

ANNEXES

ANNEX. A: Draft PHC Patient Charter**DRAFT PHC CHARTER FOR PATIENTS & OTHERS****(To be Finalized by the PHC)****Part A: Rights of Patients and Others**

A patient/client or his carer, as the case may be, or any other person to whom healthcare services are being rendered, shall have a right to:

1. Health, well-being and safety;
2. Easy access to registration/help desk to get registered and be guided to the respective services as per requirement.
3. Special arrangements for elderly people and disabled to have easy access to required health services;
4. Be attended to, treated and cared for with due skill, and in a professional manner for the highest attainable standard of health in complete consonance with the principles of medical ethics;
5. Be made aware of the full identity and professional status of the Healthcare Service Provider(s) and other staff providing services;
6. Be given information to make informed choices about his healthcare and treatment options and/or to give informed consent, in terms and in a language that he understands;
7. Seek second opinion when making decisions about his healthcare, and may be assisted by the Healthcare Establishment/healthcare service provider in this regard;
8. Accept or refuse any treatment, examination, test or screening procedure that is advised to him, exceptions being in cases of emergencies and/or mental incapacity in accordance with the relevant law;
9. Personal health information to be kept secure and confidential;

10. Access his own medical records, including but not limited to, comprehensive medical history, examination(s), investigation(s) and treatment along with the progress notes, and obtain copies thereof;
11. Not to be discriminated against because of age, disability, gender¹, marriage, pregnancy, maternity, race, religion, cultural beliefs, colour, caste and/or creed;
12. Expect that any care and/or treatment being received is provided by duly qualified and experienced staff;
13. Expect that the healthcare service provider or the Healthcare Establishment, as the case may be, has the capacity and required necessary equipment in order and working condition, for rendering the requisite services, including but not limited to treatment;
14. Receive emergency healthcare, unconditionally. However, once the emergency has been dealt with, he may be discharged or referred to another Healthcare Establishment [emergency requiring healthcare, is a situation threatening immediate danger to life² or severe irreversible disability, if healthcare is not provided urgently];
15. Be treated with respect, empathy and dignity irrespective of age, disability, gender, marriage, pregnancy, maternity, race, religion, socio-economic status, cultural beliefs, colour, caste and/or creed;
16. Be treated in privacy and with dignity, and have his religious and cultural beliefs respected throughout the duration of care, including but not limited to, taking history, examination or adopting any other course of action;
17. Be made aware of procedures for complaints and resolution of disputes and conflicts;
18. File a written complaint to the concerned healthcare service provider, official of the Healthcare Establishment or such other organization/person, as the case may be and be associated throughout the progress of the complaint and its outcome;
19. Seek compensation if he has been harmed by, including but not limited to maladministration, malpractice, negligent treatment, or failure on the part of a healthcare service provider or any staff/employee or others rendering services at the Healthcare Establishment;
20. Be informed and to refuse to participate in research, or any project dealing with his disease, care and treatment;
21. Be accompanied by a family member or carer, as the case may be, particularly in cases of children, females, elderly and disabled. The healthcare service provider and/or the

Healthcare Establishment, as the case may be, are to ensure that in cases of children and females in the immediate post anesthesia phase, a female staff shall be present until a family member or carer can join the patient/client;

22. Expect that the Healthcare service provider, the Healthcare Establishment, and/or such other person rendering similar services, as the case may be, shall not misuse nor abuse their fiduciary position vis-à-vis him or his carer(s) or family members, as the case may be, for undue favour(s) including but not limited to sexual favour(s) or any other undue or uncalled for reward or privileges in terms of professional fee or gifts etc;
23. Be informed as early as possible regarding cancellation and/or postponement of any appointment, surgery, procedure, treatment or meeting, as the case may be;
24. Be made aware of the costs, fee and/or expenses, prior to the consultation, treatment or other services, and/or operation/procedure, as the case may be, and receive payment receipt(s) for the same;
25. Be given written instructions regarding his treatment, including instructions at the time of discharge;
26. Examine and receive an explanation for the bill(s) regardless of the source of payment;
27. End of life care³;

Nothing in this Charter prevents any organization/healthcare service provider/Healthcare Establishment from recognizing additional rights of the Patient/Client and/or the carer, as the case may be. The purpose of this Charter is to inculcate and invigorate in the community the understanding and recognition of the fact that health, care and/or treatment is a right of an individual even when he is unborn and the same continues from his cradle to coffin.

This document will be reviewed annually or earlier, as deemed appropriate by the Punjab Healthcare Commission, in view of its experiences, through a consultative process involving patients, former patients, family members, related professionals, staff and other stakeholder groups.

