



**World Health  
Organization**

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**Regional Office for the Eastern Mediterranean**

**ASSESSMENT REPORT FOR Indus HOSPITAL  
MINISTRY OF HEALTH Sindh, Pakistan**

***Patient Safety Friendly Hospital***

***Initiative February 2020***

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## **1.0 Background**

The Patient Safety Friendly Hospital Initiative was developed in Eastern Mediterranean Region of WHO following the results of a study in six countries of EMRO to assess the prevalence of adverse events in developing countries showed that up to 18% of hospital admissions were associated with patient harm that was the result of medical interventions. Moreover, these adverse events were associated with a high rate of serious harm such as death and permanent disability.

The Patient Safety Friendly Hospital Initiative (PSFHI) is aimed at enhancing the visibility and implementation of patient safety practices in health care facilities. The initiative provides a framework through which hospitals can deliver safer patient care. The framework comprises of a comprehensive set of standards and an assessment methodology that specifically target patient safety. The standards were initially developed in 2011 by a group of international experts and are based on research and best practice. The standards were revised in 2017. The focus of PSFHI is twofold, one to assess hospitals from a patient safety perspective and two to build the capacity of staff in patient safety.

The PSFH standards are composed of five domains that include 139 standards covering the whole spectrum of healthcare. The domains are: leadership and management, patients and public Involvement, save evidence-based clinical practice, safe environment and lifelong learning. They were specifically developed to suit the wide diversity of demographics and health care systems that occupy the EMRO.

On the request of His Excellency the federal Minister of Health for Pakistan, WHO was providing technical support to address quality of care in Pakistan, using patient safety as a critical entry point. Specifically, this included support to roll out the WHO Patient Safety Friendly Hospital Initiative (PSFHI) in 20 selected hospitals across Pakistan and develop a National Quality Policy and Strategy (NQPS). This follows several recent high-profile incidents in which poor quality was cited, including the outbreak of HIV in Larkana, Sindh Province.

There is broad support among health leaders, hospitals and health providers for a renewed effort to improve quality of care, including patient safety. Pakistan has some important foundations to build on, for example the significant expertise and experience within certain hospitals and academic institutions, and the impressive work of the newly-formed provincial Health Care Commissions. Provincial department of health and facility health leadership have recognized the value of in NQPS followed by provincial strategic framework on quality and patient safety. There is a current absence of baseline data on the scope of the problem on quality and patient safety, specifically on priorities, gaps, challenges and the current state of quality. Infection prevention and control remains a challenge. For example, there is substantial room for improvement in essential infrastructure, knowledge and practices, covering the eight core components in infection prevention and control.

## **1.1 Aim**

The main objective of this consultancy was to conduct the final assessment of the two hospitals: Indus hospital and Tabba hospital Karachi; enrolled in the PSFHI and provide recommendations for quality and patients safety improvement as per the PFHI standards and conduct the assessment as training opportunity for representatives of other selected hospitals across Pakistan.

The mission was led by EMRO to support the Ministry of Health in Sindh to conduct 2 PSFH surveys and train 20 surveyors. Specifically to provide the surveyors with the required skills and knowledge to assess hospitals compliance to PSFH. It is anticipated that building capacity within the MOH to implement patient safety solutions, by a train the trainer approach.

## **1.2 Terms of reference**

The proposed terms of reference for the mission were to:

- Provide training and guidance on the assessment of two hospitals as well as drafting & reviewing the assessment agenda for each hospital
- Provide technical advice to the assessment of the two hospitals
- Draft and review the assessment agenda for each hospital
- Visit and assess the two hospitals against the Patient Safety Assessment Manual standards (2<sup>nd</sup> Edt)
- Present an overview about the PSFHI to the leadership of the hospital
- Conduct the final assessment of the 20 critical standards, on each hospital through documents review, observation and staff interview
- Analyze the results of the assessment and identify opportunities for improvement in patient safety
- Organize a debriefing session with the local team for feedback on the assessment results and recommend actions to improve the compliance with the set standards
- Submit a joint report for each hospital after the assessment, including background information on the hospital, the methodology used for the assessment, the detailed findings and the consultant's recommendations for improvement.

