constituted by the Board of JIMS and by regular reviews of a Corporate Risk Log (CRL), which has yet to be implemented. All JIMS departments will be responsible to monitor and manage risks against the corporate objectives, escalating any risk, which may impact at the Board level. The CRL will be a register in which all risks, which affect the achievement of the strategic objectives, related to a particular department will be mentioned. As an example a risk for the housekeeping department could be the inability to maintain cleanliness in JIMS. This has to be noted in the CRL. All these matters will be addressed when JIMS undergoes ISO certification.

The first strategic objective of JIMS explicitly mentions provision of quality services as a success factor and is also addressed under the section related to risks.

The eight risk areas, identified are outlined below. These relate to the delivery of the JIMS business plan. Each represents a broad set of related risks, which are elaborated in the text, which also describes the mitigating actions, which may be implemented, planned or considered.

It is important to note that only some of these risks would have a direct impact on income, cost and liquidity. The remaining risks would only be likely to have an adverse financial impact in the medium to long term if no action was taken to address them.

The Risk Management Committee constituted by the Board of JIMS should meet six times a year and review risks or follow through and evaluate effectiveness of mitigation measures taken to avert the risk.

The first strategic objective of JIMS explicitly mentions provision of quality services as a success factor.

Risks, principal indicators and mitigation measures related to JIMS strategic objectives are described below:

**Risk 1a:**

Inability to provide excellent acute care and specialized quality services, while relying on robust institutional systems.

**Principal Indicators:**

1. These will include patient complaints or complaints by attendants of patients
2. Poor patient outcomes; patients leave against medical advice
3. Decrease in number of revisits by patients; Inability to achieve financial targets
4. Drop in revenue from user charges; Mystery client surveys pointing to provision of poor services and No appreciation of services of employees.

**Mitigation Measures:**

In case any of the above mentioned indicators show up,

1. Key stakeholders should identify solutions through brainstorming sessions and those solutions should be implemented. The procedure for mitigation of risks will be part of the operational manual and may explain procedures in detail. In order to ensure that clinical outcomes are good and according to international benchmarks, regular morbidity and mortality meetings should be conducted.
2. A good feedback system and immediate response to any feedback either verbally, in writing or through telephone will definitely help to contain this risk and reduce its adverse effects.
3. Good training of the staff ensures that things are done right the first time. Training needs assessment of employees should be a regular feature especially of those who compromise quality policy. This should be followed by training, in case they have not been previously trained or re trained along with conducting counseling sessions.
4. Those employees who still do not follow protocols should then be reprimanded. The flip side of this is to reward good performers in order to further improve services, reduce demotivation and prevent any turnover of good employees.

**Risk 1b:**

Robust institutional systems not in place or if in place, not being implemented

**Principal Indicators:**

This risk will be identified if there is any one or more of the following indicators:

1. Mismatch between documented protocols and practice;
2. No standardization of services.

3. Every time the patient or other stakeholders experience is different related to a service;
4. No one knows what to do as no protocols are available;
5. Protocols are not updated in light of feedback, or the existing protocols fail to address a certain issue;
6. No internal or external review mechanism for checking if institutional systems are in place and working properly and
7. Absence of a quality assurance department also signifies that there is no monitoring and guidance at all. However, if a quality assurance department is present but the minutes of meetings related to quality assurance are not available, this shows that nothing is being done.

### **Mitigation Measures:**

If any one or more of the above mentioned indicators occurs then one or more of the following measures have to be taken:

1. Establish or make the quality assurance department functional;
2. Ensure protocols are available related to all departments in JIMS and everyone is trained on them;
3. Conduct staff trainings and refreshers on protocols;
4. Regular meetings of the quality assurance department to be held with availability of minutes in record for checking by JIMS management or a committee constituted by the Board of Governors;
5. Ensure internal and external review mechanisms are in place and functional;
6. The Board's quality assurance committee should also include persons from other renowned institutions where quality assurance programs are being implemented;
7. If in spite of the fact the quality assurance department is active and the indicators are seen, then counseling of quality assurance department staff should be done and if no improvement, then the concerned persons should be reprimanded and necessary disciplinary action taken. However, if the performance of the quality assurance department is good, appreciation letters and incentives should be given to the concerned.

## **Risk 2;**

No focus on having properly trained, competent and service oriented staff, which has integrity

### **Principal Indicators:**

This risk will be eminent when any of the following indicators are evident:

1. Staff seems to not have ownership of JIMS;
2. Staff does not know its job description;
3. Staff lacks confidence to perform low skill or specialized functions and procedures;
4. Staff files do not show that they have been trained;
5. Staff not providing quality services;
6. Staff unaware of JIMS, vision and strategic objectives; Staff lacks integrity;
7. Poor feedback about staff member(s) performance or excessive complaints and finally staff does not have a service attitude.

### **Mitigation Measures:**

In order to mitigate the risk one or more of the following needs to be done depending on which indicator shows up:

1. The Management to ensure that all staff is aware of the JIMS vision and strategic objectives;
2. Regular training needs assessment of all the JIMS staff to be carried out by supervisors;
3. Regular staff meetings to be conducted with availability of objectively verifiable indicators;
4. Un-trainable staff to be fired;
5. The Human Resource (HR) department to make sure that they employ strategies to inculcate ownership and integrity among employees;
6. The Board should establish a “staff management and development committee” with explicit terms of reference. This committee should ensure that this risk is proactively managed. The management should also ensure that a regular HR audit is conducted and last but not the least supervisors should be made responsible to ensure that staff members are well trained and perform their duties diligently.

**Risk 3:**

Technology and specially information technology (IT) not available or not utilized properly to work efficiently.

**Principal Indicators:**

Some of the indicators, which show that this risk is occurring, include:

1. Poor clinical outcomes due to lack of proper investigation of patient ailments and treatment due to unavailability of requisite technology;
2. Hospital Management Information System (HMIS) not working in JIMS;
3. Pilferage of user charges due to unavailability of Information Technology / computerized accounting systems;
4. No transparency to track usage of funds and especially philanthropic donations;
5. Non availability of computerized employee annual evaluation reports; Employees have no access to computer based competency and skill development programs and resources;
6. Patients referred to other government hospitals or private health facilities for utilizing radiology, lab and other diagnostic equipment's for diagnosis;
7. Daily, monthly and annual financial and performance data not available at the click of a button for timely decision making.

**Mitigation Measures:**

These include:

1. Board to constitute a technology evaluation and utilization committee also comprising of experts from other institutions;
2. Regular technology audits to be conducted and shortcoming to be addressed on priority;
3. Robust HMIS to be introduced which has an audit trail; Competent IT staff to be recruited and retained;
4. Employees to be trained to use computers and utilize computerized training resources and proper networking with hardware to be available in JIMS with a robust Hospital Management Information System, which helps, in timely decision making.

**Risk 4:**

Educational and research activities which focus on benefiting the patients in form of improved clinical outcomes through strengthening of specialized services, neither established nor functional.

**Principal Indicators:**

The indicators, which show that the risk is emerging, include:

1. Post graduate training not taking place at JIMS;
2. Specialist doctors have not undergone supervisory workshops from College of Physicians and Surgeons (CPSP) Pakistan;
3. Accreditation and affiliation of JIMS with CPSP and other universities not initiated and achieved; Library not available in JIMS;
4. House Job not recognized by Pakistan Medical and Dental Council (PMDC) in various specialties in JIMS;
5. Allocation of space for teaching activities not done;
6. Consultants / Specialists have not submitted proposals for research projects funding to Pakistan Medical Research Council Islamabad or other agencies;
7. Mechanism for support of research activities not in place in JIMS;
8. Institutional review committee not constituted and no work being done to motivate or retain competent and disciplined teaching staff in JIMS.

**Mitigation Measures:**

These mitigation measures may include:

1. JIMS education and research promotion committee to be constituted with inclusion of external members;
2. Teaching staff shortages to be addressed with hiring staff without delay through various recruitment methods as given in the Human Resource Plan duly approved by the BoG of JIMS;
3. Fees for supervisory workshops to be deposited for specialists without delay;
4. Requirements completed and applications moved for accreditation and affiliation of JIMS with postgraduate bodies;
5. Library and digital lab to be established;
6. To get house jobs approved from Pakistan Medical and Dental Council;
7. Areas to be designated and furnished for teaching activities;

8. Applying for research grants as well as winning research grants to be linked with annual performance increments and staff motivation strategies to be made and their implementation ensured by JIMS Human Resource department.

#### **Risk 5:**

No transparency, merit, good governance and organized monitoring and feedback systems

#### **Principal Indicators:**

This risk will be eminent when any of the following indicators are evident:

1. Roles and terms of Reference for Board of Governors are not followed;
2. Requisite guidelines and governance arrangements for the board of governors across a range of key measures and indicators are not followed, like transparent recruitment process, periodic board meetings and management reporting

#### **Mitigation Measures:**

When these indicators occur or to proactively mitigate this risk the

1. Board of Governors (BoG's) performance review committee should be constituted by the Board;
2. Requisite guidelines and governance arrangements for the board of governors across a range of key measures and indicators should be developed and approved by BoG's and finally all JIMS board members to sign an avoidance of conflict of interest statement which should be displayed at the JIMS website.

#### **Risk 6:**

Nothing is done for leveraging philanthropy.

