



**World Health  
Organization**

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**Regional Office for the Eastern Mediterranean**

**ASSESSMENT REPORT FOR Tabba 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> Ed)
- 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, Tabba Hospital.**

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

Echocardiography, Holter Monitoring, CT Scan, Doppler Ultrasound, Out Patient Clinics, Cardiothoracic Surgery, Catheterization Laboratory, Clinical Laboratory, Anesthesia & Pain Management, Cardiology, Critical Care, Emergency Medicine, Nursing, Pharmacy Services, Radiology, Infection Control, Physiotherapy & Rehabilitation center.

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

- Number of inpatient beds (currently in operation): 170 Bedded
- Average daily inpatient census:
- Annual ambulatory/outpatient visits: 100,000 (Average)
- Annual emergency room visits (Average)

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

###### **Top five medical diagnoses –Inpatient**

1. Abnormal Heart Rhythms (Arrhythmias)
2. Coronary Atherosclerosis of Native Coronary Artery
3. Heart Failure
4. Cardiomyopathy
5. Heart Valve Disease

###### **Top five medical diagnoses –Outpatient**

1. Coronary Artery Disease
2. Ischemic Heart Disease
3. Pericardial Diseases
4. Cardiomyopathies
5. Dysrhythmias

#### **Top five surgical procedures –Inpatient**

1. PCI
2. CAG
3. CABG
4. Electrophysiologic Studies
5. Embedding Pacemaker

#### **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, Transport, Security, Laboratory

**Do you operate ambulances? Yes.**

### **3.2 Patient Safety Friendly Hospital Initiative in Tabba**

Tabba is a not for profit hospital with a mission to offer a spectrum of high-tech cardiac treatment and post-operative care. It provides a wide variety of cardiology services within a building that is constructed on an area of 6800 sq. yard situated in a most densely populated area of Karachi. All staff interviewed described Tabba as an employer of choice and its HR department and retention data validated this.

### **3.3 Strengths and Opportunities**

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

#### **Strengths.**

- The availability of qualified professionals
- The modern architecture of the building

- The dedicated & qualified staff are Tabba's greatest asset.
- Adequate physical space and medical equipment and qualified professionals in the emergency department

### **Opportunities for improvement.**

- The action plan for patient safety should include all the necessary details, including the approximate time of completion of each activity, the person responsible for each activity, the indicators to measure the progress of the work, and should be reviewed at regular intervals.
- Compliance measurements should be conducted in accordance with the scientific method and identify areas that need improvement or further focus.
- After conducting patient safety executive walk-rounds, feedback must send to staff that suggests improvement or identifies an opportunity for improvement.
- Process to identify and maintain essential functioning equipment according to services offered and patient needs should be revised and the opinions of the relevant experts must be taken into account.
- 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 1:10000, for emergency crash carts.
- Informed consent presented a challenge. During our assessment, only pre-printed forms were observed. In addition to the fact that observed informed consent forms could not be generalized to all patients with the same disease, they often lacked the necessary elements of informed consent. 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 threat 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 medical record number is used. It is suggested that identifications should be known by the patient and not be dependent on a card.
- Sharps containers should be available at all points of care.

- The space in the CSSD is at a minimum. The Ethylene Oxide steriliser is housed in a room which is too small. Extra cylinders and other equipment are also stored in this room. Alternative arrangements should be provided.

#### **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 Tabba that includes patient safety.

Consider focusing on the PSFH before an accreditation programme is considered.

#### **5.0 Conclusion**

Tabba 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 all the challenges. The next step should be a more robust self- assessment to PSFH standards with a realistic action plan to follow. The learnings in Tabba can be replicated to the other healthcare facilities 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

Time	<u>February 24 Monday</u>	
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	
<u>February 25 Tuesday</u>		
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	<b><u>Triona</u></b> Interview with hospital leadership focusing on Domain A.	<b><u>Ani</u></b>

Need 2 meeting rooms	Any / all members of hospital senior management team (senior nurse, senior administrator, medical director) who can answer questions regarding Domain A.	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.	<u><b>Ani</b></u>  Theatre. CSSD. Kitchen & Dietician. Pharmacy	<u><b>Triona</b></u>  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, senior nurse, senior administrator, medical director) who can answer questions regarding Domain A.</td> <td>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.</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, senior nurse, senior administrator, medical director) who can answer questions regarding Domain A.	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.
<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, senior nurse, senior administrator, medical director) who can answer questions regarding Domain A.	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.				
10.45 – 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	