## **2.0 Methodology**

The mission team visited Karachi, Sindh Province, Pakistan from 23- 29 February 2020. The first stage of the mission comprised of 90 minute classroom session repeated on day 3 for the second group of participants, see Appendix 1. The focus of the classroom session was to recap on the 3 days training already received by the participants and to include instruction on external evaluation assessment methodologies, of observation, interview skills and observation. Then to triangulate the data in order to assess hospitals against PSFH standards and provide a useful report with recommendations.

## **2.1 Team members:**

The team comprised of two members of the WHO Country Office, Pakistan and two International patient safety experts.

## WHO Country Office, Pakistan

Dr. Zulfiqar Khan  
Afifa Munawar

## International WHO patient safety experts

Dr. Aniroda Broomand  
Triona Fortune

The 21 course participants included representatives from the Ministry of Health and private hospitals of Sindh Province, Pakistan (see Appendix 2).

The second stage of the mission involved a 2 day PSFH assessment of two different hospitals in Karachi. The participants were divided into two groups for this part of the mission, split between Indus Hospital (Appendix 2) and Tabba Hospital (Appendix 3). As this mission was only for 5 days to include training and assessment, it was only possible to use the 20 critical standards.

### **3.0 Main findings**

#### **3.1 Hospital in brief, Indus Hospital (supplied by Indus Hospital, to be clarified).**

##### **List the types of medical services provided by the hospital:**

Anesthesia & Pain Management, Cardiology, Critical Care, Dermatology, Diabetes & Endocrinology, Emergency Medicine, Gastroenterology, General Surgery, Hematology, Infectious Disease, Internal Medicine. Nephrology, Nursing, Obstetrics & Gynecology, Ophthalmology/ Eye, Orthopedics, Otorhinolaryngology/ ENT, Plastics & Reconstructive surgery, Pathology, Pharmacy Services, Pulmonology, Pediatric Critical Care, Pediatric Cardiology, Pediatric Gastroenterology, Pediatric General Surgery, Pediatric Intensive care unit, Pediatric Medicine, Pediatric Nephrology, Pediatric Oncology, Pediatric Urology, Radiology, Urology, Infection Control, Operation Theater, Physiotherapy & Rehabilitation center.

##### **Some statistics:**

- Number of inpatient beds (currently in operation): 319 Bedded
- Average daily inpatient census: 176.12
- Annual ambulatory/outpatient visits: 18211 (Average)
- Annual emergency room visits s: 15234 (Average)

##### **List the top five medical discharge diagnoses and the top five surgical procedures performed:**

###### **Top five medical diagnoses –Inpatient (November 2019)**

1. Fractures- 77
2. Calculus of kidney, ureter & bladder- 75
3. Febrile neutropenia- 69

4. Coronary atherosclerosis of native coronary artery- 47
5. Dengue- 44

**Top five medical diagnoses –Outpatient (November 2019)**

1. Cataract- 93
2. Hernias- 32
3. Coronary atherosclerosis of native coronary artery- 28
4. Routine or ritual circumcision- 19
5. Keloid scar- 17

**Top five surgical procedures –Inpatient (November 2019)**

1. Other manually assisted delivery- 184
2. Low cervical cesarean section- 176
3. Open reduction of fracture with internal fixation- 45
4. Percutaneous transluminal coronary angioplasty [PTCA]- 45
5. Left heart cardiac catheterization- 27

**Top five surgical procedures – Daycare (November 2019)**

1. Phacoemulsification and aspiration of cataract- 84
2. Left heart cardiac catheterization- 34
3. Hernia repair- 31
4. Circumcision- 20
5. Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue- 16

**List nonmedical services that support the hospital:**

Administration, Biomedical, Health informatics, Housekeeping, Human resource, Laundry, Maintenance, Clinical Affairs Department, Electronic Medical Record, Nutrition & food services, patient welfare, Quality improvement and patient safety, Procurement, Receptions and Bed Management, Security & safety, Stores, Transport, Central Sterile Services Department, Communication & Resource Department, Finance.