#### **Principal Indicators:**

Those indicators, which show that nothing has been done to leverage philanthropy, may include:

1. A Fundraising Committee not constituted by JIMS Board of Governor's;
2. Detailed fundraising plan not available;

3. No fundraising team working on leveraging philanthropy;
4. No fundraising or philanthropy leveraging activities undertaken and finally results of fundraising activities are fifty percent behind set targets.

**Mitigation Measures:**

These will include the following:

1. A Fundraising Committee to be constituted by Board;
2. JIMS own fundraising team on board or activity outsourced to outside consultants;
3. A detailed fundraising operational plan and tactical plan to be developed and implemented with periodic review meetings to monitor progress;
4. Fundraising materials to be developed for JIMS;
5. A proper and transparent donations utilization system to be employed employing Information Technology;
6. Advertisements to be given in newspapers and television for donations and finally activities and new development in JIMS to be tagged with support received from philanthropists.

**Risk 7:**

Meaningful local and international partnerships and linkages not developed.

**Principal Indicators:**

These include:

1. Agreements and Memorandum of Understandings (MoU's) for partnerships and linkages with educational and research institutes not signed by JIMS management;
2. MoU's signed, but not implemented or benefits of MoU's and partnership's with other educational and research institutes not showing that desired objectively verifiable indicators not achieved.

**Mitigation Measures:**

These include:

1. Institutional partnerships and linkages committee to be constituted by the Board;
2. At least four agreements and MOU's signed by JIMS for partnerships and linkages with educational and research institutes every year and finally implementation of agreements and MOU's to be ensured for achieving desired objectives.

**Risk 8:**

Poor financial performance

**Principal Indicators:**

These include but are not limited to:

1. Risk of lost potential income if commercial opportunities not tapped, including the development of private patient flow and if business targets not achieved;
2. Failure to maintain financial sustainability; Revenue targets from different sources not being met;
3. Pilferage and mismanagement of JIMS funds and low level of transparency.

**Mitigation Measures:**

In order to mitigate these risks the following mitigation measures should be taken to either proactively manages the risk or when there is an indicator pointing for action to be taken:

1. A Finance Committee to be established by the Board; An audit committee also to be constituted by the Board;
2. A clear cut institutional private practice policy has to be agreed upon and implemented with zero tolerance level;
3. Cash flows have to be managed properly.
4. No work orders should be issued if it is anticipated that funds for payments will not be available when the time of payment arrives;
5. Red flag to be raised when financial sustainability is at risk and immediate decisions should be taken involving the Board to avoid any surprises later;

6. A proper system of internal audit has to be actively implemented; Overstocking or dead stocks to be taken seriously and strategies to be employed for their liquidation and stringent controls in line with the finance manual or standard operating procedures to be implemented.
7. Immediate action to be taken if proof of pilferage or mismanagement of funds surfaces and recovery made on priority

It should be noted that the above chart is not a comprehensive list of every risk within the JIMS Corporate Risk Log (CRL). The chart provides a summary of those issues that present a short to midterm risk to the achievement of the Institutes strategic objectives.

The CRL also includes risks arising from departmental risk registers (which need to be used once JIMS is operational) that will have to be included for specific implementation and active monitoring by the Boards Risk Management Committee over a short time period. Departmental risk logs will be based on the operational manual. For example, JIMS may have a risk related to the poor management of cleaning and sanitation services included in the CRL, with this risk being actively managed at a corporate level. It will be ascertained as to who is responsible for poor management of cleaning and sanitation services, what should be done and time may be given for improvement in cleaning services. If desired results are still not achieved the concerned person should be reprimanded and if still no desired level of improvement is achieved, then replaced. Reprimand and replacement are mitigation measures. This will be addressed in more detail in the operational manual.

#### **Note**

As already explained above, if the agreed level of emergency and specialized quality services are not provided (as mentioned in the clinical services / operational manual - *which has to be developed and will contribute to robust institutional systems*), this will affect the provision of quality services which may lead to either of the following:

- i) Compromised patient safety
- ii) Poor patient experience
- iii) Poor Clinical outcomes leading to bad reputation
- v) Reduced Clientele
- vi) Drop in financial revenue from different sources like:

- Government funding
- Revenue from user charges
- Drop in donations from Philanthropists and corporate donors

The risk of cost cutting measures may also impact service quality and will have to be addressed.

Failure to manage risk in this area could also increase the likelihood of other risks being realized. Failure in provision of quality and its impact on reputation could lead to a loss of clientele. When the patients experience deteriorates this could have an impact on the retention of staff, who may get demotivated due to the increase in the number of complaints.

Mitigations to these risks include a focus on meaningful benchmarks for quality with regular review at the departmental, institutional and board level.

JIMS also needs to develop a Quality Strategy with a manual, which will act as a guideline to mitigate risks related to quality of service. In addition to this the implementation of a JIMS-wide patient feedback management system will provide a mechanism to identify and prompt timely action to address emerging issues.

A comprehensive patient feedback management system also needs to be in place, which may have the following salient features:

- i) Constitution of Board committee related to addressing patient complaints and feedback, which are not addressed by the JIMS management.
- ii) Placement of complaint boxes with ample feedback forms and pencils to write available.
- iii) Putting in place an anonymous complaint redressal system (as operational in USAID Fraud Hotline) and addressing those complaints for improving services to the patients. It also entails differentiating hard working staff from those who lead to patient dissatisfaction.

In addition to the risks, principal indicators and mitigation measures mentioned above, in the table given at Annex 14, some further risks have been addressed considering their intended impact on JIMS financial performance, person(s) responsible, proposed mitigation measure along with timescale for applying mitigation measures if risk materializes.

## 8. Education and Research Road Map

Part V of the JIMS regulations manual which was prepared in accordance with the JIMS Act 2013 and later approved by the JIMS Board of Governors on 22nd May 2014 provides for JIMS to initiate educational and research activities. The clauses of the manual of regulations which focus on quality assurance, education, research and establishment of partnerships and linkages can be referred to in the JIMS Manual of regulations mentioned from serial # 22 to 35.

This education and research roadmap is made in light of all the clauses mentioned above.

### **Educational Activities**

The educational activities will be divided into the following categories:

1. House job offered in various specialties.
2. Residency program offered in various specialties.
3. Postgraduate diploma and masters programs offered in different specialties.
4. Certificate courses
5. Trainings and refresher courses for JIMS staff

All these activities are described below

### **Establishment of JIMS Medical Education Department**

Before work up on the above-mentioned activities is started a medical education section has to be established in JIMS with a medical doctor designated as its coordinator. This has been provided for in the JIMS HR plan. This coordinator will be the focal person for initiating and following up on all activities and for correspondence with all relevant agencies and institutions with regular updating to the Director JIMS, who will be the direct reporting officer of this coordinator. This coordinator should preferably have a post-graduation in medical education. However, if the coordinator does not have a degree in medical education, he / she should be sponsored by JIMS to undertake an online diploma or master's program in medical education.

An exclusive office should be designated for the JIMS medical education department with ample storage for storing files and other relevant materials. This office should preferably be next to an area which may be designated as JIMS library and should have

computer(s), printer, scanner, and photocopier, have Internet facility and should be connected to the hospital health management information system. This office should be made functional within 2015

### **House job offered in various specialties**

Work on starting house job in different specialties has to be initiated in 2015 subject to approval of the regulatory authorities. Details of the steps to be followed in order to get house job approval for JIMS are attached in Annex1.

### **College of Physicians and Surgeons Pakistan (CPSP) residency programs offered in various specialties**

Regarding initiating residency program in various specialties, the coordinator will have to approach the College of Physicians and Surgeons (CPSP) Pakistan. Once a specialty is approved for initiating a residency program, colleges in other countries may also be approached for approval of training done at JIMS.

The steps involved in recognizing specialties by CPSP for residency / postgraduate training are as follows:

- i) As a first step, a letter of intent has to be written to the registrar CPSP.
- ii) The registrar CPSP will send accreditation and abstract forms to be filled by JIMS medical education department. Copies of these forms are attached as Annex 2 & 3 for information.
- iii) The filled forms have to be sent back to the Registrar office in CPSP.
- iv) The registrar's office after scrutiny of the form will determine whether the institution's hospital is eligible to apply for recognition of departments or not. If the hospital of the institute is considered to be fit for accreditation, then intimation is sent by CPSP to the applying institution to deposit the requisite fee in CPSP account and send a copy of the receipt to the concerned department in CPSP.

The accreditation fees for public and armed forces institutions are as follows:

1. Initial processing fee @ Rs.5,000/- per unit
2. Basic fee to visit institute: Rs.70,000/-
3. Unit fee @ Rs.30,000/- per unit

For accreditation of one discipline a bank draft of Rs.105,000/- only has to be remitted in favor of CPSP; and Rs.30,000/- for each additional discipline seeking accreditation.

v) The college will then appoint inspectors and intimate JIMS the date when the inspectors will visit and inspect JIMS to determine whether it is fit for conducting postgraduate training / residency programs in various specialties or not. In case it is not approved, then reasons will be given which have to be addressed and reapplied.

vi) If the inspectors recommend JIMS for accreditation, than the case will be sent to the CPSP Council, which will then approve the case.

Approval of a respective specialty is not granted if the majority of the patients are being referred to another hospital / institution for treatment. A large number of patients related to the specialty for which approval is sought should be available and evident from patient medical records. This will be an important factor which will count in the approval of a specialty for conducting residency / postgraduate training.

Availability of a fully functional clinical laboratory, radiology and imaging department and an intensive care unit in the hospital is considered as a plus (and at times mandatory) for granting approval by CPSP.

