FEDERAL OMBUDSMAN

Committee Report

for

Transforming Pakistan Institute of Medical Sciences (PIMS) Islamabad into a Leading Centre of Excellence

Wafaqi Mohtasib (Ombudsman)'s Secretariat

Islamabad

M. SALMAN FARUQUI,
N.I.
Federal Ombudsman of Pakistan

No. 1(10)/HWM/2015
July 9, 2015

Dear Mr. Prime Minister,

It is with gratitude to the Almighty, and a sense of humility, that I present to you the Report of the Committee constituted under Article 28(2) of the Presidents' Order I of 1983 to conduct a thorough study of quality of services, infrastructure and security at the Pakistan Institute of Medical Sciences (PIMS) in Islamabad. This committee was constituted in response to media reports about complete breakdown of critically important medico-surgical equipment at PIMS which were reportedly not available when Professor Shahid Nawaz Malik, Head of the Department of Cardiology was tragically assassinated on the hospital premises.

2. The Committee was given the charter to give back to the country's capital a PIMS that was originally envisioned but which was unfortunately allowed to sink to unimaginable depths, as described during the several interactions of the Committee with the civic society, employees unions and stakeholders. The Committee has benefitted from the views and thoughts of the concerned Federal Ministers Mr. Ahsan Iqbal, Ms. Saira Afzal Tarar and Mr. Usman Ibrahim, and Senator Mrs. Kalsoom Parveen, Chairperson Standing Committee of the Senate on Cabinet / CA&DD and Mr. Rana Muhammad Hayat Khan, MNA, Chairman of the Standing Committee of the National Assembly on Cabinet /CA&DD and Major ® Tahir Iqbal, MNA, and Senators Osman Saifullah and Ms. Rubina Khalid.

3. The Committee had multiple exchanges of information and views with Professor Dr. Javed Akram, Vice Chancellor SZABMU, members of the faculty, clinicians, surgeons, heads of departments, members of administration, and, not the least, the nursing and paramedical staff of PIMS. A large number of stakeholders also responded to questionnaire which was proposed by Professor Dr. Farhat Abbas, Dean Agha Khan University and a member of the Committee, which was widely circulated by the Committee for views.

4. The Committee has worked for the past few months with exemplary commitment and admirable dedication. The Chairman of the Committee, Honorary Senior Advisor

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Syed Anwar Mahmood (former Secretary Ministries of Health, Information and Broadcasting), and Members Dean Dr. Farhat Abbas of Agha Khan University, Major General (R) Dr. Azhar Mahmood Kayani, CEO Rawalpindi Institute of Cardiology (former Commandant Armed Forces Institute of Cardiology) and Dr. Syed Fazl-e-Hadi, former and highly regarded Executive Director of PIMS worked on the Committee in a completely honorary capacity. The inclusion of Senior Advisor Mr. Imtiaz Inayet Illahi in the committee was helpful due to his experience as Federal Secretary Health and CADD and Chief Commissioner Islamabad. I hold the Committee members in esteem and truly appreciate the spirit in which they selflessly rendered their services for a cause that, like most of us, they hold dear. I am also appreciative of the co-operation extended to the Committee by Professor Dr. Javed Akram, Vice Chancellor SZABMU. His commitment to transform the Institute and the University into leading institutions of the country is exemplary and gives us much hope.

5. We hope the recommendations of the Committee will be considered and implemented in the spirit in which these have been formulated. It will be a befitting tribute to late Professor Shahid Malik, and will earn the gratitude of the residents of the nation's capital, and more importantly, the blessings of the Almighty for having served His people.

With Respectful Regards,

Sincerely,

Salman Faruqui

Hon'ble Muhammad Nawaz Sharif,
Prime Minister of the Islamic Republic of Pakistan,
Islamabad.

Photograph of the Committee Members with Mr. Salman Faruqui, NI, the Federal Ombudsman and Prof. Dr. Javed Akram, Vice Chancellor SZBMU/PIMS after concluding session of the Committee set up for improving functioning of the institution

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EXECUTIVE SUMMARY

Media reports following the assassination of Dr. Shahid Nawaz Malik, Head of Cardiology Department at Pakistan Institute of Medical Sciences (PIMS) on 15-02-2015, highlighted the breakdown of critically important medico-surgical equipment, including MRI, CT Scan, EEG and the poor quality of services in the institution. The Wafaqi Mohtasib, on his own motion, took cognizance of these reports under Article 2(2) of the Establishment of the Office of Wafaqi Mohtasib (Ombudsman)'s Order 1983 and constituted a Committee under the Chairmanship of Syed Anwar Mahmood, Honorary Senior Advisor and former Federal Secretary, Ministry of Health and Ministry of Information & Broadcasting, Islamabad with the following terms of reference:-

i) To conduct a thorough study of the quality of services, infrastructure and security in the institution; and

ii) to make recommendations for smooth, effective and efficient functioning of the Institution in accordance with the objectives for which it was established.

2. Main challenge for the Committee was to get requisite information on the current status of medico surgical equipment / services in PIMS' Hospitals both from departmental authorities as well as independent sources to develop an objective analysis of the situation guiding the Committee to formulate a package of reforms / recommendations which it had been mandated to develop. For this purpose, as a first step, reports were called for from the SZABMU / PIMS in respect of the functional status of each component of health service delivery and the kind of problems it was confronted with. Upon receipt of the requested information, these were placed before the Committee for consideration. The information so obtained from PIMS provided the Committee with the basic framework to proceed further in its investigations.

3. As the Professors and Heads of Departments of SZABMU / PIMS and its Unions and Associations were the main stakeholders in the reform process, the Committee deemed it appropriate to have separate meetings with all of them which proved very productive in so far as diagnostic analysis of the current situation at

PIMS was concerned. Senior Parliamentarians and the Ministers of Planning & Development, CADD and National Health Services Regulation and Coordination were also consulted by the Committee given their critical and important role in policy formulation and in financing of the reforms package the Committee would recommend. The Committee had several meetings with all these stakeholders, obtained their views and adequately incorporated these in the report. Similarly, the views and comments of distinguished health experts and eminent members of the civil society including the Chamber of Commerce, retired bureaucrats and senior citizens were also solicited. All of them welcomed the present initiative of the Wafaqi Mohtasib and provided very fruitful comments / suggestions for improving the healthcare service delivery of PIMS which helped the Committee considerably in developing this report. The Member / Secretary of the Committee also met several functionaries of PIMS' Hospital informally and ascertained their views on the subject which also helped the Committee in arriving at an objective analysis of the current status of the services and developing a comprehensive reform package for SZABMU / PIMS.

4. Stemming from the above stated discussions and inputs provided by various stakeholders, resource persons and relevant individuals, the following recommendations are presented for early and effective revival and improvement of service delivery in PIMS:-

i) **Existing Management Structure – SZABMU:** There is a complete consensus that PIMS being the premier health care facility of the federal capital and in the country should operate as a truly autonomous and state of art centre of excellence serving as a role model for other leading public and private health care facilities in the country. This can only be achieved if the institute (PIMS) is managed by a high powered Board that draws its strength and support both from the government and the private sector. The Committee, therefore, has proposed a Board of Governors for PIMS, Islamabad headed by the President of Pakistan who is also the Chancellor of the University and represented by Ministers of Finance, Planning & Development and the concerned Ministry, Vice Chancellor, SZABMU, Secretary, M/o NHSR&C, Surgeon General of Pakistan and two eminent persons in the field of health etc. This Board of Governors has been given

wide ranging powers to effectively discharge its functions in the best public interest. Chief Finance Officer (CFO) will act as Secretary (non member) of the Board.