**List any contracted (outsourced) services:**

Maintenance, Biomedical, Health informatics, IHBC, Pediatrics, Transport, Security, Laboratory, Veterinary Services, Dialysis, Lithotripsy, Generators and UPS, Chillers, Information Technology, Lift, Cath Lab Angiography System

**Do you operate ambulances? Yes.**

**3.2 Patient Safety Friendly Hospital Initiative in Indus**

Indus is a not for profit hospital with a mission to treat everyone that presents. It provides a wide variety of services within a building that is no longer fit for purpose. All staff interviewed described Indus as an employer of choice and its HR department and retention data validated this. Indus depends on charitable donations and has a very active Board that delivers on this business module. Charitable donations have funded and continue to support state of the art equipment.

As per assessment Indus hospital fulfilled the minimum mandatory requirements of PSFHI 20 critical standards. However; following strengths and opportunities have been identified to make further improvement.

### **3.3 Strengths and Opportunities**

#### **Strengths.**

- The dedicated staff are Indus's greatest asset.
- The quality and patient safety team. This team is led by a person who has been trained externally and is well qualified for the job.
- The availability and quality of the equipment.
- The human resource department and policies, especially the credentialing and privileging for medical doctors.
- The system for cleaning the hospital was well organised and executed. Several cleaners were interviewed and all had three bottles of solution, clearly labelled. Cleaning staff knew what solution to use when cleaning a bed versus contaminated equipment.
- The treatment provided in the emergency department is both a strength and an opportunity for improvement. Best practice for the Manchester Triage protocol is, initial assessment and triage within 15 minutes of presentation. Due to the open accessibility of the emergency department triage times can exceed 2 hours. This is acknowledged by the ED team and every method is used to mitigate the risk.

#### **Opportunities for improvement.**

- Link the patient safety action plan to a long-term strategic plan. This could include the entire Indus Network.
- While the Chief Operating Officer leads executive walk arounds these were not formalised. There was confusion and very little feed back at the clinical level as to the focus of this process.
- The type of data provided from the monthly morbidity and mortality reviews needs to be correlated. This will provide more robust data and identify areas that need to be addressed in medical education and training.
- Formalise the process for an early warning system to detect clinical deterioration for the whole hospital.

- While lifesaving medication is available, due to the expense, pre drawn up syringes are not used. Consider providing adrenaline 1:10, for emergency crash carts.
- Informed consent presented a challenge due to the literacy of the population being treated and duplication at ward and theatre level. There was confusion as to what medical personnel should inform the patient and at what stage. The consultant in charge should be responsible for consent which should be signed before the patient enters the operations theatre. A consent policy at the provincial level could be consider for Sindh.
- Only 2 types of plastic bags were available for waste. Clinical waste was not distinguished from infected laundry. This poses a treat to the laundry staff and an infection control issue for the patients, staff and visitors. A waste management policy could be considered at the provincial level for Sindh.
- Patient identification is a challenge as family names are common and date of birth is not always known. At present the patient hospital number is used. It is suggested that identifications should be known by the patient and not be dependent on a card.
- There is extensive construction going on both within the main hospital building and externally. There is no measures in place to control the dust which is an infection control issue.
- Sharps containers should be available at all points of care.

#### **4.0 Recommendations**

##### **Short term**

Conduct a self-assessment to the 139 PSFH standards. Prioritising the recommendations above.

##### **Long term**

Develop a 3 – 5 year strategy for the entire Indus Network that includes patient safety.

#### **5.0 Conclusion**

Indus Hospital has started on a quality improvement journey as it enters EMRO’s Patient Safety Friendly Hospital Initiative by fulfilling the minimum mandatory requirements of PSFHI 20 critical standards. It is encouraged to continue to be motivated despite the challenges of environmental and capacity constraints. The staff are the hospitals and the patients greatest asset. The next step should be a more robust self- assessment to PSFH standards with a realistic action plan to follow. The learnings in Karachi can be replicated to the other Indus projects and fellow PSFH experts.