Once a specialty is approved, 4 trainees in a specialty can be taken twice a year. The criteria may change, but as a rule of thumb one residency position may be approved for every 5 beds of the concerned specialty. The requirement for the FCPS (PART-II) training is: that the candidate must have passed FCPS Part-I during the last three years in the specialty in which the trainee intends to do the residency.

Both private as well as deputation candidates may be considered. Similarly trainees may enroll for training in a specialty, which will lead to appearing in the membership exam of CPSP for that particular specialty.

There are two types of fees to be deposited, one for approval of the institution and the other for the respective specialty. If an application is submitted for one or more number of specialties, the institutional fee will have to be deposited only once. However, if the application is deposited for approval of only one specialty at a time, the institutional fee will have to be deposited every time, the application for a unit / specialty is given.

Initially the following specialties should be considered for accreditation after they are fully functional and fully equipped:

1. General Medicine
2. General Surgery
3. Obstetrics / Gynecology
4. Pediatrics / Neonatology
5. Intensive care
6. Eye

It is expected that these specialties will be fully functional and fully equipped by July 2015. A CPSP guide to accreditation of training programs is also attached as Annex 4.

In addition to the above, it is necessary that consultants of the respective specialties should attend supervisor workshops. CPSP Fee schedule for supervisor workshops is given as Annex 5 and supervisor's workshop registration form is attached as Annex 6.

Registration forms for supervisor workshops for consultants of respective specialties should also be submitted by July 2015.

The supervisor workshops are also conducted at CPSP office in Larkana. This should be the center of preference for JIMS participants participating in the supervisor workshops (due to Larkana's close proximity to Jacobabad).

### **Funds allocated for educational & teaching activities**

in light of feedback received during individual stakeholder meetings and visits of various institutions, an amount of 20 million rupees has been allocated for the year 2015-16 for establishing JIMS as a teaching / educational institution. This amount will increase gradually over the next few financial years and has been considered in this strategic business plan till 2018-19. The breakdowns of the activities to be covered in this amount will be as follows:

- Stipend to post graduate trainees
- Multimedia and other teaching aids and gadgets
- Supervisor workshops with boarding, lodging and transportation for JIMS faculty
- Library Books
- Subscription of Journals
- Reagents, chemicals and materials used for educational purposes
- Inviting foreign and national resource persons for developing teaching and training programs
- Inviting lecturers
- Tele education setup and uninterrupted link(s)
- Extracurricular activities for students
- Arrangement of symposia, seminars and conferences and training and skills workshops at JIMS
- Any other head of activity which the JIMS management decides

## **Postgraduate diploma and masters programs offered in different specialties**

In order to initiate postgraduate diploma and masters programs in different specialties in JIMS, a letter of intent for affiliation should be sent by April / May 2015 to the Vice Chancellor / Registrar Shaheed Benazir Bhutto Medical University Larkana, Agha Khan Medical University Karachi or any other universities (local or foreign) which the Board of JIMS decides.

Once the process of affiliation is started, the university authorities will appoint a team to visit JIMS and ascertain if it has all the facilities needed for acting as a teaching hospital.

After the facilities are found appropriate for conducting diploma and masters programs, the university will issue a detailed list of teaching and staff requirements, which if fulfilled, again inspection will be conducted and if found up to the mark, the case of JIMS will be put up in the academic council / syndicate of the university for approval of affiliation and authorization to conduct diploma and masters programs at JIMS. This process should take place at the earliest. In addition to approval by the respective university all postgraduate programs to be conducted at JIMS have to undergo approval by the Pakistan Medical and Dental Council Islamabad. In this regard a program information form (PIF) called PMDC PIF form has to be submitted to the council, which is attached as Annex 7.

If PMDC approval is not taken, then the diploma or degree will not be registered and entered in the PMDC registration of the doctor who have completed and passed the diploma or master's program. In addition to this all the teaching faculty should also be registered with PMDC, otherwise their experience, as medical teachers will not be considered for, either promotion for professorial positions or during PMDC inspections. The faculty registration form is also attached as Annex 8. Detailed PMDC regulations for approval of postgraduate teaching institutions are attached as Annex 9.

## **Degree awarding status for JIMS**

The Board of JIMS should move the case of JIMS for amendment in the JIMS Act through the health department Government of Sindh or the secretary Sindh provincial assembly to give JIMS degree-awarding status even without being a university.

The Gambat Institute of Medical Sciences Act has already been amended and it has now been given a degree awarding status (as discovered during our visit to Gambat). This process should be initiated as soon as possible.

The various programs, which JIMS may offer, may include:

1. M.D (Doctor of Medicine) Courses (Duration 05 Years)
2. M.S (Master of Surgery) Courses (Duration 04 Years)
3. M.Phil. Courses (Duration 02 Years)
4. Diploma Courses (Duration 02 Years)

JIMS medical education department should aim to launch the diploma and degree programs by 2016-17 or even earlier if all the requirements have been fulfilled. However, in the present business plan, hiring of professorial staff has been considered in the year 2016-17.

General guidelines / rules & regulations for admissions may be as follows:

- The admission should be open only to medical/dental graduates who are registered with PMDC.
- All examinations to be conducted according to JIMS rules, or rules of the degree awarding University.
- All admitted students have to follow the degree awarding institutions rules & regulations regarding examinations and duration of the course notified during the course of studies.
- The candidates applying for deputation will be governed by the rules laid down by their respective government.
- Original documents will be verified on the day of interview.
- All fee deposited will be nonrefundable.

An admission office will have to be established in JIMS to deal with any query/clarification/information regarding admissions.

### **Certificate Courses**

JIMS Medical education department needs to establish linkages with both national and international universities to start collaborative certificate courses on various clinical, public health and research topics.

Resource persons from other universities and institutions may also be engaged to develop certificate courses and these may be offered to participants on the JIMS campus as well as to participants spread over a wide geographical area through online programs.

A lot of materials are available on the internet as free courses on sites of medical universities, institutes and organizations, which can be adopted after signing agreements or memorandums of understanding (MoU) with those institutions and offered to participants. One example is that of Bloomberg School of Public Health, John Hopkins University USA. Another is that of Medscape which offers various continuous education certificates. These should be accredited by the PMDC, as a recent amendment the PMDC rules, makes it mandatory to complete certain number of continuing medical education hours for renewal of PMDC registration even by doctors who simply process MBBS degree.

First Aid courses should be initiated at JIMS. First all JIMS staff should be trained in first aid provision and later all government servants and common people from district Jacobabad may be offered these courses. The first aid course should be offered free of cost. These can also be offered in collaboration with Pakistan / Sindh Red Crescent Society.

A minimum of four MoU's should be signed with other educational institutions every year. This is recommended to set a performance benchmark for the JIMS medical education department.

Certificate courses should be initiated for all kinds of participants ranging from doctors, nurses and paramedics to support staff working in healthcare institutions. It is recommended that planned certificate courses should include, but are not limited to the following topics:

- Provision of quality services to patients and customers
- Consultation and counseling skills for healthcare professions
- Five levels of prevention
- Finance for non-finance health managers
- First Aid
- Response to disasters with special focus on healthcare
- History taking and Clinical methods - a refresher
- Leadership for health professionals
- Motivating and retaining health related staff
- Personal and professional development in health sector
- Research methodology, developing research protocols and publishing research
- Filtering patients for specialized care
- Triage in accident and emergency departments of secondary & tertiary care hospitals

- Communicable diseases
- Non communicable diseases
- Vaccine preventable diseases
- Peri natal health
- Maternal health
- Mental health

### **Bedside teaching**

Bedside teaching will be a part of house job training, residency programs and diploma and masters programs. However, the certificate course on “history taking and Clinical methods - a refresher” as mentioned in section above, should be made mandatory for all those undergoing bedside teaching.

### **Trainings and refresher courses for JIMS staff**

The JIMS medical education department should work in close collaboration with the JIMS human resource management (HRM) and development (HRD) department. Regular training needs assessments should be carried out by supervisors, of employees working under them and the JIMS HR department should arrange trainings and refreshers in coordination with the JIMS medical education department.

The fee structure for all courses should be determined in light of regulations of the affiliated universities and institutions.

### **Research Activities**

An institutional review committee should be constituted by JIMS Board (as is also mentioned in the JIMS manual of regulations), which will review and approve all research protocols.

A research cell should be established in JIMS within 2015. This cell should comprise of a sociologist, a biostatistician and be headed by a medical doctor who possesses a postgraduate degree in epidemiology or research methodology. A person possessing a degree or certificate in clinical trials conduction should be an added advantage.

It should be made mandatory that all consultants / specialists in JIMS should publish two research papers as primary authors on topics which contribute to improving the quality of care of patients at JIMS.

At the international level, institutions, which publish maximum research, are valued much more than those, which are not involved in research.

An amount of 10 million rupees has been allocated in the JIMS budget for the year 2015-16 for research activities. This amount will continue to increase over the next years as shown in the business plan.

The Pakistan medical research council (PMRC) funds single research up to a maximum of Rs. 300,000/-, which may involve lab work or other investigations or fieldwork. The JIMS Board should make it mandatory that each JIMS consultant / specialist who is a part of the teaching faculty to get at least one research funded each year either through the PMRC or other agencies.