ii) **Appointment of Administrator**: The Board shall appointment an Administrator of the hospital from the public or private sector with market based remuneration commensurate with his / her qualifications and experience which have also been spelled out in the recommendations. Powers and functions of the Administrator have also been clearly laid down in the chapter of recommendations

iii) **Appointment of Chief Finance Officer**: The Board will also appoint a Chief Finance Officer of PIMS (CFO) who should be a person with the relevant expertise and experience of working in BS-21 in the public sector or having served as a CFO or in a comparable position in a multinational corporation having the degree of MBA (Finance) or be a Chartered Accountant with a minimum of 20 years of experience. His/her remuneration will be decided by the BOG.

iv) **Present dichotomy about the status of the organization and the consequent stalemate**: To resolve this dichotomy, the following recommendations have been made:-

a. <u>The terms and conditions of those employees who have opted for employment with the University,</u> should clearly be spelled out by framing necessary rules and regulations on the subject provided that such terms and conditions are not less favourable than those (terms and conditions) admissible to them immediately before their transfer to the University in terms of section 19 of the University Act.

b. <u>Those employees who did not or do not opt for the University,</u> should be allowed to remain as civil servants of the federal government and be considered as on lien to PIMS. Their numbers will keep reducing through the process of attrition. Moreover, in the

contemplated structural reform process, a large number of administrative and support staff is likely to get redundant as a result of outsourcing of many noncore services. They could ultimately be given golden handshake or else declared surplus.

c. All members of the clinical staff who meet the criteria for serving on the University Faculty and are willing to do so, shall be taken on the roll of the University and they shall continue to perform their duties as is being presently carried out by them in the PIMS hospitals.

d. Future recruitment to the faculty of the University should, in any case, be carried out on the basis of the autonomous status of the University on tenure track basis. However, employees, including clinical and surgical staff, other than faculty members should be hired / appointed as per rules and regulations to be prescribed by the BOG for such employment. Henceforth no one should be employed in the institution as “civil servant” of the federal government.

v) **Absence of Rules, Regulations and Delegation of Authority:** SZABMU is presently working in a big legal void. There are no duly approved rules and regulations to govern it. It has now drafted its services, operational and clinical rules clearly spelling out duties, responsibilities and authorities of each functionaries etc. which is required to be validated by a appropriate legal forums. This process should be completed within 90 days.

vi) **Setting up of Institutional Practice:** A detailed but incremental programme of institutional practice has been recommended to strengthen both the hospital and its staff members.

vii) **Building of Medical Towers under Public-Private Partnership:** It has been recommended that the PC-I for Medical Towers in PIMS which was

approved in the year 2006 may be revived on modular basis after necessary review by the BOG on private – public partnership basis.

viii) **Future Public Works:** In Future, all Public Works shall be carried out through public tendering and pre-qualifying of firms without involving Pak. PWD/CDA.

ix) **Outsourcing of Non-core Services:** Non clinical / Non-medical / Non-surgical / Non-diagnostic services like laundry, catering, cleaning and sweeping etc. should be outsourced through a transparent competitive process.

x) **Security arrangement:** A special security audit of PIMS shall be carried out in collaboration with the Ministry of Interior (Islamabad Police) and a reliable and efficient private security service for the purpose be inducted on priority basis. This boundary wall of the premises is also not properly protected. It requires to be raised to a height of 8 feet with razor wire and signposts to pre-empt chances of such incidents in the hospital premises, in future.

xi) **How to reduce the load of patients of PIMS**: To reduce the huge burden of patients on PIMS' hospitals, the following steps are recommended:-

a. **Four general hospitals of 500 beds each** should immediately be established in the four corners of ICT Islamabad with a target of completion by 2018.

b. The dispensaries of FGSH (Polyclinic) located in sector G-6 (near Aabpara) and sector G-7 may be upgraded by injecting more equipment and medical personnel.

c. Proposal for **expansion of the Federal Government Services Hospital** in Argentina Park may be expedited and it may be placed

under the same Board of Governors that is proposed for the administration of PIMS.

xii) **Regulating the Conduct of Unions and Associations**: PIMS should be placed under the "Essential Services" without delay for which the service structure and career planning of different cadres of PIMS employees be finalized soonest.

xiii) **Endowment & Social Welfare Committee** should be constituted for raising institutional funds.

xiv) **Setting up of Quality Assurance Department**: A Quality Assurance Department should also be constituted which should be independent of the Administrator or the Vice Chancellor which would report to BOG directly, and if possible, the model of quality assurance department of the Agha Khan Hospital Karachi should be replicated.

xv) **Streamlining of Pathology / Radiology Departments**: Given the current extra-ordinary load on the existing diagnostics i.e. Pathology / Laboratory and Radiology set ups and the need for better quality of services, it has been recommended that a Committee headed by the Vice Chancellor and including the Pro-Vice Chancellor, the Administrator and the Heads of the Departments of Radiology and Pathology should review the existing structure and propose remedial measures including outsourcing of these facilities or a public-private partnership arrangement with full safequard to the existing entitlement of Federal Government employees and their dependents.

xvi) **Setting up of Modern Pharmacy on BOT basis**: PIMS will set up a modern pharmacy on BoT basis where pharmacists will be available for the beds of the hospital also.

xvii) **Availability of Quality Medicines for Indoor Patients**: All medicines for indoor patients from the list of formularies approved by the Committee

constituted by the Board of Governors (BOG) and not specific medicines available at only specific pharmacies outside PIMS, should be prescribed by doctors for purchase from the pharmacy inside the hospital premises.

xviii) **Provision of Self-driven mechanical wheel chairs:** Self-driven mechanical wheel chairs should be made available on payment for the invalid/very sick patients visiting the hospital. This may be done under an outsourced arrangement within six months.

xix) **Filling up of Existing Vacancies**: An HR Audit should be carried out to review whether filling of the existing 400 posts lying vacant is necessary in the restructuring process or the financial outlay for the same be utilized for more urgently needed functionaries.

xx) **Establishment of Dental Hospital and Dental College**: The approved projects of Dental Hospital and Dental College within the premises of PIMS should be undertaken urgently.

xxi) **Construction of Sarais (Inn) on BOT basis**: Simple but clean and comfortable Sarais (Inn) should be built on BoT basis within the premises of the hospital to accommodate the attendants of patients on affordable charges to be fixed by the Board of Governors from time to time. PIMS will provide land on long term lease basis to the interested private parties if there are no acceptable bids for BOT or BLT.

xxii) **Noncore Services:** Through a transparent competitive process, noncore services including security, transport within hospital, sanitation, laundry, kitchen, cafeteria etc. be outsourced as far as possible and staff thereof be absorbed by the private sector or given golden handshake or placed in the surplus pool.

xxiii) **Introduction of Regular golf-cart (9 seats) service:** Regular golf-cart (9 seats) service should be introduced in the PIMS through private sector to

carry the patients and their attendants from the outer gate to the wards and for their return.

xxiv) **Accreditation of PIMS Hospitals**: PIMS should make every effort to get accredited both to national and international accrediting institutions such as the Joint Commission of Inspectors based in USA & UAE.

xxv) **Introduction of Bio-Metric System**: All personnel of all levels including doctors and clinical and non clinical support staff should be required to observe regular office hours. Bio-metric system blended with CCTV system should be installed to ensure punctuality and regularity of the staff and those not observing these be subjected to disciplinary action as per rules.

xxvi) **Filter Clinics:** Nearly 5000 patients visit the PIMS OPD clinics daily. To better manage the patients' load on main OPDs and reduce the burden on specialists, Filter Clinics which were established in PIMS some years ago should be revived. This may be done within 180 days of the issue of these findings.

xxvii) **Budgetary Constraints and Self Generation:** There is an urgent requirement to enhance the budgetary allocation for PIMS if its services are to be restored to the quality and standards that it was once known for. PIMS management headed by the Vice Chancellor and including the Administrator and the CFO shall prepare a financial plan on an emergent basis for consideration of the BOG and the government. This may be done within 90 days of the issuance of these findings.

xxviii) **Enhancement of OPD Slip Fee:** OPD slip fee should be raised to at least Rs.50/- per patient which will help in improving the OPD services as the amount thus collected shall be spent on OPD services only. Poor patients who cannot afford Rs.50/- OPD fee may approach a special desk to be established for the purpose by the Social Welfare Committee.