## **Appendix 1**

### **Group 1-Indus Hospital:** Representative from;

1. Punjab Employees Social Security Hospital Islamabad
2. Cardiology Unit PIMS Islamabad
3. Polyclinic Hospital Islamabad
4. Federal General Hospital
5. Ayub Teaching Hospital Abbottabad
6. Mardan Medical Complex
7. Bacha Khan Hospital Swabi
8. Civil hospital Quetta
9. DHQ hospital Khuzdar
10. DHQ teaching hospital Loralai

### **Group 2 – Tabba Hospital:** Representative from;

1. JPMC Karachi
2. Chandka Hospital Larkana
3. LUMHS Jamshoro
4. Tabba Heart Hospital Karachi
5. Govt Shahbaz Sharif DHQ Hospital Multan
6. DHQ Teaching Hospital DG Khan
7. Manawan Hospital Lahore
8. Lady Willingdon hospital Lahore
9. Mian Munshi Hospital Lahore
10. Sir Ganga Ram hospital Lahore
11. Representatives from provincial health department Lahore

## Appendix 2 Indus Hospital Agenda



### **Provincial Health Department Sindh, Ministry of National Health Services Regulations & Coordination in Collaboration with World Health Organization**

***External Assessor Mission for Patient Safety Friendly Hospital Initiative for Indus Hospital & Tabba Heart Institute Karachi Pakistan  
24 – 28 February 2020***

### **INDUS HOSPITAL AGENDA**

<b>Time</b>	<b>Activity</b>
<b><u>February 24 Monday</u></b>	
14.00 – 15.00	Meeting with QA team
15.00– 16.00	Documentation review Triona (+ 6 trainees) Domain A,B &E Ani (+6 trainees) Domain C & D
16.30-17.00	Brief tour of hospital
<b><u>February 25 Tuesday</u></b>	

08.30 – 9.30	Complete Documentation review Triona (+ 6 trainees) Domain A,B&E Ani (+6 trainees) Domain C&D  Decide on areas for clarification	
	<b>Activity</b>	<b>Activity</b>
09.30 – 10.15  Need 2 meeting rooms	<b><u>Triona</u></b> Interview with hospital leadership focusing on Domain A.  Any / all members of hospital senior management team (senior nurse, senior administrator, medical director) who can answer questions regarding Domain A.	<b><u>Ani</u></b> Interview with environmental safety team focusing on Domain D.  Members could include engineer, fire safety officer, infection control, waste manager, patient safety officer, head of maintenance, head of purchasing.
10.15 – 10.45	Coffee and surveyor debrief	
10.45 – 12.15  Tours of departments combined with interviews.	<b><u>Ani</u></b>  Safety tour of hospital focusing on Domain D. If possible, cover Waste Storage & Laundry	<b><u>Triona</u></b>  Laboratory & Blood Bank X-ray
12.15 -13.00	Lunch Surveyors team meeting, identifying issues and any clarifications required.	
13.00 – 15.00  Tours of departments combined with interviews.	<b><u>Triona</u></b>  Emergency Department / Ambulance General Surgical ward & Patient. Obs & Gynae OPD & Consultant interview	<b><u>Ani</u></b>  Critical care Paediatric Cardiology PICU Internal Medicine Ward & Patient
15.00 – 15.30	Coffee & surveyor meeting	
15.30 – 17.00  Concurrent interviews 2 meeting rooms required.	<b><u>Ani Interviews (30 minutes each)</u></b>  1. Infection Control manager. 2. Medical / Clinical Director. 3. Risk Manager	<b><u>Triona Interviews (30 minutes each)</u></b>  1. Director of Nursing 2. HR Manager. 3. Patient Advocacy Officer

<b><u>February 26 Wednesday</u></b>		
08.30 -09.00	Surveyors team meeting (identifying missing gaps for assessment and any clarifications).	
09.00 – 11.00  Tours of departments combined with interviews.	<b><u>Ani</u></b>  Theatre. CSSD. Kitchen & Dietician. Pharmacy	<b><u>Triona</u></b>  Delivery & Neonates Medical Records & Manager. Bioengineering Dept
11.15-12.00	Coffee Surveyors to discuss feedback to Hospital	
12.00 – 12.30	Debriefing meeting with CEO, Quality Assurance Team Indus Hospital Karachi  Consultants, WHO Team & Observers	