Agencies other than PMRC which may be contacted within Pakistan or abroad for funding research / projects may include, but are not limited to

- World Health Organization
- UNICEF
- Packard Foundation
- Pakistan Science Foundation
- 3M community giving
- Abbot Laboratories Fund
- Abell-Hanger Foundation
- Aetna Foundation
- National Institute of Health
- Pivot
- Alex's Lemonade Stand Foundation
- Allen Foundation
- Global Alliance for Vaccinations and Immunization (GAVI)
- Merck Foundation
- Bill and Melinda Gates Foundation
- AstraZeneca - Health - National Focus
- Various projects funded by USAID in Pakistan
- Various projects funded by other international funding agencies
- Higher Education Commission
- American Heart Association
- Society for women's health research
- Burroughs Welcome Fund
- Thrasher Research Fund
- Pharmaceutical companies in Pakistan

## **JIMS Research Journal**

As also mentioned in the JIMS manual of regulations, the JIMS research journal should commence publication by July 2015. The periodicity of the journal should be bi annual. In this regard a declaration should be taken for the JIMS research journal. The application for the declaration should be filed as early as possible.

A person who has ample experience of managing research journals should be made the editor of this journal. An editorial board should be constituted and an editorial advisory board should also be made by June 2015.

The research journal should be registered with PMDC and the Higher Education Commission. Funds have already been allocated for research activities. However, advertisements from Pharmaceutical and equipment manufactures may also be taken to underwrite the costs of the research publications.

## **Conclusion**

This comprehensive education and research roadmap (with certain timelines) provides a way forward for the JIMS Board of Governors and management. It gives a clear-cut picture as to what needs to be done. It is proposed that advertisements for hiring the persons for the JIMS medical education department and JIMS research cell should be given in the newspaper by early 2015 as it takes time to recruit and bring on board suitable and qualified persons.

The establishment and functioning of both these entities in JIMS will have a strong bearing, on the provision of quality services to patients coming to avail services at JIMS.

## 9. Governance

### **Powers and Functions of the Board**

The BoG under JIMS Act 2013 is governing the affairs of JIMS, who stand in a fiduciary relationship with the hospital management. The fiduciary duties that the JIMS director is responsible to the board for are among the highest standard of conduct that is expected through well-defined roles and responsibilities. This section will guide and assist the JIMS Board members to carry out their duties and responsibilities for effective implementation of the Strategic Business plan.

### **Role of Board**

The JIMS Act provides composition, powers and functions of Board of governance. The Board's role is largely strategic and supervisory. , Its key functions are to:

- Set strategic direction, define objectives and agree to plans for the Institute
- Monitor performance and ensure corrective action is taken ensure financial stewardship
- Ensure high standards of corporate and clinical governance
- Appoint, appraise and remunerate executives
- Ensure dialogue with external bodies and the local community.

Standing Orders, Standing Financial Instructions, and a Scheme of Reservation and Delegation to the Board support the work and functioning of the Board.

### **Responsibilities of Board**

Boards have numerous responsibilities: they oversee management, finances, and quality; set direction to achieve strategic business objectives; build community relationships; establish ethical standards, values, and compliance; and select a Director and monitor his/her progress. Although the management team develops the strategic plan, it is the board's responsibility to accept or modify the strategic plan.

Financial oversight is a familiar job that the board has to perform under the JIMS Act. The board must ensure the use of financial controls; ascertain that funds are prudently invested, consider cash management, banking, and contracting parameters; and

establish policies related to budgets. Their goal is to protect the community's assets. Oversight of quality issues often involves utilization and risk management in addition to continuous quality improvement

Attention to community relationships is a responsibility unique to not-for-profit institutions across world. As much as board members have contact with the community, they can be sensitive to the expectations and needs of citizens and bring that knowledge to the boardroom. The focus is on all those the organization serves: patients, workers, elected representatives, and collaborators because the board has to focus on the quality of life of communities.

It is important to note that the board as a whole, and not any individual member, has the authority. Further, the board exists only when it is in session. However, the board can delegate certain tasks to its committee or an individual. Otherwise, an individual board member has no prerogative. Thus, it would be inappropriate for a board member to walk in to a manager's office and ask to review the books or demand certain changes. Such actions, in fact, can cause much disruption. The Director is the full-time agent of the board and is the only person directly accountable to the board.

### **Policy making Process**

Policies define focus and differentiate responsibilities among the board, the management, and the medical staff. Well-written policies /instructions will lead to more efficient functioning of the board. It becomes more important when management has to implement the strategic business plan of the institute

Ideally the policy making process has to be initiated by directions from the BoG to management. However, the policy preparation process can be initiated by the JIMS Management in view of the requirements highlighted in Strategic business plan / Government's standing instructions like developing medical educational policy, fund raising strategy etc. After identifying the tasks, the management will decide how to develop policy i.e., either by utilizing indigenous resources/expertise available within the institute or through hiring experts /consultants. The prior approval of the BoG is mandatory. The management will be responsible for the execution of the whole process of policy formulation. The policy has to be submitted to the BoG for approval. It is essential for management to provide a draft policy document to all the BoG members

at least 15 days prior to the meeting to ensure that every member has sufficient time to formulate his/her comments for discussion and subsequent approval by BoG.

Implementation of the policy is the duty of management. Similarly, the board should regularly review the implementation status of policies in the interest of institute. This can be done in very simple way by asking management to review previous board meeting minutes and the implementation status and extract inferences for further refining and consolidation of policy

### **Oversight**

Oversight is an important function, but it is important to differentiate clearly between overseeing and managing. Some boards cross the line and try to involve themselves in management. Nevertheless, in the oversight role, the board is legally responsible for everything that happens within the hospital, whether in the emergency department, a clinic, or a nursing unit. In the area of quality, for example, the board's oversight role may include setting the tone by stating that the organization is committed to quality; establishing policies related to quality, such as credentialing; and ensuring that mechanisms are in place. This role can easily be performed through BoG committees as provided in JIMS Act.

### **Board's Committees**

According to the JIMS Act, the board may form different committees to ensure its functions in a proper manner. Committees play an important role in the governance process. It will be useful to periodically review the structure and functions of these committees and to ensure that everyone knows what is expected from them.

It is recommended that the following three committees comprising of different board members be established to ensure proper oversight on achievement of strategic objectives

#### **a) Executive Committee**

##### **Purpose**

The Executive Committee is a standing committee of the board which will:

- Develop an annual work plan of goals and objectives that fulfills the responsibilities of the Committee to be approved by the Board.
- Prepare annual Board goals to be approved by the Board

- Review, guide and/or recommend to the Board on issues relating to partnerships and alliances.
- Conduct an annual performance evaluation and compensation review of the Director and other staff.
- Recommend appointment of committee chairs annually and after consultation with those committee chairs, finalize appointment of committee membership.

The Executive Committee shall consist of:

- The Vice Chairperson
- Government representative
- Civil Society representative
- Elected representative
- Director as Ex-officio member

### **Frequency of Meetings**

Meetings will occur quarterly, and if required more frequently at the discretion of the chair.

### **Accountability**

The Committee is accountable to the Board and shall submit regular reports to the Board in the form of minutes of meetings held.

### **Quorum**

A quorum will consist of three Directors. The Committee Chair is included in determining whether a quorum is present.

### **Voting**

- All members, ex-officio board members appointed to the committee shall be entitled to vote.
- There will be no proxy voting.
- A member of a committee participating in a meeting of the committee by teleconference may vote by teleconference. E-mail or other written resolutions are not permitted.
- Executive Support (staff) assigned to the committee will not be voting
- Members of the committee or included in the quorum.

### **Term**

For a period of one year

## **b) Quality and Patient Safety Committee**

### **Purpose**

The Quality and Patient Safety Committee is a standing committee of the Board of Governors whose purpose is to review patient safety and quality assurance issues relevant to the achievement of the organization's vision and values.

The committee shall:

- Recommend the priorities for quality and patient safety improvement at JIMS to the Board of Governors and establish an annual quality plan with goals. The Committee with the help of experts (internal clinical experts or outsourcing) prepares specific quality indicators and strategies for achievements to be monitored periodically by the Board.
- Review and monitor the effectiveness of quality and safety processes and indicators established by management related to programs and services provided at JIMS and oversee the implementation of customer service excellence, patient centered care, and experience-based designs.
- Review hospital-wide quality and safety related risk management policies, processes and indicators with at least respect to, but not limited to:
  - The emergency preparedness program with a thorough review conducted every three years;
  - Critical incident and sentinel event reports;
  - Disclosure of Patient Safety Incidents Policy;
- The process for appointment and re-appointment of Professional Staff.
- Review and report periodically to the Board on the outcomes of stakeholder satisfaction surveys and issues to be addressed. Such surveys are to be conducted over a period of time consistent with the international standards.
- Ensure that “best practice information” dealing with quality of care and/or patient safety is available to JIMS employees
- Prepare annual work plan

### **Membership**

Members will be appointed by the board annually and shall include:

- Senior representative may serve as Chair
- One-third of members must be voting members of the Board
- One physician member of the Medical Advisory Committee
- The Chief Nursing Staff
- The Director
- Other Co-opted members as experts

## **Frequency of Meetings**

Meetings will occur on a bi-monthly basis, and if required more frequently at the discretion of the chair.

## **Accountability**

The committee will develop a work plan on an annual basis and be accountable to the board for meeting the approved plan. It will also submit regular reports of its meetings to the Board.

## **Quorum**

This will be comprised of a majority of members of the Committee which must include a minimum of two elected Directors of the Board. The Committee Chair is included in determining whether a quorum is present.

## **Voting**

All Committee members as outlined in the Membership above and appointed to the committee will be entitled to vote.