xxix) **Creation of Endowment Fund for Research**: An Endowment Fund for research activities in the University shall also be established. The V.C. shall put up the proposal to the BOG for consideration in its first meeting.

xxx) **Creation of PLA Account**: PIMS should also be allowed to maintain a PLA which is an essential pre-requisite for autonomy.

xxxi) **Delegation of Financial Powers:** In order to ensure smooth functioning of services in PIMS appropriate recommendations have been made for delegation of financial powers to relevant authorities at various functional tiers.

xxxii) **Improving State of Cleanliness and House-keeping:** It has been recommended that all those recruited as sanitary workers, irrespective of their religion, should be reverted back to their sanitary jobs and in case they do not carry out such assignments, disciplinary action should be taken against them under the relevant disciplinary rules for removal from service.

xxxiii) **Ensuring Daily Rounds of Wards and A&C Centre. C**onsultants and doctors should take daily round of the wards to evaluate the recovery status of their respective patients. Similarly, head of the hospital should take round of Accidents and Emergency Centre every morning to keep himself / herself abreast of the cases reported and treated overnight along with their recovery/mortality status and undertake preliminary investigation of any negligence or mishandling of patients.

xxxiv) **Computerized Record Keeping:** PIMS will introduce computerized record of each and every patient which will include history of every patient's visit, diagnosis, prescription of medicines and treatment given. Such record will be confidential, accessible only to the treating doctor and patient. This may be done within 180 days of the issuance of these findings.

xxxv) **Dysfunctional HVAC System.**

xxxvi) **Present Waste Disposal Management System.**

xxxvii) **Status of Mortuaries.**

All these facilities under PIMS have become obsolete, outlived their life span and require to be upgraded. Therefore a PC-I of each of these facilities should be developed to make them fully functional.

xxxviii) **Non-Functional Telephone Exchange.** Tenders recently floated for installation of a new exchange should be expedited without further delay.

xxxix) **Non-Functional CSSD System:** It has been recommended that funds for purchase of surgical sets / consumables should be arranged from the Ministry of Finance immediately so that new CSSD system could become operational within 45 days of the issuance of these findings.

xxxx) **Problems of Development Projects:** It has been recommended that PIMS should immediately take necessary action to appoint and restore the staff strength of all such projects as originally approved in their PC-Is and also ensure installation of necessary machinery and equipment for optimal functioning of such departments.

xxxxi) **Strengthening of Accidents and Emergency Department:** It has been recommended that the SOPs for Accidents & Emergency Department should be properly laid and displayed in that department along with the duty roster of the “doctors on call”. Similarly, this department should be equipped with the latest diagnostic equipment so that the waiting time of the patients gets reduced. Moreover, SZBMU should take immediate necessary steps to get this department recognized as a specialty so that its functioning could improve. A project be drawn for the purpose under the supervision of the Vice Chancellor for approval as a PC-I.

xxxxii) **Filling up of Vacant Posts of Professors / Heads of Departments:**

It has been recommended that vacant posts of professors / heads of departments may be filled partially by engaging retired Professors / Heads of Department of the institution, as the Professor emeritus in these specialties / departments. Regular appointments against these posts be completed within 90 days of the issuance of these findings.

xxxxiii) **Improving Nursing Care / Training:** Following additional recommendations have been made for improved nursing care at PIMS:-

(a) Sanctioned strength of nurses should immediately be increased in accordance with the international standards of nurse – bed / patient ratio.

(b) Similarly vacancies of nurses falling in promotion quota in BS-17 to 20 should also be filled by PIMS without further delay.

(c) It is imperative that strict service discipline should be enforced upon those nursing employees who are not amenable to service discipline and exert political pressure to meet their malafide motives and defaulters should be proceeded under the relevant disciplinary rules for removal from service.

(d) All nurses should be posted to such places of duty warranted by their original appointment / charter of duty as nurse. Any deviation from this can result in miscarriage of justice and harassment of women folk which is a clear act of misconduct as per Government Servants (Efficiency & Discipline) Rules, 1973 and instructions issued thereunder from time to time.

(e) A central office of the Nursing Cell be created with proper support staff located at one place with computers, office furniture and equipment. Such nursing cell should be created immediately.

(f) There is a School of Nursing and a College of Nursing established in PIMS since 1987 for training of nurses and award of Diplomas in Nursing field. However, at present, it does not have a duly qualified nursing faculty. Because of this deficiency, the training component is suffering. PIMS should immediately hire qualified nursing faculty from open market, if not available from amongst the existing staff, to bridge this gap in the short run and take necessary measures to develop proper faculty of nursing in the long run by sending some of the existing senior personnel on training abroad by selection on merit in collaboration with the donor agencies.

xxxxiv**)** **Improving Para-Medical Services in PIMS:**

(a) It has transpired that para medical staff of the hospital do not have a well defined identity like the doctors and nurses. They do not have any regulatory body to certify, accredit and evaluate their education, training and performance. Further, there is shortage of para medical staff at PIMS and many vacancies have not been filled since long.

(b) It has, therefore, been recommended that the Ministry of National Health Services Regulation and Coordination should immediately review this situation, take necessary steps including drafting of a law and its presentation and piloting through the Parliament in consultation with the Law Division. Simultaneously, the Ministry of NHSR&C should initiate necessary legislation /legal framework for establishment of an examining and certificate / diploma awarding body with its proper educational value and for formulation of standard curricula for all the categories of allied health personnel.

(c) The vacancies of para medical staff should also be filled by PIMS on a priority basis to balance the work load of existing para medical personnel.

xxxxv) **Introduction of HIMS:** It has been recommended that PIMS should develop a comprehensive plan of introduction of HIMS in the PIMS

hospitals with the assistance of COMSATS and HEC which should cater for all the deficiencies discussed in the report. Besides procurement of hardware, it should entail a comprehensive plan for training of medical and non-medical personnel of the organization which should be got approved from the competent forum within 90 days of the issuance of these findings.

xxxxvi) **Lack of Career Planning & Poor Promotion Prospects of Doctors and other Personnel:**

It has been recommended that the promotion of doctors to the next higher grade should not only be linked with the availability of promotion posts but where such promotions are possible, it should also be linked with the time scale / technical move over to next grade on completion of prescribed length of service and seniority in each case. It is also recommended that all the cases in which promotions are pending should be finalized and promotions of respective personnel notified within 45 days of the issuance of these findings.

xxxxvii) **Poor Plight of Department of Surgery:**

It has been recommended that a PC-I for urgent upgradation of the Department of Surgery should be immediately prepared and submitted to the Planning Division through concerned Ministry/Division within 90 days and the required funds made available by the Federal Government to complete the work by June, 2016.

xxxxviii) **Non-Functional Liver Transplant Surgery Centre:**

It has been recommended that the Vice Chancellor may have an inquiry conducted as to why the above centre could not be made functional, factors responsible for this lapse and fix the responsibility for the lapses. Necessary action for appointment of key personnel on market based salaries should be initiated by placing an advertisement in national / international press and the whole process of recruitment completed expeditiously and compliance report submitted on both above counts within 90 days from the issuance of these findings.

xxxxix) **Establishment of Day Care Surgery Centre:**

It has been recommended that a Day Care Surgery Centre should be established in PIMS with basic infrastructure to decrease the pressure on inpatient beds. PIMS may prepare a PC-I for this purpose and submit the same to the competent forum for approval and funding within 90 days of the issuance of these findings.

xxxxx) **Problems relating to Cardiac Centre.**

It has been recommended that in order to make the Cardiac Centre fully functional, the requisite number of posts as provided for in the approved PC-I of the Project should immediately be created and filled in as per rules and a report furnished to the Wafaqi Mohtasib within 90 days.