**Appendix 3**

**Provincial Health Department Sindh, Ministry of National Health Services Regulations & Coordination in Collaboration with World Health Organization**

*External Assessor Mission for Patient Safety Friendly Hospital Initiative for Tabba Heart Institute  
Karachi Pakistan  
26 – 28 February 2020*

**TABBA HOSPITAL AGENDA**

Group 2 Surveyors

<b><u>February 26 Wednesday</u></b>					
<b>Time</b>	<b>Activity</b>				
14.00- 14.	Recitation of Versus of Holly Quran				
14.10 –14.25	Introductions				
14.25 = 14.35	Dr Zulfiqar Objectives of Mission				
14.35 - 14.45	Tabba Hospital Introduction – PPT by Medical Director				
14.45- 16.00	Surveyor Training				
16.30-17.00	Brief tour of hospital				
<b><u>February 27 Thursday</u></b>					
09.00 – 10.00	Complete Documentation review Triona (+ 6 trainees) Domain A, B&E Ani (+6 trainees) Domain C&D Decide on areas for clarification				
<b>Activity</b>					
10.00 10.45 Need 2 meeting rooms	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ADD8E6;"><b><u>Triona</u></b></th> <th style="background-color: #ADD8E6;"><b><u>Ani</u></b></th> </tr> </thead> <tbody> <tr> <td>Interview with hospital leadership focusing on Domain A. Any / all members of hospital senior management team (Patient Safety Officer,</td> <td>Interview with environmental safety team focusing on Domain D.</td> </tr> </tbody> </table>	<b><u>Triona</u></b>	<b><u>Ani</u></b>	Interview with hospital leadership focusing on Domain A. Any / all members of hospital senior management team (Patient Safety Officer,	Interview with environmental safety team focusing on Domain D.
<b><u>Triona</u></b>	<b><u>Ani</u></b>				
Interview with hospital leadership focusing on Domain A. Any / all members of hospital senior management team (Patient Safety Officer,	Interview with environmental safety team focusing on Domain D.				

	senior nurse, senior administrator, medical director) who can answer questions regarding Domain A.	Members could include engineer, fire safety officer, infection control, waste manager, patient safety officer, head of maintenance, head of purchasing.
10.45 – 11.15	Coffee and surveyor debrief	
11.15 – 12.15 Tours of departments combined with interviews.	<b><u>Triona</u></b> Safety tour of hospital focusing on Domain D. If possible, cover Waste Storage & Laundry	<b><u>Ani</u></b> Cardiac Services, CCU, Cath Lab etc
12.15 -13.00	Lunch Surveyors team meeting, identifying issues and any clarifications required.	
13.00 – 14.00  Tours of departments combined with interviews.	<b><u>Ani</u></b>  Emergency Department / Ambulance General Neurology ward & Patient. Sharps Management	<b><u>Triona</u></b>  Theatre & CSSD
14.00 – 15.00	Coffee & surveyor meeting	
15.00 – 17.00  Concurrent interviews 2 meeting rooms required.	<b><u>Ani Interviews (30 minutes each)</u></b>  4. Infection Control manager. 5. Medical / Clinical Director. 6. Risk Manager / Patient Safety Officer	<b><u>Triona Interviews (30 minutes each)</u></b>  4. Director of Nursing 5. HR Manager. 6. Patient Advocacy Officer
<b><u>February 28 Friday</u></b>		
09.00 -09.30	Surveyors team meeting (identifying missing gaps for assessment and any clarifications).	
09.30 – 11.00 Tours of departments combined with interviews.	<b><u>Ani</u></b>  Kitchen & Dietician. Pharmacy Medication Management	<b><u>Triona</u></b>  Medical Records & Manager. Bioengineering Dept

11.30-12.30	Coffee Surveyors to discuss feedback to Hospital
12.30 – 13.00	Debriefing meeting with CEO, Quality Assurance Team Indus Hospital Karachi Consultants, WHO Team & Observers