Explanatory Notes

1. Gender includes male, female, transgender and intersex individuals.
2. Life, in the context of mental emergency, includes those of others.

	treatment purpose?		
5	Reasons for non-satisfaction	1. Procedures are painful 2. Culturally not acceptable 3. Past experience not good 4. Other (specify) _____ _____	
6	Are you satisfied with the environment of the health facility?	Yes	No
7	Reasons for non-satisfaction	1. Unhygienic 2. No separate facility for females regarding a). Waiting area b). Toilet c). Examination space 3. Other (specify) _____	

3. End of Life Care includes healthcare, not only of patients in the final hours or days of their lives, but more broadly, care of all those with terminal illness or terminal condition that has become advanced, progressive and incurable. Accordingly, it may so happen that no treatment may be advisable and or given but the care should continue, keeping in view the ethics of the profession.

DRAFT

Part B: Responsibilities of Patients and Others

The patient/client or carer, as the case may be, is responsible to the Healthcare Establishment, its staff or the Healthcare Service Provider for: -

1. Providing, accurate and complete information, to the best of his knowledge, regarding medical history, including but not limited to, present medical condition and complaints, medications, allergies and special needs, past illnesses, prior hospitalizations etc., as is required;
2. Reporting unexpected changes in his condition;
3. Adhering to the treatment plan prescribed to him;
4. Keeping appointments and when he is going to be late or is unable to do so for any reason, notify the concerned about the same, as soon as possible;
5. Taking responsibility for his actions if he refuses treatment or does not follow the given instructions;
6. Ensuring that the financial obligations of his care are fulfilled as promptly as possible;
7. Following the Healthcare Facilities' Rules and Regulations relating to patient care and conduct of others, including carers and or visitors;
8. Behaving in a courteous and polite manner which is non-threatening;
9. Refraining from conducting any illegal activity while he is at their premises;
10. Informing of any change of address and other requisite information.

ANNEX. B: Format of Client Satisfaction Proforma**CLIENT SATISFACTION PROFORMA**

Name of Hospital _____

Unit/Ward/OPD _____

Patient Name _____

Dated _____

Sr. #	Questions	Response	
		Yes	No
1	Are you satisfied with the health services available and behaviour of Health Care Providers at _____ Hospital?		
2	If YES, how? (You can circle more than one response and write below)	1. Complete information provided. 2. No physical complication at the time of service. 3. Services available when needed. 4. Medicines available. 5. Services are not costly. 6. Convenient to reach the facility. 7. Staff is courteous. 8. Relevant staff is available. 9. Female staff is available. 10. I recovered after treatment. 11. Other (specify) _____	
3	If NO, why? (You can circle more than one	1. Issues of confidentiality.	

response and write below)

2. Issues of privacy.
3. Lack of attention.
4. Inadequate information provided.
5. Physical complication at the time of service.
6. I was asked to come another time.
7. Medicines not available.
8. Medicines are costly.
9. Services are costly.
10. The facility is too far away from my home.
11. Waiting time is too long.
12. Staff is discourteous/Unsatisfactory behavior.
13. Staff is not competent.
14. Relevant staff NOT available.
15. Female staff NOT available/Gender difference.
16. I suffered from side effects of the treatment.
17. Language barrier in communication with HCP.
18. Other
(specify) _____

4 Are you satisfied with the techniques used by care providers for diagnosis and

Yes

No

5.2 Registration

5.2.1 A number of Complaint Registers shall be maintained by each HCE, one of which shall be available at istaqbaliah/help desk/reception, round the clock.

5.2.2. Each Complaint Register shall have:

5.2.2.1 A 3" X 4" white chit pasted on the cover page with the following:

Complaint Register No (*Register No./Total number of Complaint Registers*)

Opened on: (*Mention date as XX-XX-XXXX*)

5.2.2.2 The following certificate on the inner side of the cover page:

"It is certified that this register contains ____ pages; each page has been numbered (at the top centre), stamped with the HCE seal (at top right corner) and initialled by me."

Date: XX-XX-XXXX

(Signature and Name of Authorized Person)

5.2.2.3 The following page format:

1	2	3	4	5	6	7	8	9	10
S/N o	Date	Complainant's Name	CNIC No.	Contact No.	Address	Detail of the Complaint	Signature/thumb impression of the complainant	Date seen & Signature Manager	Date seen & Signature Chief Executive

Column 2-8 shall either be filled by the complainant or someone else (whom the complainant trusts) on his/her behalf.