It has further been recommended that the entire furniture of the Cardiac Centre as per PC-I of the project should be replenished without any further delay and a report furnished to the Wafaqi Mohtasib Office within 90 days of the issuance of these findings.

5. It is expected that with the implementation of the above recommendations and proposed reforms package, the overall governance of SZABMU and PIMS and the quality of health care service delivery to the patients would significantly improve.

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1. THE COMPLAINT

The Head of Department of Cardiology at the Pakistan Institute of Medical Sciences (PIMS) Dr. Shahid Nawaz Malik was shot and critically wounded on the hospital premises on 14th February, 2015 by unknown assassins. Unfortunately, he could not survive the attack. While the deceased doctor was battling for his life and surgeons were trying to operate on him, it was widely reported in the electronic and print media (Annexs-1 to 11) that there was complete breakdown of critically important medico-surgical equipment including MRI, CT Scan, EEG and the quality of services in the institution.

2. CONSTITUTION OF COMMITTEE BY THE WAFAQI MOHTASIB

Being a matter of grave concern resulting from neglect, inattention and delay on the part of relevant functionaries of PIMS which constituted mal-administration in terms of Article 2(2) of the Establishment of the Office of Wafaqi Mohtasib (Ombudsman) Order 1983, the Wafaqi Mohtasib under Article of 9(1) of above law took cognizance, on his own motion of the above act of mal-administration and constituted (Annex-12) a Committee comprising of the following to investigate into the above complaint:-

i)	Syed Anwar Mahmood, Honorary Senior Advisor, Wafaqi Mohtasib Secretariat and former Federal Secretary, Ministry of Health and Ministry of Information & Broadcasting Islamabad	Chairman
ii)	Mr. Imtiaz Inayat Elahi, Senior Advisor, Wafaqi Mohtasib Secretariat and former Federal Secretary, CADD and Ministry of National Health Services, Regulations and Coordination, Islamabad	Member
iii)	Prof. Dr. Farhat Abbas, T.I. Dean, Medical College, The Agha Khan University Hospital, Karachi	Member
iv)	Maj. Gen. (R) Azhar Mahmood Kayani, H.I., Chief Executive, Rawalpindi Institute of Cardiology, former Commandant Armed Forces Institute of Cardiology, Rawalpindi	Member
v)	Prof. Dr. Fazal-e-Hadi, Former Executive Director, Pakistan Institute of Medical Sciences, Islamabad	Member
vi)	Syed Yasin Ahmad, Advisor, Wafaqi Mohtasib Secretariat and Former Additional Secretary, Cabinet Division Islamabad	Member/ Secretary

3. TERMS OF REFERENCE (TOR) OF THE COMMITTEE

The Committee was notified on 21st February, 2015 with the following terms of reference and directed to submit its report within a period of one month:-

i) To conduct a thorough study of the quality of services, infrastructure and security in the institution; and

ii) To make recommendations for smooth, effective and efficient functioning of the Institution in accordance with the objectives for which it was established.

4. METHODOLOGY ADOPTED

(i) Main challenge for the Committee was to get requisite information on the current status of medico surgical equipment / services in PIMS' Hospitals both from departmental authorities as well as independent sources to develop an objective analysis of the situation guiding the Committee to formulate a package of reforms / recommendations which it had been mandated to develop. For this purpose, as a first step, reports were called for from the SZABMU / PIMS to get important information in respect of the functional status of each component of health service delivery and the kind of problems it was confronted with. Upon receipt of the above information, these were placed before the Committee for consideration. The information so obtained from PIMS provided the Committee with the basic framework to proceed further in its investigations.

(ii) As the Professors and Heads of Departments of SZABMU / PIMS and its Unions and Associations were the main stakeholders in the reform process, the Committee deemed it appropriate to have separate meetings with all of them which proved very productive in so far as diagnostic analysis of the current situation at PIMS was concerned. Senior Parliamentarians and the Ministers of Finance, Planning, CADD and National Health Services Regulation and Coordination were also consulted by the Committee given their critical and important role in policy formulation and in financing of the reforms package the Committee would recommend. The Committee had several meetings with all these stakeholders, obtained their views in the matter and adequately incorporated the same in the report. Similarly, the views

and comments of the distinguished health experts and eminent members of the civil society including the Chamber of Commerce, retired bureaucrats and senior citizens were also solicited by writing them separate / independent letters on the subject. All of them welcomed the present initiative of the Wafaqi Mohtasib and provided very fruitful comments / suggestions for improving the healthcare service delivery of PIMS which helped the Committee considerably in developing this report. The Member / Secretary of the Committee also met several functionaries of PIMS' Hospital informally and ascertained their views on the subject which also helped the Committee in arriving at an objective analysis of the current status of the services and developing a comprehensive reform package for SZABMU / PIMS.

5. HISTORICAL PERSPECTIVE AND BASIC MANAGEMENT STRUCTURE:

(i) The plan for Pakistan Institutes of Medical Sciences (PIMS) was conceived in the 60s as a premier hospital for the capital of Pakistan which was subsequently approved in 1961. The first conceptual design for this hospital was prepared in 1965 by M/S Sir Liewely Davis Weeks and partner of U.K. The original site of Islamabad Hospital Complex (now PIMS) was located in the premises of National Institute of Health NIH) which was later changed to its present location in 1970. Its PC-I was approved in 1980 for 592 bedded hospital along with residential facility for staff. PIMS started functioning in October, 1985 under the Ministry of Health, Government of Pakistan. Later, it was declared as an autonomous body through a resolution which was notified on 16th October, 1986 with the following **objectives**:-

a) Provide medical facilities to be regulated by the Board or as may be prescribed;
b) Function as a reference centre for the country as a national institute and provide specialist services of international standards to cases referred by other institutions;

c) Keep liaison with other similar institutions in the country for purposes of research and medical education;
d) Provide on the job training facilities in various disciplines to doctors, hospital administrators, nurses and para-medicals and award them certificates and diplomas;
e) Act as a focal point for World Health Organization and other national and international agencies concerned with health;
f) Organise and conduct post-graduate courses for doctors, hospital administrators and nurses;
g) Develop standing operative procedures for the management of various departments, wards and functionaries for its own use and for adoption by other institutions;
h) Act as a focal point for future research activities on health programmes and clinical fields as well as training for Primary Health Care Workers and other institutions with Primary Health activities; and
i) Prepare medicines for its specific needs and set an example in the country for using scientific hospital pharmacy.

An Ordinance was promulgated in 1995 for constitution of the Board of Governors of PIMS. It was declared an attached department of Ministry of Health on 4th November, 1996. Finally, in March 2013, it was declared as Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad through an Act of Parliament as an autonomous body corporate (Annex-14).

Basic Management Structure

(ii) The basic management structure of SZABMU /PIMS is given in the organogram at Annex-15. From the perusal of this organogram, it would be observed that the basic management structure of the organization is primarily that of unified command with the Vice Chancellor being the overall head of the university as well as the hospital.

Hospital Management Committee

(iii) With the approval of syndicate, a Hospital Management Committee has been constituted in PIMS hospital under the Chairmanship of Dr Khaleeq-uz-

Zaman, Head of Neurosurgery to administer the hospital (Annex-16). It has the following composition:-

Members

1. Prof. Abid Zaheer Farooqi, Pro Vice Chancellor/ Dean Faculty of Medical & Allied.
2. Dr Altaf Hussain, Administrator PIMS.
3. Prof. Iqbal Memon, Head Dept of Anaesthesia.
4. Prof Farooq Afzal, Head Dept of Ophthalmology/ Dean Faculty of Surgical & Allied.
5. Prof Jamal Zafar, Head Dept of General Medicine.
6. Prof. Anser Maxood, Head Dept of Dentistry/ Dean Faculty of Dentistry.
7. Prof. Tabish Hazir, Head Dept of Paediatric Medicine
8. Prof. Ashok Kumar Tanwani, Head Dept of Pathology/ Dean Faculty of Pathology.
9. Prof. Tanvir Khaliq, Head Dept of General Surgery/ Controller of Examination.
10. Prof. Syeda Batool Mazhar, Head Dept of MCH Centre.
11. Prof. Shazia Farooqi, Head Dept of Radiology.
12. Prof. Tariq Iqbal, Head Dept of Burn Care Centre.
13. Prof. Nadeem Akhtar, Head Dept of Paediatric Surgery.
14. Dr. Zahid Larik, Director, Non-Medical.
15. Mr. Saeedullah Khan Niazi, Director Finance.
16. Dr Gulzar Hussain Shah, Pharmacist.
17. Mrs. Ghazala Parveen, Chief Nursing Superintendent.