There will be no proxy voting. A member of a committee participating in a meeting of the committee by teleconference may vote by teleconference. E-mail or other written resolutions are not permitted. Executive Support (staff) assigned to the committee will not be voting members of the committee or included in the quorum unless the Terms of Reference of the committee specify otherwise.

## **Term**

July 1 through to June 30, the Board appoints committee members.

## **c) Audit Committee**

### **Purpose**

The Audit Committee is a standing committee of the Board of Governors and shall:

- a) Develop an annual work plan of goals and objectives that fulfills the responsibilities of the Committee for Board approval

- b) Conduct the audit planning and preparation including: review with the external auditors and the proposed scope of the current year's audit;
  - Following the auditors' appointment by Board, review and approve the auditor's engagement letter including the audit fee and expenses;
  - Assess whether appropriate assistance is being provided to the auditors by the organization's staff; and
  - Review control weaknesses detected in the prior year's audit, and determine whether all practical steps have been taken to overcome them;
- c) Enquire about changes in the financial systems and control systems during the year;
- d) Receive and review the integrity and effect of policies regarding the financial operations, systems of internal control and reporting mechanisms and ensure that they are in accordance with generally accepted accounting principles and provisions and are appropriate to minimize potential financial risks;
- e) Enquire into the major financial risks faced by the Institute, and the appropriateness of related controls to minimize their potential impact;
- f) Review the audited financial statements whether interim or year end and report to the Board prior to the Board's approval;
- g) Review audited annual financial statements, in conjunction with the report of the external auditors, and obtain an explanation from management for all significant variances between comparative reporting periods;
- h) Recommend, when appropriate, approval of the financial statements to the Board;
- i) Review the external auditors report on the annual financial statements;
- j) Review the external auditor's post-audit or management letter which may document weaknesses in the accounting system or in the internal control systems and which contain recommendations of the external auditors, and management's response and subsequent follow-up to any identified weaknesses;
- k) Meet privately with the external auditors (without the presence of management) with regard to the adequacy of the internal accounting controls and similar matters, and review management responses to ascertain whether there are concerns that should be brought to the Committee's attention;
- l) Review any problems experienced by the external auditors in performing the audit, including any restrictions imposed by management or significant accounting issues on which there was a disagreement with management, or situations where management seeks a second opinion on a significant accounting issue;
- m) Review the factors that might impair, or be perceived to impair, the independence of the external auditors. Take, or recommend that the Board take, appropriate action to ensure the independence of the external auditors;
- n) Monitor and evaluate the performance of the external auditors;

- o) Meet privately with senior management (without the external auditors being present) to ensure that management has no concerns about the conduct of the audit;
- p) Annually monitor and evaluate the performance of the external auditors and recommend the appointment of a firm of chartered accountants as the Corporation's external auditors and any changes to the external auditors to the Board.
- q) Prepare the following two reports on its own activities and report them to the Board:
  - A report to the Board of Governors discussing the actions it has taken and the assistance the Committee has had in fulfilling its duties;
  - A report to Members describing the Audit Committee activities during the past reporting period;
- r) The committee will from time to time (and no less than every three years) consider the engagement of a different auditor.

### **Membership**

The Audit Committee shall consist of:

- At least three (3) persons, one of whom shall be a director.
- At least one member of the Committee must have a recognized accounting designation (i.e. CPA, CA, CGA, and CMA) and a minimum of two other members of the Committee must have financial experience and acumen.
- The director and senior finance staff may attend meetings as non-voting executive support to the Committee, at the request of the Chair

### **Frequency of Meetings**

The Audit Committee shall meet at least twice a year or at the call of the Chair.

### **Accountability**

This committee is accountable to the Board of Governors and will submit regular reports of its meetings to the Board.

### **Quorum**

This will consist of at least two Committee members. The Committee Chair is included in determining whether a quorum is present.

## **Voting**

All elected board members, ex-officio board members or community members appointed to the committee will be entitled to vote.

There will be no proxy voting. A member of a committee participating in a meeting of the committee by teleconference may vote by teleconference. E-mail or other written resolutions are not permitted. Executive Support (staff) assigned to the committee will not be voting members of the committee or included in the quorum

## **Term**

July 1 through to June 30, the Board appoints committee members.

The board may either appoint or delegate authority to director for establishing sub-committees comprising of members from the institute or from outside the institute. The committees and sub-committees may include but not limited to:

### **i) Selection Committee**

Sub-committee for selection of employees from BPS-1 to 15

Sub-committee for selection of employees from BPS-16 to 20

Sub-committee comprising of board members for selection of employees from BPS-21 to 22 or special pay packages

### **ii) Procurement Committee**

Procurement committees will be constituted and perform functions as provided in section 7 and 8 SPPRA Rules, 2010

### **iii) ISO Certification Committee**

### **iv) Quality Improvement Coordination Committee (QICC)**

### **v) Disciplinary Committee**

### **vi) Conflict management and redressal of grievance committee**

## **Conflict of Interest**

In this regard no board member will have a conflict of interest, meaning getting undue favors for him / hers or giving such favors to either his/her kith and kin or friends. All

matters will be handled on merit. The board members like naming various departments after their own name or someone else's name may take no politically motivated action. No board member even if he/she gives a donation may request a department to be named after his/her loved one. However, a donation of an amount considered considerable for a service/building/equipment/vehicle could be named after his loved ones or parents. This will also apply for other donors.

If in the past any such name has been given to any department without a personal donation (it means donation through government grant is not considered as a personal donation) will cease to exist and can be renamed after a new donor. However, the board may give the first option to family members of naming it after the existing name if they are ready to give a donation in this regard. If they refuse this offer, only then can it be renamed after a new donor or his loved one.

The board itself and through empowering the director of JIMS must conduct fundraising for treatment of patients and for conducting teaching, training and research activities. In this regard various wards, departments or physical facilities of JIMS can be named after the donors or their loved ones.

### **Meetings of the Board**

An extra ordinary meeting can be convened on request of at least one third members of the board in addition to the regular mandatory meetings as provided in JIMS Act.

The board and co-opted members will be entitled to traveling and boarding/lodging facility by the institute

### **Assessing Board's Performance**

The Board of the JIMS is nominated through enactment of Provincial Assembly. Therefore, inclusion and exclusion of any member is not possible unless he/she resigns. It is imperative to assign key performing indicators (KPIs) to the main functions of Board to inculcate self-assessment system in the Board

- Timely approvals in case of Budget, appointment of Auditors
- Approval and reviews of Strategic business plan.
- Ensuring Systems are in place such as Recruitment of HR, Technology in place, Accreditation and quality assurance have been initiated
- Fund Raising initiatives to achieve targets as provided in financial plans

- Publication of Annual Report of the Institute
- Institutionalizing Reward and Reprimand system to motivate staff
- Affiliation with renowned organizations established
- Achieving compliance ratio at acceptable level.
- Reports Required by the Board

Details of the reports required on a regular basis are given in Annex 15.

### **Board's Committees**

The board may appoint further committees or sub-committees comprising of members from the institute or from outside the institute. The details of the committees are given in Annex 18.

## 10. Financial Audit

### **Financial Audit Overview:**

The principal purpose of a financial audit is to add credibility to financial statements by the expression of an independent opinion thereon. The audit process results in providing a range of reports based on the performance of an audit and investigations.

Two types of financial audits are carried out on the financial statements of an entity - External and Internal.

### **External Financial Audit:**

The external audit, also known as third party audit, express an audit opinion as to whether the financial statements prepared by an organization fairly present its financial position, cash flows and results of operations for the year under audit. Such an audit activity in Public Sector Entity is carried out by Auditor General's office, while private entities audited their financial statements by audit firms.

The auditing authority issues a letter (report) to the governing body of the auditee on matters arising from the audit. Typically, the letter will contain observations about the quality of internal controls in place, accounting issues and matters relating to compliance with applicable laws.

### **Internal Audit:**

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an entity's operations. Internal auditing helps an entity accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. The main objectives of an internal audit include:

- Compliance - Internal and External
- Optimization of resources, costs and processes
- Risk and control
- Governance processes and ethical practices

### **JIMS External/ Annual Audit Mechanism:**

The LTFM of the JIMS depict various sources of funds including Government of Sindh grants, JIMS operations, Zakat, donations, and Bait-ul-Mal. The generation of funds through these sources will entail two types of audit. The funds to be provided through Government of Sindh grants and Bait-ul-Mal will involve annual audit to be carried out by Auditor General's office, while the rest of fund generation (donations, Zakat, JIMS Operations) will be endorsed through an Audit Firm. The external audit conducted by AG office is carried out in September/ October every year. The audit of the rest of the sources of this fund may also be planned in these months. The activities of the external audit will be directly managed and monitored through the audit committee of JIMS. The details of external audit related matters to be handled through this committee are discussed in detail in the "Governance" section of this document.

### **Accounts/ Audit Wing:**

As per the HR Plan, the financial matters of JIMS will be managed through the following two sections:

#### **Accounts/Finance sections:**

Headed by Director Finance and assisted by Additional Director Finance and other support staff, will primarily be responsible for implementation of budgetary cycle (preparation, releases, execution, reporting and auditing). This section will also assist top management in decision-making through provision of relevant data analysis and reports. The key responsibilities of the section include:

Financial accounting and reporting: Key objectives include

- To ensure regular and adequate supply of funds
- To ensure optimum fund utilization at least cost
- To ensure safety on investment
- To exercise control over finances of JIMS
- To develop a proper reporting mechanism for provision of timely and accurate information to the concerned managers.