5.2.3 Every written or verbal complaint directly made to the HCE/Authorized Person shall be entered in the register within 24 hours.

5.3 roessing

5.3.1 A Complaint Processing Register shall be maintained by each HCE.

5.3.2. The Complaint Processing Register shall have:

5.3.2.1 A 3" X 4" white chit pasted on the cover page with the following:

ompaint roessing egister

Opened on: *(Mention date as XX-XX-XXXX)*

5.3.2.2 The following certificate on the inner side of the cover page:

"It is certified that this register contains _____ pages; each page has been numbered (at the top centre), stamped with HCE seal (at top right corner) and initialled by me."

Date: XX-XX-XXXX (Signature and Name of Authorized Person)

5.3.2.3 The following page format:

1	2	3	4	5	6	7	8	9	10	11
S/ No	Complainant's Name	Contact No.	Descrip- tion of the Complaint	Priority	Detail of the Investi- gation	Date(s) Complain- ant contacted	Outcome	Date Complain- ant informed	Quality improvement Policy or Procedure Change	Signature

5.3.3 S/No. of the complaint shall be the same on both the registers.

5.3.4 Enter important points of the complaint in the register. Take notice of allegations and requests made.

5.3.5 Assign priority according to the nature of the complaint.

5.3.6 Investigate in an impartial manner.

5.3.7 Keep the time factor in mind because any undue delay will reflect poorly on the management.

6.0 COMMUNICATION

- 6.1 *Inform the complainant about the progress of the investigation at regular intervals and inform him/her about the outcome.*
- 6.2 Stay in contact with the complainant and regularly update him/her about the progress made in investigation.
- 6.3 Record the outcome of the investigation and inform the complainant accordingly.
- 6.4 Don't indulge in argumentation. Be polite and empathetic.

7.0 QUALITY IMPROVEMENT

- 7.1 *Use the results of the complaints investigation as part of the quality improvement process.*
- 7.2 The registers should be perused by the Chief Executive of the establishment, at least once a month.
- 7.3 Make necessary changes in policy and procedures to improve the quality of healthcare services.

ANNEX.D: Health Related Laws in Punjab**HEALTH RELATED LAWS IN PUNJAB**

1. 2012 Amendment in the PM&DC Ordinance 1962
2. Injured Persons Medical Aid Act 2012
3. Drug Regulatory Authority Act 2012
4. The Punjab Food Authority Act, 2011
5. The Punjab Healthcare Commission Act, 2010
6. The Punjab Procurement Regulatory Authority Act 2009
7. Health (Management) Service Rules, 2008
8. The Punjab Forensic Science Agency Act, 2007
9. Medical & Health Institutions and Regulation Amendment Act, 2006
10. Drug Regulatory Act, 2006
11. The Punjab Consumer Protection Act, 2005
12. The King Edward Medical University, Lahore Act, 2005
13. Injured Persons (Medical Aid) Act, 2004 (XII Of 2004)
14. The Punjab Medical and Health Institutions Act, 2003
15. The University of Health Sciences Ordinance, 2002
16. The Punjab Animals Compound Feed and Feed Stuff Ordinance, 2002
17. Public Procurement Regulatory Authority Ordinance, 2002
18. HEC Ordinance, 2002
19. Boilers and Pressure Vessels Ordinance, 2002
20. The Punjab Transfusion of Safe Blood Ordinance, 1999
21. The Punjab Environmental Protection Act, 1997
22. Control of Narcotic Substances Act, 1997
23. The Punjab Health Foundation Act, 1992
24. Drug Rules, 1986
25. Drug Labeling and Packaging Rules, 1986

- Guideline 8** We are fully committed to the principle of equality and non-discrimination on the grounds of disability, sex, age, race, color, ethnicity, origin or marital status. We do not indulge in any intimidation and harassment of any sort at work.
- Guideline 9** We will communicate with our clients and its representative in an effective and timely manner.
- Guideline 10** We would be perceived by clients and other thought leaders as setting the standards in client focus and client service among professional service companies.

Declaration

I have read and understood the **“Statements of Ethics”** and stand committed to it.