Co-opted Members

1. Dr. Amjad Choudhry, Registrar SZABMU.
2. Dr. Ayesha Isani, Additional Director Medical, PIMS.
3. Dr. Zahid Larik, Director MCH & BCC. (Already Member as Director NM).
4. Dr. Anjum Javed, Director Children Hospital / Purchase.
5. Dr. Zulfiqar Ahmed Ghouri, Director Emergency.

Coordinator

Dr. Mutahir Shah, Additional Director (Non-Medical).

Secretary/Convener

Dr. Aneza Jalil, Assistant Director (Stores).

(iv) Functions of the Committee

The Committee is supposed to perform the following functions with the approval of competent authority:-

I. Goal Setting.
II. Policy Development.
III. Formulation of Rules & Regulation.
IV. Monitor Implementation.
V. Quality Assurance.
VI. Further vision / future planning.
VII. Integration & Coordination between service provision & academic functions.
VIII. Development of Organogram.
IX. Suggest ways and means for Continuing Professional Development (CPD) & Continuing Medical Education (CME).
X. Disaster Management Plan.
XI. Any other assignment / responsibility as felt appropriate by the Committee.

(v) Duties and Responsibilities of Chairman, Hospital Management Committee:

1. Chairman will report to the Vice Chancellor (always to be mentioned as Competent Authority for the Chairman).
2. Chair the meetings of the Management Committee.
3. Finalize agenda of the meeting.
4. Help finalize the policy of the hospital in relation to the university.
5. Develop an operational rules and respective organogram to integrate the functions of health care, professional development, academic and research according to the needs of the community at large.
6. Would plan a yearly programme for further development.

7. Ensure implementation of the policies of the institution.
8. Would receive any reservations/complaints regarding day to day business. of the institute, investigate and report to the Vice Chancellor.
9. Provide leadership, foster effectiveness and develop team work within the Institute.
10. Guide the Committee in establishing a consensus on important issues and decisions, allowing full and open debate.
11. Establish a schedule for regular Committee meetings and determine when special meeting should be called.
12. Review the proposed appointment, performance, and if necessary termination and inform the Vice Chancellor of comfort or any concerns or findings.
13. Ensure that there is appropriate delegation of authority from the committee to the executive management.
14. Formulate committees & Sub-Committees for the recruitments, appointments, promotions, and transfers.
15. Ensure that there is transparency, merit and rules and procedures are strictly followed in letter & spirit.

(vi) <u>Institutional Framework</u>

a) At present, SZABMU / PIMS has the following clinical components which provide outpatient services, indoor admissions, emergency services, surgical procedures, patient evaluation, Diagnosis, Management & Treatment to all the patients coming to PIMS:-

i) The Shaheed Zulfiqar Ali Bhutto Medical University

ii) Islamabad Hospital,

iii) Children's Hospital,

iv) Mother and Child Health Centre (MCH),

v) Burn Care Centre,

vi) Cardiac Centre

vii) College of Nursing

viii) School of Nursing

ix) College of Medical Technology

b) The number of specialities under above components are as follows:-

i) Surgical and Allied Disciplines 13

ii) Medicine and Allied Disciplines 16

iii) Dentistry and Allied Disciplines 03

iv) Basic Medical Sciences 07

c) Clinical Departments

Under above specialities, there are following Teaching / Clinical Departments:

1. SURGERY & ALLIED DISCIPLINES	
S.No.	Teaching Departments
1	Department of Anaesthesiology
2	Department of Burns Surgery
3	Department of Cardiac Surgery
4	Department of ENT (Otorhinolaryngology)
5	Department of General Surgery
6	Department of Neonatal Paediatric Surgery
7	Department of Neurosurgery
8	Department of Obstetrics & Gynaecology
9	Department of Ophthalmology
10	Department of Orthopaedic Surgery
11	Department of Paediatric Surgery
12	Department of Plastic Surgery
13	Department of Urology
2. MIDICINE & ALLIED DISCIPLINES	
14	Department of Accident & Emergency
15	Department of Cardiology
16	Department of Dermatology
17	Department of Gastroenterology
18	Department of General Medicine
19	Department of Histopathology
20	Department of Neonatology
21	Department of Nephrology
22	Department of Neurology
23	Department of Oncology
24	Department of Paediatric Medicine
25	Department of Paediatric Oncology
26	Department of Psychiatry

27	Department of Pulmonology
28	Department of Radiology
29	Department of Rheumatology
	3. DENTISTRY & ALLIED Disciplines
30	Department of Operative @Dentistry
31	Department of Oral & Maxillofacial Surgery
32	Department of Paediatric Dentistry
	4. BASIC MEDICAL SCIENCE (NON CLINICAL)
33	Department of Anatomy
34	Department of Biochemistry
35	Department of Forensic Medicine
36	Department of Molecular Biology
37	Department of Pathology i) Chemical Pathology ii) Haematology iii) Histopathology iv) Microbiology
38	Department of Pharmacology
39	Department of Physiology

d) **Non-Clinical Departments**

It has the following non-clinical departments which provide support services relating to Administration, Accounts, purchase of medicines / surgical disposables and all other hospital items, security, maintenance and other services e.g. electrical, mechanical, EME, Civil etc.:-

i) Administration

ii) Accounts

iii) Engineering (civil, electrical, EME, boiler, HVAC, general workshop & medical gases, telephone)

iv) Transport

v) Housekeeping

vi) Statistical Department & Medical Record Room

vii) HMIS Department

viii) Library and Audiovisual Section

ix) Purchase & General Store Department

x) Pharmacy & Medical Department

xi) Legal Cell

xii) Security Department

xiii) Kitchen Department

xiv) Laundry

xv) Nursing Cell

xvi) Blood Bank

e) PIMS has now grown to a 1180 bedded hospital which includes a Children Hospital (242 beds), Islamabad Hospital (661 beds), Maternal & Child Health Care Centre (MCH) (140 beds), Cardiac Centre (117) and Burn Centre (20 beds). Because of huge burden of disease which has developed over the last 20 to 30 years, actual number of beds in the form of patients lying on stretchers or / and two patients on each bed is much more.

f) PIMS provides the following services: out Patient and In-Patient departments of general surgery and allied, general medicine and allied, paediatrics and gynaecology-obstetrics; diagnostic facilities radiology, pathology, blood bank, electrocardiogram (ECG), stress electro-cardiography, thallium scan, electromyogram(EMG), electroencephalography (EEG), nerve conduction test, bronco-scopy, endoscopy and other procedures; fully equipped accident and emergency centres as well as surgical and medical intensive care unit (ICU), coronary care unit (CCU), operation theatre (OT) and private wards; modern neonatal intensive care unit (NICU), psychiatric intensive care unit (PICU) and Isolation wards; yellow unit for kidney patients and head injury unit in neurosurgery and cardiac crash program.