Payroll preparation and administration process consists of calculation of employees salaries and taxes deductions, administrating employees benefits, and payments of salaries.

**Budget preparation:** The section will work to prepare JIMS budgets and forecasts, and report to top management on the progress against these throughout the year

**Information technology:** Risk management includes identification of potential risks, measurement of its frequency and severity, examination of alternative solutions, finalization and implementation of solution(s) and monitoring of results.

Cost Accountant will also assist the Director, Finance. The Cost Accountant position will be accountable for

- Data Collection
- Inventory Management
- Data Analysis
- System Development

**Internal Audit section:**

The Audit officer will be primarily responsible to carry out audit related activities and develop and implement internal control mechanism of the institute. An Audit Committee will be constituted in JIMS to monitor the audit related activities.

The primary responsibilities of the audit committee will involve assisting the board of directors in carrying out its responsibilities as they relate to JIMS accounting policies, internal control, and financial reporting practices

The audit committee will establish and maintain lines of communication between the board and the JIMS independent auditors, internal auditors, and financial management. The audit officer, in order to perform his duties independently, will be directly responsible to Audit Committee. The Internal Audit Sections will perform the following functions:

- Develop and implement internal control mechanisms
- Risk management, control, and governance systems implementation
- Reports risk management issues and internal controls deficiencies
- Provides recommendations for improving the JIMS operations, in
- Terms of both efficient and effective performance
- Evaluates information security and associated risk exposures
- Evaluates regulatory compliance program with consultation from legal counsel
- Engages in continuous education and staff development

## Objective of Internal Audit

- To determine the reliability and integrity of Information; (i.e. evaluating the internal control systems and the integrity of financial and operating information produced by those systems).
- To determine whether compliance exists with policies, procedures, laws, and regulations.
- To determine if assets are safeguarded and verify the existence of those assets.
- To appraise the economy and efficiency of resource utilization (i.e. physical, monetary and most importantly staff).
- To review operations or programs for consistency with established management goals and objectives.
- To assist management in the effective and successful performance of their responsibilities by providing them with analyses, appraisals, recommendations, and other pertinent information concerning the activities being reviewed

## Key accounting controls and responsibility matrix:

The key control objectives and their respective controls essential to the accounting system to be operated at JIMS, Accountability Cycle and Processes diagrams are given in Annex 11.

## Bank Accounts

Based on various sources of funds to be generated, the following three types of mandatory bank accounts will be maintained:

Sr #	Sources of Funds	Type of Account
1	Government of Sindh Grant	Profit and Loss Account (GIMS already has this)
2	Zakat Account	Current / Islamic profit and loss Account subject to clarification from Zakat and Usher Department Government of Sindh
3	Philanthropy	Profit and Loss Account

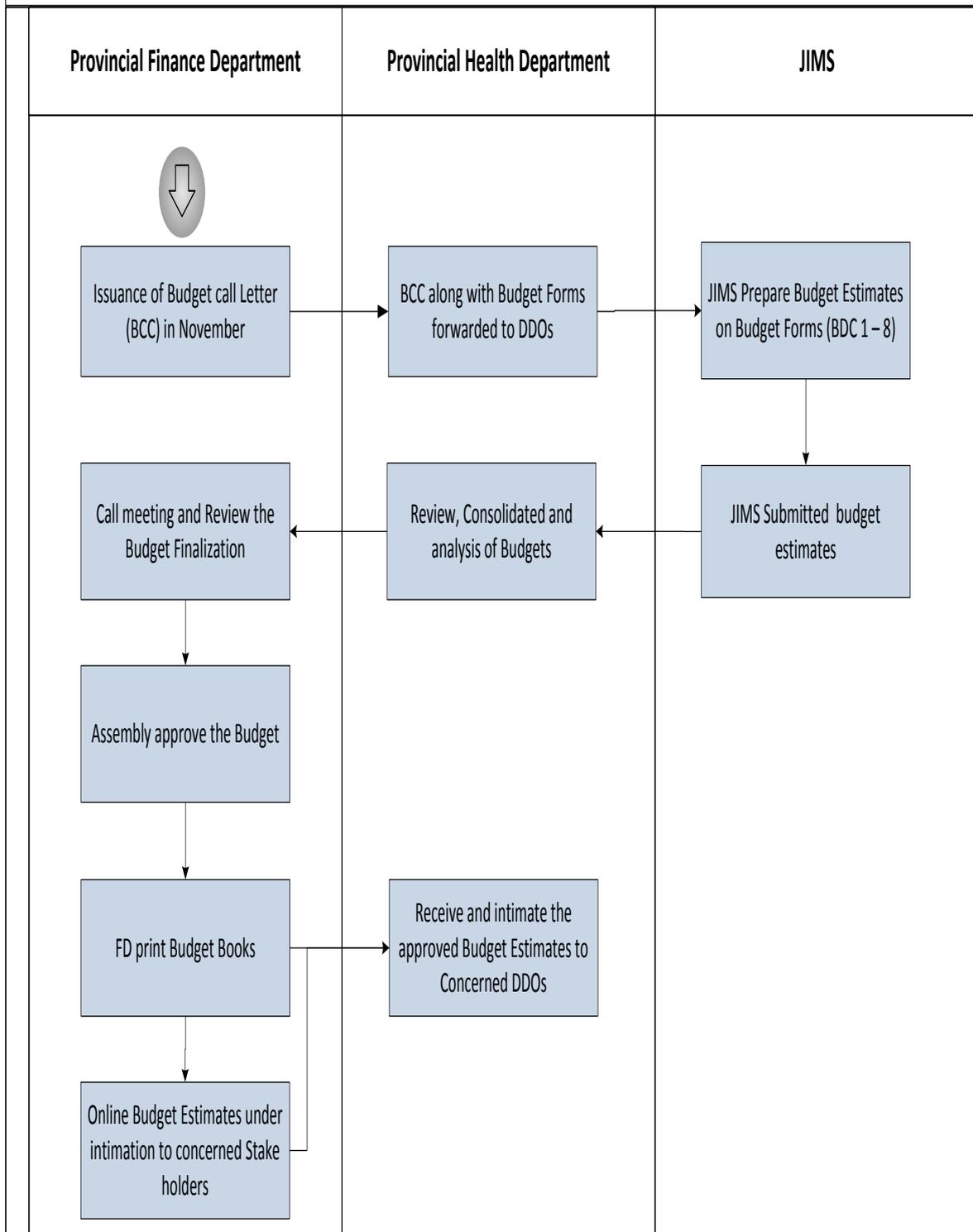
However, in addition to the above accounts an account for depositing income from user charges, income from leased out facilities etc. as well as another account for endowment fund should be considered. When the educational programs are started at the JIMS, then a sixth account for depositing of fees may also be considered.

## **Funds Flow Mechanism (Government of Sindh Grant)**

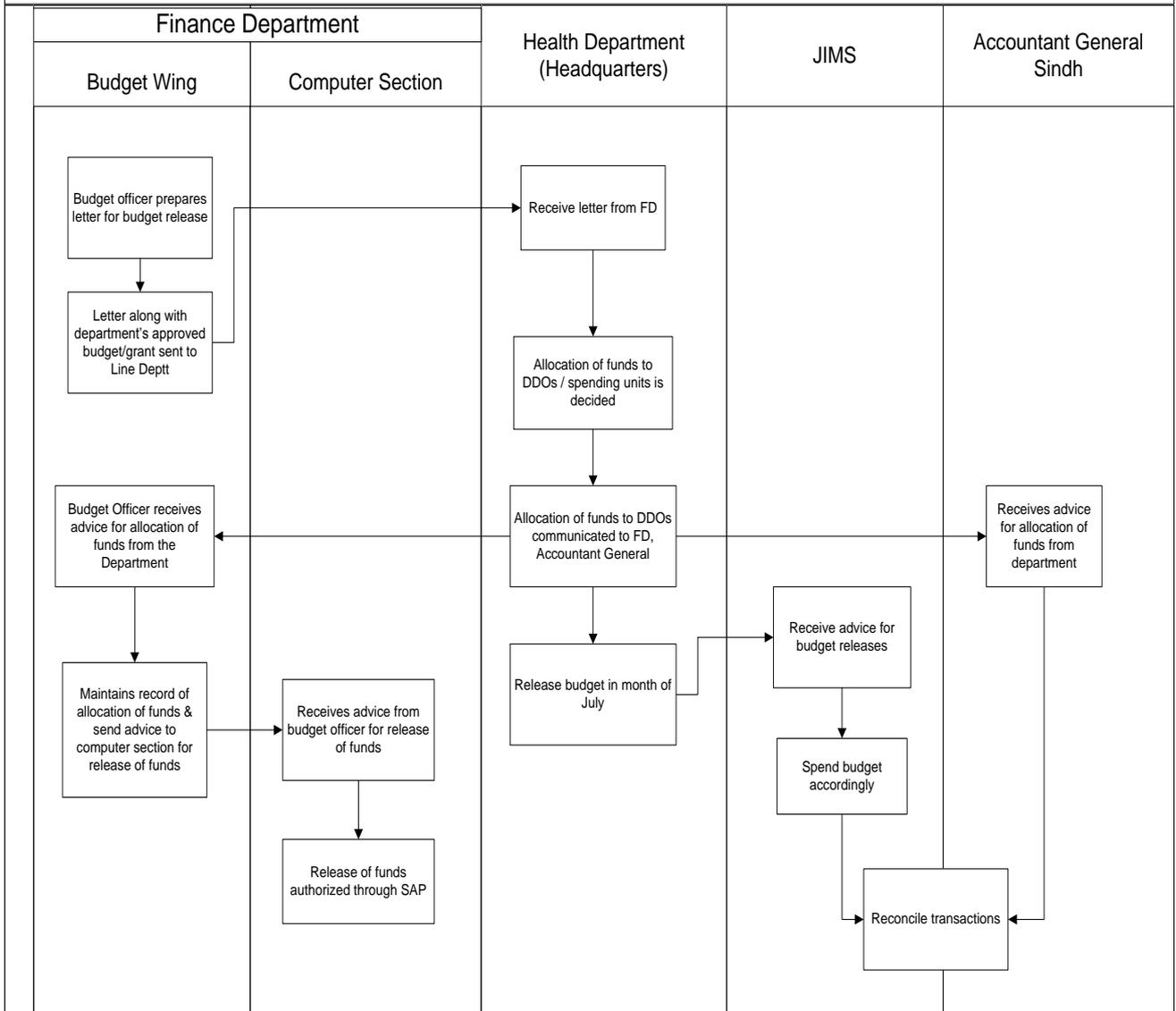
Flow of funds for Government of Sindh grant will be as follows:

- Provincial Finance Department print and issue Budget Call Circular (BCC) along with budget preparations forms to line departments in around November
- Health department forward BCC to DDOs including JIMS
- JIMS management will prepare and submit its budget estimates on these forms for financial year 2015-16 to health department in February / March 2015.
- Health Department will consolidate budget demands of all DDOs and submit it to Finance Department.
- Consolidated budget estimates will be presented to the Sindh Assembly in June for approval.
- The approved figures for JIMS along with other health allocations will be reflected in budgetary books for financial year 2015-16
- JIMS management will write to the Finance department through the Health department for release of its approved budgetary estimates. The process will require preparation and submission of audit copy to Health department / Finance Department.
- The Finance department after meeting out necessary procedures will approve / online audit copy under intimation to concerned Accountant General office, Health department and JIMS management.
- The Accountant General office through concerned State Bank / National Bank will transfer these accounts into assignment / profit and loss account of JIMS.
- The JIMS management will spend this money from its assignment account as per their business plan / planning.
- This procedure will be repeated for every financial year.

## Process: Budget Preparation (Non Development)



Process: Releases of Funds



## 11. Strategic Marketing Highlights

In order to achieve the targets set in the business plan, a proper marketing system is required. The operational manual will cover the details in length. It is pertinent to mention here that the Human Resource Plan already approved by the Board does not provide for hiring of dedicated marketing or fund raising staff for JIMS. It is therefore proposed that such staff should be added after approval of the Board of JIMS as an addendum to the HR Plan. The author considers this to be necessary as in the next five years, twenty nine (29%) percent of the revenue is expected from Philanthropy and six (6%) percent from user charges paid by patients.

In a focus group discussion with the consultants of the (existing district head quarter hospital DHQH) now JIMS, it was revealed that some of the consultants have flourishing practices in the private sector. In light of this and other feedback received by the author and other associated consultants, It is expected that JIMS will face competition in obtaining private business. Initially, the competition will be for elective surgery as already, the number of private elective surgeries within existing DHQH building are much less as compared to surgeries performed in private hospitals of Jacobabad and Sukkur. As evident from feedback from health system experts, even at present this kind of business is funneled out from the JIMS (existing DHQH block) to the private medical centers in Jacobabad. The JIMS Act as well as the manual of regulations emphasizes improvement in quality and healthcare outcomes, as the primary purpose of JIMS is to provide quality healthcare and if implemented properly along with introduction of institutional practice this challenge may be overcome.

The marketing team hired by JIMS will have to translate the strategic highlights related to marketing mentioned in this document into tactical and operational marketing plan. A detailed marketing plan is a must to support the service delivery plans of JIMS. Once the marketing team is on board they should cover in detail the marketing component and implementation started as soon as possible, otherwise the financial sustainability of JIMS will be jeopardized. At a strategic level some highlights of the marketing plan include, but are not limited to (which will have to be fine-tuned by the marketing team):

i) Introduction of operation packages inclusive of certain tests, medicines and stay of a patient for a particular number of days. The finance section in this business plan enumerates the average surgery costs for both minor and major surgeries as well as for lab tests. The present business plan covers in detail the revenue expected from

treatment provided to patients. However, it is suggested that once the marketing team is on board, they should review the plan and make necessary changes which they deem necessary in light of private healthcare market realities (in Jacobabad) as they will have more time and resources at their disposal. It is further suggested that the process of expansion of the accident and emergency department, construction of private rooms and diagnostic block should be started at the earliest.

ii) Introduction of Clinical lab preventive packages as well as initiation of subsidized lab packages for patients with chronic diseases. Initially, the lab services may be outsourced to a credible clinical laboratory as the JIMS lab does not have facility to perform specialized tests like advanced microbiology, molecular biology, histopathology and special chemistry. A profit sharing mechanism should be set through negotiations. The Director JIMS may nominate a technical person to start work on this immediately. However, JIMS management to the lab management may pay the cost of the zakat and Baitul Mal aid deserving patients. During stakeholder meetings and visits of various institutions, the author concluded that among others JIMS management should visit and negotiate with the following for outsourcing lab management:

- SIUT Sukkur
- Gambat Institute of Medical Sciences
- Shaheed Benazir Bhutto Medical University Larkana
- Hussani Hematology and Oncology Trust (which is already operating a clinical laboratory in the existing DHQH of JIMS).
- Aga Khan Clinical Laboratories

iii) Introduction of a pregnancy package which should include private consultations, antenatal, investigation during the nine months period and normal delivery charges or with some variance a package with cesarean section.

iv) Offering service packages to panel patients. In this regard the following but not limited to organizations may be contacted for bringing them on the panel of JIMS for provision of treatment on either cash or credit basis. In this regard the operational manual will have to cover details related to credit or cash discount terms for clarity. Some of the organizations considered to be brought on JIMS panel may include:

- Efu Allianz Health Insurance
- Alfalah Insurance
- Adamjee Insurance
- Jubilee Insurance
- Banks which are not covered through Insurance companies
- Oil and Gas Development Corporation field employees
- Pakistan Air Force
- Multinational Companies operating in the vicinity

v) Offering social health insurance schemes in collaboration with Benazir Income Support Program health insurance initiative, new government initiatives, in collaboration with insurance companies or independently with the involvement of an actuary. Social Health Insurance can be offered as model for Sindh in Jacobabad district. The Muslims who are zakat deserving and non-Muslims who are supported through Baitul Mal can be insured through government funds. Models exist in the past in which Insurance companies have provided health insurance coverage to those taking microcredit from Non-Governmental organizations. In one such example, the author came across a scheme in district Rahim Yar Khan of Punjab (while he was writing a report for a World bank funded project in 2008) in which at an annual premium of Rs.1200 per annum a coverage of Rs.20,000/- per annum was provided to an average family of five individuals for indoor treatment. The option of social health insurance can ensure advance revenue to JIMS and can also provide alleviate the health concerns of those who are members of this scheme. Packages with higher coverage amount with various premium options can also be developed in this regard. However, it is suggested that the JIMS management should immediately draw on the data of individuals / families ensured through the Benazir income support program health card scheme and consider providing services to the insured persons who are mostly poorest of the poor.

Strong referral linkages may be developed with, but not limited to, the following Institutions in case a service is not available at JIMS or JIMS is operating at optimum capacity:

- Chandka Medical College Hospital Larkana
- Sindh Institute of Urology and Transplant (SIUT) Sukkur
- Ghulam Mohammad Mahar Medical College Sukkur
- Gambat Institute of Medical Sciences Gambat, Khairpur

The JIMS management will have to actively explore such possibilities. In the service development plans mentioned in section 5 of this document, some specialties have been highlighted in which JIMS should invest for the future. In this way it can project to be a center of excellence in particular specialties on which it concentrates and let other specialized institutions e.g. SIUT cover the healthcare areas related to what JIMS is not doing.

Quality healthcare services entails provision of good customer services by all staff at JIMS which will encourage and perhaps increase return visits from the dears and nears ones of patients at JIMS. Good customer services and good patient experience will also contribute to increase in business and is considered to be a very good marketing tool. In addition to word of mouth, highlighting JIMS services through information communicated by JIMS management via local radio, cable television and other channels of communication will

definitely help JIMS obtain a sizeable share of the private healthcare business. However, this has to be backed by well-defined protocols to ensure patient satisfaction.

A detailed marketing plan has different components including a strategic plan, which is covered in this strategic business plan in broader terms, an operational marketing plan and a tactical plan. The tactical plan will be linked to the financial forecasts and targets and will be supported by the JIMS healthcare services sales plan.

## **Philanthropy**

An important portion of the funds requirement of JIMS has to be covered through Philanthropy s. The JIMS management must have a dedicated team working day and night on attracting philanthropic donations both in cash and kind. In order to leverage philanthropy, the JIMS management should immediately initiate a process to secure tax-exempt status from the Federal Board of Revenue.

A detailed operational plan has to be developed projecting every hospital service as a product and pitching it to donors for underwriting the costs for providing service to the underprivileged and indigent. In this regard the following are some strategic areas, which may be options to the donors to support JIMS:

- Donating cash for underwriting treatment costs
- Donating cash for buying equipment for improving diagnosis and treatment
- Donating cash for construction of facilities, these facilities may be named after the donor or his loved one(s)
- Donating medicines
- Undertaking construction of facilities in JIMS without giving any cash
- Donating equipment
- Taking responsibility for underwriting the total operations of a certain department in JIMS
- Naming the Accident and Emergency Department after a corporate donor who undertakes to underwrite all costs of this department for next 3 to 5 years. For example it can be named as “Coca Cola Accident and Emergency Department” or “Toyota Accident and Emergency Department”.