Signature: _____

Name: _____

Date of Joining: _____

26. The Punjab Private Educational Institutions (Promotion and Regulation) Ordinance, 1984
27. The Medical and Dental Degrees Ordinance, 1982
28. The Disabled Person Ordinance, 1981
29. The Foodstuffs and Fertilizers (Cancellation of Authorizations and Dealerships) Ordinance, 1978
30. Drugs Act, 1976
31. The Punjab Tendoo Leaves (Prohibition on Possession and Use in Border Belt) Act, 1974
32. The Punjab Flood Relief Cess Act, 1973
33. The Pakistan Nursing Council Act, 1973
34. The West Pakistan Foodstuffs (Control) (Punjab Amendment and Validation) Ordinance, 1971
35. The Punjab Private Colleges (Management and Control) Ordinance, 1970
36. The Medical Colleges (Governing Bodies) (Punjab Repeal) Ordinance, 1970
37. Allopathic System (Prevention of Misuse) Rules, 1968
38. The Punjab Land Revenue Act, 1967
39. Pharmacy Act, 1967
40. The Punjab Government Lands and Buildings (Recovery of Possession) Ordinance, 1966
41. The Unani Ayurvedic And Homoeopathic Practitioners Act, 1965
42. The Punjab Regulation and Control of Loudspeakers and Sound Amplifiers Ordinance, 1965
43. Provincial Employees Social Security Ordinance, 1965
44. The Punjab Firewood and Charcoal (Restriction) Act, 1964
45. The Punjab Animals Slaughter Control Act, 1963
46. The Hazardous Occupations Rules, 1963
47. The Allopathic System (Prevention of Misuse) Ordinance, 1962
48. PM&DC Ordinance, 1962
49. The West Pakistan Prohibition of Opium Smoking Ordinance, 1960
50. The Punjab Prohibition of Smoking in Cinema Houses Ordinance, 1960
51. The Punjab Juvenile Smoking Ordinance, 1959

52. The Punjab Vaccination Ordinance, 1958
53. The Punjab Tobacco Vend Act, 1958
54. The Punjab Maternity Benefit Ordinance, 1958
55. The Punjab Foodstuffs (Control) Act, 1958
56. The Epidemic Diseases Act, 1958
57. The Opium (West Pakistan Amendment) Act, 1957
58. The Public Health (Emergency Provisions) Ordinance, 1944
59. Factories Act, 1934
60. Workmen Compensation Act, 1923
61. Mines Act, 1923
62. The Punjab Laws Act, 1872
63. The Punjab Murderous Outrages Act, 1867

ANNEX.E: Joining Report**JOINING REPORT****EMPLOYEE DETAILS**

Name	
Phone Number Home:	Mobile Number:
Email ID:	
Residential Address:	
Date of Joining:	

EMPLOYEE'S JOINING CONFIRMATION

I _____ do hereby confirm that I have accepted your offered job as _____ in _____ Department and have accordingly joined with effect from _____.

(Employee Signature)

(Date)

EMPLOYEE'S JOINING VERIFICATION

The date of joining mentioned above is correct.

Verified By:

Name: _____

Designation: _____

Signature: _____

Date: _____

Note: Submission of this REPORT is mandatory. *A copy of this report will be sent to the Accounts Department.*

ANNEX.F: Statement of Ethics**STATEMENT OF ETHICS**

- Guideline 1** We do not make misleading claims for our services or criticize our competitors before clients. We only believe in servicing our client's needs to the best of our efforts.
- Guideline 2** We perform our work according to the specified quality standards.
- Guideline 3** We avoid conflicts of interest either of a financial or personal nature; these could compromise the objectivity and integrity of our work.
- Guideline 4** We exercise our professional judgement impartially while taking any decisions related to work, keeping all pertinent facts, relevant experience and the advice of our management in mind.
- Guideline 5** We hold the affairs of our clients in the strictest confidence. We do not disclose propriety information obtained in the course of work or derive benefit from using information outside the company.
- Guideline 6** We act with courtesy and consideration towards all with whom we come into contact in the course of our professional work.
- Guideline 7** We do not accept any favours, gifts or inducements, including undue hospitality and entertainment, from the clients. The only expectations would be if the gifts are of promotional nature (diaries, calendars, etc.) or of a nominal value, the indulgence of which would not damage the company's reputation.

ANNEX.G: Confidentiality Agreement**CONFIDENTIALITY AGREEMENT**

In the course of your work at _____ Hospital you are likely to receive, from time to time, information which is not in the public domain. You are reminded that such information must be kept confidential and release of such information could lead to termination of employment, civil or criminal prosecution.

All memoranda, notes, reports and other documents will remain part of the Hospital's confidential records. Such confidential information must at all times be kept in a secure place on the Hospital's premises and disclosed to others only in accordance with our duties as an employee of _____.

Inventions, copyrights and other intellectual property, when conceived, developed or made during employment by the Hospital, or within one year thereafter, shall be regarded as made by employee solely and exclusively for the benefit of the Hospital. These shall not be disclosed to others without the Hospital's written consent, and shall be the sole and exclusive property of the Hospital.