6. SALIENT FEATURES OF SZABMU ACT NO.XV OF 2013

Pakistan Institute of Medical Sciences (PIMS), prior to March 2013 used to be an attached Department of CADD and was included as such in schedule II of the Rules of Business 1973. With the promulgation of SZABMU Act of 2013 (Annex-14), it became an autonomous body with the following salient features:-

i) SZABMU was established to be an autonomous body corporate competent to acquire and hold property both moveable and immovable and lease, sell or otherwise transfer any moveable or immovable property which vests in or have been acquired by it [section 3(3) & (4) of the Act ibid.]

ii) The Pakistan Institute of Medical Sciences, Islamabad (the entire facility of PIMS) was made the constituent part of the university [section 3(5)]

iii) The post of the Executive Director, PIMS Islamabad was upgraded to that of the Vice Chancellor of the University [Section 2(6)]

iv) All properties, rights and interests of whatever kind, used, enjoyed, possessed, owned or vested in, or held in trust by or for the PIMS and all liabilities legally subsisting against the said hospital stood transferred to the SZABMU [section 2(7)]

v) Functions to be performed by the University have been laid in section 4 of above Act. These pertain to normal teaching functions and fulfilment of the mandate of the university as prescribed by the HEC. None of these functions relate to management of the hospital which has been made constituent part of the university [section 4]

vi) Jurisdiction of SZABMU was extended under above Act within Islamabad Capital Territory in respect of such medical colleges and institutions in public and private sector as may apply to the university for exercise of its process provided that government may, in

consultation with the university, by general or special orders, modify the extent and scope of aforesaid powers of the university with regard to the territorial limits, colleges and institutions [section 5]

vii) The principal officers of the University are the Chancellor, the Vice Chancellor, the Pro Vice Chancellor, the Deans, the principals of constituent colleges and institutions and the Chairmen of Teaching Departments etc. in terms of section 8 aforesaid.

viii) The President of Pakistan is the Chancellor of the University and Chairperson of the Senate with substantial powers as indicated in sections 9, 10 and 11 of the Act. He is also competent authority to approve rules.

ix) In terms of section 12 of the Act, the Chancellor would appoint Vice Chancellor for a term of four years on the recommendations of search Committee after approval of the federal government. In terms of section 13 ibid but subject to sections 22 and 24, the Vice Chancellor has been declared the Chief Executive of the University who shall exercise administrative control over all its officers, teachers and employees: and shall ensure the enforcement of the provisions of above Act, the rules and the regulations made there under.

x) Under section 13, the Vice Chancellor has the vast number of functions to perform in the teaching field and wide administrative and financial powers, including appointment of employees upto BPS-18 and sanction of all expenditure as well as re-appropriation of amount not exceeding Rs.5 lacs. He can also delegate any of his powers to any officer of the university as per rules.

xi) Under section 19 of this Act, the University may employ such officers and employees in its service as may be necessary for the efficient performance of its functions in such manner and on such terms and conditions as may be prescribed. The existing government employees

of the PIMS, Islamabad may within six months of the order made under section 3, opt to be employees of the University PROVIDED that the terms and conditions of service of all persons serving in connection with the affairs of any institution, institute, or teaching department in any capacity where transferred or so transferred to the University shall be determined by the Federal Government in the manner as may be prescribed PROVIDED further that such terms and conditions shall not be less favourable than those admissible to them immediately before their transfer.

xii) Any question arising under above dispensation shall be referred to the federal government and the decision of the federal government on such question shall be final. Until the rules regulating the services of the employees of the University are made, all services rules as are applicable to employees under the Civil Servant Act 1973 shall apply to the employees of the University in so far as these are not inconsistent with the provisions of this Act [section 19 (3)]

xiii) Among the authorities designed for the University mainly are the Senate, the Syndicate and the Academic Council so on and so forth with vast powers to administer the university as per Act, rules and regulations on the subject [section 20]

xiv) Both the Senate and the Syndicate have powers to approve subject to the provision of the Act, all the rules and regulations.

xv) In terms of section 36 of the above Act, an officer, other than the Vice Chancellor, teacher and other employees of the university shall have the right to retire from service on completion of 25 years service or other retirement benefit as the competent authority may direct in the public interest or where no direction is given on completion of 60 years of service. All such employees shall be entitled to normal retirement benefits as are admissible to the civil servants of the federal government.

7. ACADEMIC PROGRESS MADE BY SZABMU AS PROVIDED BY THE UNIVERSITY

SZABMU is a duly accredited Medical University by the Higher Education Commission and PM&DC. Since its establishment as an Autonomous Body in March 2013, it has not been provided sufficient financial resources to enable it to meet the challenges of its mandate. Despite these limitations, its syndicate claims to have made significant progress academically and has undertaken various new initiatives including accreditation of many departments, setting up of Quality Assurance Department and Public Health Department to award hospital management degrees, besides initiating many other health programmes primarily with the assistance of HEC. Its Vice Chancellor was appointed on 7th January, 2014. First University Post Graduate Examination was conducted in March 2014 and thereafter a series of Post Graduate and Under Graduate examinations were successfully conducted (Annex-17) which are detailed below:-.

MBBS: 1st Professional Examination
MBBS: 2nd professional Examination
MBBS: 3rd professional Examination

BSc Nursing (Post RN), 1st professional Examination
BSc Nursing (Post RN), 1st professional Examination (1st Semester)
BSc Nursing (Post RN), 2nd professional Examination
BS Medical Lab Technology, 1st Professional Examination (1st Semester & 2nd Semester)
BS Medical Imaging Technology, 1st Professional Examination (1st Semester)
BS Vision Sciences Technology, 1st Professional Examination (1st Semester)
BS Surgical Technology, 1st Professional Examination (1st Semester & 2nd Semester)
BS Dental Technology, 1st Professional Examination (1st Semester & 2nd Semester)
BS Anaesthesia Technology, 1st Professional Examination (1st Semester)
BS Intensive Care Technology, 1st Professional Examination (1st Semester)
BS Cardio Vascular Technology, 1st Professional Examination (1st Semester)

Postgraduate Examination:

MS neurosurgery, Final Examination
MS Paediatric Surgery, Final Examination
MS Orthopaedic Surgery, Final Examination
MS General Surgery, Final Examination
MS ENT, Final Examination
MS Ophthalmology, Final Examination
MS Accident & Emergency, Final Examination

MD Cardiology, Final Examination
MD Paediatric Medicine, Final Examination
MD Nephrology, Final Examination
MD General Medicine, Final Examination
MDS Oral & Maxillofacial surgery (OMFS), Final Examination

MDS Paediatric Dentistry, Mid Term Assessment (MTA)
Masters in Critical Care Medicine (MCCM), Final Examination
M. Phil. (Histopathology), Final Examination
M. Phil. (Haematology), Final Examination
M. Phil. (Chemical Pathology), Final Examination
Diploma (DGO) in Gynae & Obs, Final Examination
Diploma (DCH) in Child Health, Final Examination
Diploma (DCP) in Clinical Pathology, Final Examination

Mid Term Assessment (MTA) University Examination of following specialties have also conducted:

MS Anaesthesiology, MTA Examination
MS Burns Surgery, MTA Examination
MS cardiac Surgery, MTA Examination
MS ENT (Otorhinolaryngology), MTA Examination
MS General Surgery, MTA Examination
MS Neonatal Paediatric Surgery, MTS Examination
MS Neurosurgery, MTA Examination
MS Obstetrics & Gynaecology, MTA Examination
MS Ophthalmology, MTA Examination
MS Orthopaedic Surgery, MTA Examination
MS Paediatric Surgery, MTA Examination
MS Plastic Surgery, MTA Examination
MS Urology, MTA Examination

MD Accident & Emergency, MTA Examination
MD Cardiology, MTA Examination
MD Dermatology, MTA Examination
MD Gastroenterology, MTA Examination
MD General Medicine, MTA Examination
MD Histopathology, MTA Examination
MD Neonatology, MTA Examination
MD Nephrology, MTA Examination
MD Neurology, MTA Examination
MD Oncology, MTA Examination
MD Paediatric Medicine, MTA Examination
MD Paediatric Oncology, MTA Examination
MD Psychiatry, MTA Examination
MD Pulmonology, MTA Examination
MD Radiology, MTA Examination
MD Rheumatology, MTA Examination

MDS Operative Dentistry, MTA Examination
MDS Oral Maxillofacial Surgery, MTA Examination
MDS Paediatric Dentistry, MTA Examination

University held its 1st convocation on 13 August 2014. The Honorable **President of Pakistan Mr. Mamnoon Hussain** was the Chief Guest of the event and Degree of M. Phil., Ph.D. & MD/ MS/ MDS were awarded to successful candidates.