In addition to this, the team working on philanthropy should develop DVD's, brochures and other materials to create awareness and develop “Giving Programs” to attract all categories of donors.

## 12. Referral Network and Linkages

The health system should strive to work in a systematic manner according to the levels of care. In order to reduce unnecessary burden on the secondary and finally tertiary care health facilities, a proper referral network should be established where patients are properly referred to secondary and subsequently to tertiary care health facilities and proper feedback given by the advanced healthcare facilities to the primary care. Director Public Health who will be reporting to Director JIMS will develop this network. As also described in the service development plans in this document, there will be filter clinics in JIMS (managed by general duty medical officers) to deal with all the patients seeking treatment at JIMS until they have been referred by the primary or secondary health care facility for specialist consultation. Patients coming to JIMS without being referred will not be seen by the specialist doctor until the filter clinic staff has screened them.

Ideally, a hospital / health management information system should be developed with which all the primary and secondary care health facilities are connected with JIMS and similarly JIMS is connected with Shaheed Benazir Bhutto Medical University Hospital Larkana, Civil Hospital Sukkur, Gambat Institute of Medical Sciences Gambat or with other super specialty hospitals in Sindh or other parts of the country. Development of linkages with partner healthcare facilities at all levels of healthcare system is a must for efficient working of JIMS and for providing quality services to the patients. Last but not the least, a strong partnership with the teaching institutions and other partners to promote healthcare education, research and healthcare innovation and its rapid adoption into routine clinical practice is required. A proper referral system therefore needs to be developed and implemented in letter and spirit. Details of this can be seen in the JIMS operations manual. In case patients want to bypass this system and want to seek a specialist consultation, they may be allowed to do so through private services offered by JIMS through the system of Institutional practice. However, in any case a system of appointment with specialist doctors will be followed to make it work in a systematic manner and all such appointments will be made according to the mechanism devised by the management of JIMS or in light of the system described in the Operations Manual.

Only those patients in the accident and emergency department will be treated free. All other patients will either have to prove to the medical social welfare officer of JIMS that they are either Zakat deserving or need Baitul Mall support for free treatment.

## 13. Initialization Plan

### Highlights of the Initialization Plan

13.1. JIMS Director to be on board latest by December 2014 / January 2015

13.2 Handing Over of new JIMS building by March 2015

USAID will officially hand over JIMS new building (infrastructure including equipment's) to Secretary, Department of Health Government of Sindh and Director, JIMS on behalf of Board of Governors, JIMS by March 2015. A team constituted by Director JIMS will receive infrastructure details and inventories from USAID and get them verified through his team within February 2015.

13.3 All essentially required staff as advertised by department of health to be on board as JIMS staff by March 2015.

13.4 Equipment installation to be completed by March 2015

13.5 Furniture and fixtures to be placed and useable by March 2015

13.6 Bank Accounts of JIMS new block to be opened by February 2015

13.7 Supplementary grant of Rupees 200 million PKR to be received and deposited in JIMS account by February 2015

13.8 Filter clinics, Emergency triage area, specialized clinics and all other clinical and support service areas to be identified and designated with signage by March 2015

13.9 All available team members to be clear and should be well knowledgeable about JIMS Vision, core values and strategic objectives, service plans and other manuals and plans related to JIMS by February / March 2015.

<b>Sr.No</b>	<b>Type of Training / Orientation Sessions</b>	<b>Category of participants</b>	<b>Tentative Dates</b>
1	Orientation related to Vision, Core Values, Strategic Objectives and standard operating procedures	JIMS Board of Governors, Director JIMS and any other Managerial staff who is on board.	February / March 2015
2	Orientation related to Vision, Core Values, Strategic Objectives and training related to standard operating procedures	All Managerial staff and Clinical Heads	February / March 2015
3	Orientation related to Vision, Core Values, Strategic Objectives and training related to standard operating procedures	All other staff of JIMS	February / March 2015

13.10 All other staff recruitment started January / February 2015 to be completed by mid-March 2015 and staff to be on board as soon as possible.

13.11 All staff of JIMS to be clear about JIMS Vision, core values and strategic objectives and other standard operating procedures related to them by February / March 2015. The JIMS Operational Manual to be available by March 2015

- Induction training modules to be ready by end February 2015
- Induction trainings to be imparted to all staff members in mass trainings related
- To JIMS Vision, Core Values and Strategic Objectives every week in batches as staff is hired.
- Departmental orientations and trainings to be conducted during first week of
- Hiring of all staff.
- HR department as per their standard operating procedures will impart all induction and departmental orientations and trainings.

13.12 JIMS policy related to patients, to be communicated through various channels of communication to the general public in the catchments of JIMS by February / March 2015. Materials should be ready before the activity starts.

The Director / Deputy Director Public Health will be responsible for developing materials, getting them approved and implementing the communications program. The different media which can be used may include:

Cable TV advertisements, local radio announcements, posters affixed at prominent places, announcements etc.

- 13.13 Training on customer & Quality services to be given to all staff members including Director JIMS by the HR department by February / March 2015.
- 13.14 Proper Clinical waste segregation & management system with staff training modules to be available / in place by February or early March 2015.
- 13.15 Proper sterilization and infection control system to be in place and functional by February / March 2015
- 13.16 Mock trails of service provision to be started with initialization of Out-patient clinics in the third week of March 2015.
- 13.17 Outsourcing of Lab services for tests not being performed at JIMS to be finalized by end of February 2015.
- 13.18 Tactical and operational marketing plan in light of generic Sales Plan given in this strategic business plan to be available and work started on that by end of March 2015.
- 13.19 Preparation of PC-1 for Private Rooms, Diagnostic block and extension of Accident and Emergency Department to be started in February 2015, submitted by April 2015 and approved by June 2015

This is elaborated as follows considering realistic but fast pace actions:

- Identification of funding sources. Preferably extra budgetary support with approval of Chief Minister Sindh by February 2015.
- PC-1 preparation and approval by May / June 2015.
- Execution of works by July 2015.
- Availability of private rooms, Diagnostic block and extended Accident and Emergency department ( Option will be explored to have 10 private rooms functional by January 2016 and rest rooms by June 2016, the Diagnostic block which will have spaces available for CT, MRI, X-Ray plants, ultrasound machines , Dexa Scan etc. may also be available by June 2016. Until the expanded Accident and Emergency department is available, some other area may be redesignated and made part of large accident and emergency).

13.20 All committees to be constituted by the Board and functional by February / March 2015

The Board members will also be given orientation on all trainings related to vision, core values, strategic objectives and hospital systems as per timeline mentioned above.

13.21 Patient feedback to be started during mock trials and regular quality assurance meetings to be started in March / April 2015

13.22 Hospital Management Information System to be procured and installed by March 2015 and all staff given training before start of mock trials of out- patient clinics

13.23 In patient services to commence on a date decided by Director JIMS.

13.24 Outsourcing of Private Pharmacy, Car / Cycle stand / Cafe to be completed by March 2015 after vetting by JIMS lawyer.

13.25 All milestones related to the Education and Research Roadmap to be achieved. Salient features include; 1) JIMS medical education department to be established and functional by April 2015; 2) JIMS Medical Research Journal's declaration to be taken by March 2015; 3) JIMS research cell to be established and functional by April 2015; 4) Work up on house job recognition by Pakistan Medical and Dental Council to be started by April 2015; 5) Letters of intent for affiliation with universities to be sent by April 2015; 6) Registration forms for supervisors workshops to be submitted to College of Physicians and Surgeons Pakistan for eligible consultants employed by JIMS by July 2015; 7) Formalities for initiation of the JIMS research journal to be completed by June 2015 and publication of first journal to be undertaken.

13.26 All JIMS systems to be in place and fully functional by June 2015

## **14. Annexures**

- Annex 1** PMDC Performa for inspection of hospitals for approval of house job
- Annex 2** College of Physicians and Surgeons Pakistan specialty accreditation form for FCPS and MCPS training
- Annex 3** College of Physicians and Surgeons Pakistan Abstract Form for accreditation of Institution
- Annex 4** College of Physicians and Surgeons Pakistan guide to accreditation of training programs
- Annex 5** College of Physicians and Surgeons Pakistan supervisors workshop fee schedule
- Annex 6** College of Physicians and Surgeons Pakistan workshop registration form for supervisors
- Annex 7** Pakistan Medical and dental Council program information form for recognition of institutions for post graduate training and education
- Annex 8** Pakistan Medical and Dental Council application for facility registration
- Annex 9** Pakistan Medical and dental Council guidelines for opening of post graduate teaching institution
- Annex 10** Important performance data collected hospitals and forwarded to the government
- Annex 11** Diagrams and tables related to audit
- Annex 12** Information gathered during market analysis / market assessment
- Annex 13** Basis of Financial Plan
- Annex 14** Risks, Mitigation, Intended Impact, Person Responsible and Time Scale for Applying Mitigation if Risks Materialize
- Annex 15** Details of Reports related to Governance
- Annex 16** SWOT analysis of JIMS
- Annex 17** Assumptions on which the Long Term Financial Plan is based
- Annex 18** Committees to be constituted by the Board of Governors