The employee agrees to make prompt and full written disclosure of such inventions, copyrights and other intellectual property, and when requested by the Hospital to do so, either during or after employment.

By signing this agreement you confirm that you will comply with these requirements and you further undertake to preserve, even after you cease to be an employee, the confidentiality of information received by you during your employment at _____.

I hereby confirm that I accept the set out above.

Signed: _____

Name: _____

Date of Joining: _____

ANNEX.H: Reference Form**REFERENCE FORM**

Kindly provide us the detail of at least 2 people, other than relatives, who have knowledge of your work experience and/or education.

Name of Candidate: _____ Position: _____

Reference 1

Name: _____ Designation: _____

Company Name: _____ Address: _____

Telephone # (Home): _____ Telephone # (Office): _____

Mobile #: _____ Email: _____

Fax #: _____ Other: _____

Reference 2

Name: _____ Designation: _____

Company Name: _____ Address: _____

Telephone # (Home): _____ Telephone # (Office): _____

Mobile #: _____ Email: _____

Fax #: _____ Other: _____

Reference 3

Name: _____ Designation: _____

Company Name: _____ Address: _____

Telephone # (Home): _____ Telephone # (Office): _____

Mobile #: _____ Email: _____

Fax #: _____ Other: _____

Reference 4

Name: _____ Designation: _____

Company Name: _____ Address: _____

Telephone # (Home): _____ Telephone # (Office): _____

Mobile #: _____ Email: _____

Fax #: _____ Other: _____

ANNEX.I: Health Questionnaire Form**HEALTH QUESTIONNAIRE FORM***(To be filled by the employee)*

Employee Name: _____ Designation: _____

Please read the following questions carefully and answer each question in Yes or No. If the answer to any question is "Yes", please give full detail.

Q. #	Question	Answer
1	Have you ever been advised by a physician to have medical treatment or surgery/ procedure/investigation for any of the following:	
	a) Heart disease?	
	b) High blood pressure?	
	c) Diabetes?	
	d) Kidney disease?	
	e) Cancer or brain tumor?	
	f) Back pain including any muscular problem?	
	g) Digestive problems?	
	h) Liver disease including hepatitis B?	
	i) AIDS?	
2	Do you have any health problem due to smoking?	
3	Are you currently taking any treatment or medication or awaiting medical	

	investigations, laboratory test, treatment or surgery?	
4	Have you been absent from work due to medical reasons for a continuous period of a week or more during the last 2 years?	
5	Other (please specify)	

Please give detail of any "Yes" answer to the above questions in the following form.

Q. #	Type of Disease	Date (from)	Date (to)	Treatment from (Name and address of Doctor)

DECLARATION:

I hereby declare that what has been stated above is true and complete to the best of my knowledge and if found that I have some health problem then I could be sent to the hospital, recommended by the HR Department, for complete checkup and test. In case of wrong information, I could be terminated from employment.

Signature: _____ Date of Joining: _____

ANNEX.J: Orientation Checklist**ORIENTATION CHECKLIST**

Employee's Name: _____

Designation: _____

Department: _____

Date: _____

In order to avoid duplication of the instructions, the Information checked () below has been given or explained to the employee by the HR department.

Introduction:

Company Introduction ()

Mission & Vision ()

Corporate Values ()

Organizational Structure ()

Time Schedule:

Work Schedule/Lunch timings ()

Attendance & Punctuality ()

Public Holidays ()

Leave ()

Employment:

Recruitment & Selection ()

Appointment Letter issued ()

Confidentiality Agreement signed ()

Statements of Ethics signed ()

Probation & Confirmation ()

Resignation /Termination ()

Employee Relations:

Violation of company rules ()

Disciplinary Policy ()

Internal Communication ()

Employee Records ()

Code of Conduct ()

Compensation & Benefits:

Job Description issued ()

Medical Facility ()

Career Development:

Performance Management System ()

Promotion/Increments ()

Parking Facility () Training ()

Provident Fund ()

Others:

Other Benefits ()

Tour of the company ()

Issuance of Employee Handbook ()

Salary Administration:

Salary Process ()

Email address sent for addition ()

Advance Salary ()

Outstation Travel ()

Local Travel ()

How satisfied are you with the orientation process?

- Not Satisfied
- Improvement Needed
- Satisfied
- Very Satisfied
- Outstanding

Additional Comments/Suggestions:

Orientation Conducted by: _____

Employee's Signature: _____

Supervisor's Signature: _____