All Health & Medical Institutions in the Islamabad Capital Territory (ICT) are affiliated with the University. The Examination calendar has been notified. Till date all University examinations are conducted as per schedule and no postponement at any schedule has taken place.

i. The case for possession of 50 Acre Land for University Campus in NIH is in process as soon as University get the Land PC-I will be prepared.

ii. **Source of funding:**

Sr. No.	Source of Funding	Amount (PKR) Million
1.	Government Grant	Rs. 20
2.	HEC Grant	Rs. 20
3.	Own Resources (Affiliation fees, Admission Fees, Tuition Fee, Examination Fees, Annual assessment fee, workshop & training fee etc.)	Rs. 31.067
TOTAL		Rs. 71.067

The University is self-sustaining and says it met all its expenditures from its own budget and not from the PIMS budget.

iii. Dean, Pro-Vice Chancellor, Registrar, Controller Examinations as per Act are not whole time University employees. They are appointed by the respective authorities viz Syndicate & Senate of the University from among the faculty. The University has engaged approximately 35 staff members in different cadres as per following detail to run the University:

Sr. No.	Designation	BPS	Total No. of Staff
1.	Professors (TTS)	TTS	5
2.	Treasurer (On Deputation Basis from Pakistan Audit & Account Service)	19	1
3.	Assistant Professor (TTS)	TTS	2
4.	Deputy Director/PRO	18	1
5.	Deputy Treasurer	18	1
6.	Assistant Registrar	17	5
7.	Assistant Treasurer	17	2
8.	Assistant Controller of Examinations	17	3
9.	Biostatistician	17	1
10.	Web Administrator	17	1
11.	Assistant Account Officer	16	1
12.	Calligrapher	16	1

13.	Cataloguer/ Classifier	16	1
14.	In-charge Section	16	2
15.	Data Control Officer	16	1
16.	Data Entry Operators	12	3
17.	UDC	9	1
18.	LDC	9	4
19.	Driver	5	2
20.	Dispatch Rider	1	1
21.	Naib Qasid	1	7
TOTAL			**46**

Moreover professors and Assistant Professors were hired on HEC Tenure Track System in Departments which are either nonexistent or there is shortage of faculty in that specialty. University has recently re-advertised posts to overcome the deficiency of faculty members in existing and newly developed specialized departments. :

iv. The staff engaged from the sanctioned strength of PIMS as follow:-

Assistant Registrar	01
Assistant Controller of Examinations	01

8. INITIAL REPORT OF THE AGENCY AND ITS CONSIDERATION BY THE COMMITTEE

A report was called for from the Agency (Annex-18) on 24-2-2015 which it submitted on 27-2-2015 (Annex-19) with the following information:-

(i) "Dr. Shahid Nawaz was attacked by two armed men outside the private ward of PIMS when he was approaching his car at about 3.50 pm on Saturday the 14th February, 2015. He received one bullet at the back of his head behind the ear on the right side. The bullet along with damaged bone pieces of skull damaged vital parts of his brain including the brain stem. The bullet went anteriorly and inferiorly through the foramen magnum and got lodged behind the anterior arch of the first cervical vertebra damaging all structures on its way. He fell unconscious on the ground hitting his forehead. He was immediately brought to the Emergency Department. On arrival in the Emergency at 1626 hrs, he was unconscious with fixed dilated pupils and was not breathing. He also did not have any heart beat. Blood pressure was not recordable and there was no palpable pulse. He was immediately

incubated and resuscitated. CPR was done three times including intracardiac adrenaline to get his heart beat back. His heart started beating but the pulse was not palpable. IV line was also established simultaneously and IV fluids were started. Catheter was passed and he was immediately rushed to the Intensive Care Unit where he was put on the ventilator and his blood pressure was supported with ionotrops, Aderenaline, Epinephrine and phenyl ephrine but his blood pressure remained unstable. All this was done by the doctors of the Departments of Emergency, Intensive Care Unit and Neurosurgery. In the meantime, X-Rays of the chest, head and cervical spine were performed which showed the entry point of the bullet in the occiput. The bullet was seen lying behind the anterior arch of the first cervical vertebra. The trajectory of the bullet and the damage done was determined between the point of entry and position of the bullet. When Dr. Malik's condition became stable enough he was immediately shifted to the Operation Theatre at 1730 hrs. The family was counselled, informing them about the critical condition, inter-alia, explaining that the immediate surgery is the only option available by a team of Neurosurgeons headed by Prof. Khaleeq-uz-Zaman. A team of anaesthetists headed by Prof. M. Iqbal Memon and a team of Neurosurgeons headed by Prof. Khaleeq-uz-Zaman operated on the patient. Prof. Tanvir Khaliq was also present in the Operation Theatre. Decompressive craniectomy was performed. Damaged brain came out under pressure. There was torrential bleeding that followed. Several attempts were made to stop the bleeding which could only be stopped after generous decompression of the posterior fossa, the bleeding stopped with the help of surgical. No attempt was made to pursue the bullet and its removal because it would have caused further damage to the vital structures. Inspite of giving 8 pints of blood 6 pints of FFPs and 4 pints of platelets with rapid transfusion equipments borrowed from liver unit, his blood pressure remained unstable and reached to the minimum of 30 mm mmhg several times. Whereas the bleeding was dealt with a temporary temponate three times. However, luckily the

bleeding stopped after packing with the surgical and the surgeons were able to close the wound.

(ii) A burr hole was performed in the right frontal region and ventricular drain was inserted. CSF mixed with frank blood gushed out into the tube. Tube was fixed and the wound was closed. After haemostasis, head bandage was applied and patient was shifted back to ICU and remained on the ventilator and ionotropic support. His blood pressure remained unstable and had to be maintained by various ionotropic medicines including the maximum dose of pheryleneephrine. The family was continuously kept in picture. In the mean time, Prof. Dr. Arif Malik, Neurosurgeon from Rawalpindi Medical College, Dr. Nadeem Ahmad, Neurosurgeon from Shifa International Hospital Medical College and Dr. Shazli Manzoor, the best qualified Pulmonologist in the Capital visited the patient in the Intensive Care Unit and advised to continue the same treatment as such and did not suggest any additional intervention. It was unanimously felt that performing a C.T Scan under such unstable condition was not advisable because it will not change the course of management. This was categorically and explicitly explained to the family. They expressed full confidence in the management of their patient. The patient was continuously managed by intensivist overnight. He was seen by the Prof. Khaleeq-uz-Zaman along with the Vice Chancellor the next morning and the family was briefed about the persistent critical condition and were told in no uncertain terms and that it will be a miracle if he survived. The senior doctors also met the father of Dr. Malik who thanked all the doctors profusely.

(iii) In the mean time, Raja Zafar-ul-Haq visited the patient and met the family. The daughter Dr. Hafsa requested the Prime Minister through Honourable Raja Zafar-ul-Haq to make necessary arrangements for his father to be flown abroad. Honourable Raja Zafar-ul-Haq was also briefed by Prof. Khaleeq-uz-Zaman about the condition of the patient and the prevailing sentiments of the doctors and hospital staff and suggested that Honourable Prime Minister should formulate the Board

of Neurosurgeons in order to make arrangements regarding Dr. Malik's shifting abroad. The Board was constituted consisting of Prof. Khaleeq-uz-Zaman, Prof. Arif Malik, Brig. Abdul Ghaffar and Dr. Nadeem Ahmad. The board was asked to meet at 6.00 pm to make a decision regarding shifting of Dr. Malik from PIMS. At about 5 o'clock the family with their friends came to the Vice Chancellor's office and insisted on transfer of Dr. Malik first to CMH and then abroad. In the meantime, Honourable Raja Zafar-ul-Haq and Mr. Zamurd Khan also came to the Vice Chancellor's office. Brig. Abdul Ghaffar could not attend the meeting for operational reasons of the Armed Forces. The remaining three members of the board gave a very cautious decision for transfer of Dr. Malik to CMH provided the family agree to take the responsibility for the risks that were being taken while shifting to the CMH. The patient was discharged on the request of the family and was shifted by a team of Neurosurgeons and the Anaesthetists of PIMS to the CMH. A C.T. Scan was performed on arrival at CMH which did not show any surgical lesion and hence no intervention was undertaken in CMH. He was treated conservatively as was done so in PIMS. The following day, an EEG was performed which did not show any brain activity and he was declared brain dead on 20th February, 2015 (Friday). The post-mortem was performed by Medico-legal Officer at PIMS and the body was handed over to the family after giving him the bath and putting his body in the coffin.

(iv) As regards CT Scan, the brief facts are that the 16 Slice C.T. Machine (Toshiba) was installed in the hospital which started functioning on 27-11-2008. The warranty recommended exposures (No. of C.T. Scans) of the tube by the manufacturer is about 1,00,000. So far 5, 50,000 CT Scans (exposures) had been performed. As such the tube had out lived its recommended life. PIMS had to enter into the contract agreement with the vendor/suppliers for annual/regular maintenance of this costly machine. Well before expiry of the warranty period, negotiations for annual contract started in April, 2014. However, as the vendor was demanding excessive maintenance cost (with parts) not consistent with the cost quoted in the initial agreement duly signed by both parties (i.e.

PIMS and the vendor), therefore, it took some time to finalize the maintenance contract. The maintenance contract was finalized on a significantly lower cost of US $ 89,000. Here it is clarified that during the negotiations, the vendor has been carrying out maintenance and repair as per requirement of PIMS.

(v) On 10-02-2015 at 09-50 am, the CT Scan machine became out of order. The vendor's Engineer's diagnosed and advised for replacement of CT Tube, on 11-02-2015. Being an urgent matter, the vendor was advised to proceed for replacement of the tube which he initiated immediately. It is clarified that being an expensive and proprietary item, the C.T. Scan tube cannot be purchased from the market place or stored.

(vi) As regards the security of the hospital, its responsibility lies with the Director Non-Medical, Dr. Zahid Larik. Security staff consists of 103 unarmed guards who are presently being trained by the Islamabad Police in batches since last month. In view of the emerging need of security, four mobile security vehicles were urgently commissioned and put on patrolling duty round the clock at PIMS. A total of 46 security cameras were installed at PIMS and a closed coordination between security staff and external agencies was already in place and that is why the security agencies reacted within five minutes of the incident. However, after the incident, Security has been beefed up security in the following manner:

a. Dr. Zahid Larik has been re-designated as "Chief Security Officer" and he is coordinating with the special branch and other law enforcing agencies.
b. In coordination with the security agencies, the process of enhancing the security of PIMS is in place.
c. Emergency has been declared as per the PPRA rules for immediate purchase / procurement of security related equipments / services and it has been decided to outsource the security services to a well reputed firm.

d. 36 male security guards and 16 female lady guards have already been hired and are performing duties.
e. The armed guards are placed at different entry / exit points including the vintage points as guided by the police etc.
f. Search rooms, walk through gates have been placed at the entry points of the hospital.
g. The unnecessary entry / exit gates have been closed.
h. The mobile security vans has been equipped with the personal equipped with arms.
i. 58 wireless sets have been given to the security staff for guarding the 6.5 km boundary of the hospital and three layers of security cordons are in place.
j. Better coordination with the security agencies is in place, including the army 111 brigade, rangers, special branch and police etc.
k. Web based 82 surveillance security cameras are being installed.
l. The boundary of the hospital is now being fitted with razor wires.
m. Seven surveillance posts are being established in the periphery of the hospital with search lights etc.
n. The baron area in the hospital vicinity has been declared "no go area" and the surveillance has been increased.
o. Sharp shooters have been posted on the roof points.

(vii) Recommendations

a. Due to the exponential increase in population growth and disease prevalence, it is strongly advised to increase the hospital beds to cater for increasing health care requirements and this can only be made possible by increasing the annual budget in a progressive way.
b. PIMS caters to all areas of the country including Afghanistan etc. Almost 8000 patients are visiting OPD on daily basis at this institute.

c. In view of the ever increasing need, it is strongly recommended that more hospitals should be established in the different districts of the country and in and around the capital

d. The funding of the hospital should be increased in proportion to its work output possible to the ever increasing needs of the health of the citizens.

e. As security is not our core business, the same may be outsourced in a transparent manner and in view of dynamic needs, the same may be reviewed by security agencies.

f. There is an urgent need to commission a new CT Scan to share the load on the lonely scan. It will also ensure the availability of the facility in case any one of them breaks down or closes down for routine servicing.

g. The PC-I for establishment of the National Institute of Neurosciences has been submitted to address the needs of the Neurotrauma and other Neurological diseases and the same has to be expedited.

h. Two presentations one of PIMS as a whole and the other specifically on security are enclosed for kind consideration.

i. The facts as described above explain quite well that PIMS is in the dire need of support from all stakeholders in order to make it the centre of excellence that was envisaged at the time of its inception. In this regard, the input from the distinguished committee constituted by the Honourable Wafaqi Mohtasib will go a long way in achieving our joint objectives for providing the best care to the ailing humanity and training to the future generation of the healthcare providers".

vii) Above report of the Agency was considered in the first meeting of the Committee held on 3rd March, 2015. In this meeting, various issues relating to or leading to mal-functioning of SZABMU/PIMS were reflected upon which included present autonomous status of SZABMU versus the permanent cadre of employees of PIMS who were federal government servants and the dichotomy of roles emerging therefrom, the system of private practice of doctors outside hospital premises versus institutional practice, entire remodelling of SZABMU/PIMS by granting it financial and

administrative autonomy, present state of functioning of medical equipment in all its departments including Pathology Lab./ its Diagnostic set up, the system of procurement of equipment, maintenance of its log book with other related SOPs/Issues, training of its staff, present status of HVAC, CSSD, solid waste management system, On call system of Doctors, Nurses and Para-Medics, Security System, the present state of functioning of Filter Clinics, HR issues, funding and accountability issues of the medical / non-medical staff. The Committee observed that above report of SZABMU was too generalized and did not answer many of the questions arising from the discussion on the above issues. It was further observed that if the Committee had to suggest / recommend a way forward for reforming this health institution, it should first obtain a detailed report from SZABMU/PIMS containing the current status of all the above aspects. Only then the committee would be able to make some pragmatic recommendations for improving or remodelling of SZABMU / PIMS.

viii) Based upon the above observations, it was decided that a detailed report may be sought from the SZABMU / PIMS which should, inter-alia, provide precise answer to the following questions:-

a) What is the basic management structure of SZABMU/PIMS and how does it function? Is there any overlap of responsibilities / authority and if so, what are those areas/offices which overlap?

b) How many component/departments / specialities SZABMU / PIMS has at present? What is the sanctioned strength (uptodate) of its medical / non-medical posts?

c) Vacancy position of each department with reasons for non-filling of posts since these became vacant. Since how long are these posts lying vacant?

d) Training system of doctors, nurses and para-medics?

e) List of equipment currently available in the above departments alongwith its life span and current functional status of each of the equipment?

f) What is the system of purchase, repair and maintenance and inventory control of medical equipment currently in vogue? Officers whose responsibility it is to keep the equipment serviceable in different department and procedure for emergency procurement of critical components?

g) Whether the SOPs laid down for the purchase / repair and maintenance of above equipment including its log book are being followed? If not reasons therefore?

h) Wherever any equipment has outlived its life span, is it being replaced on time or its spare parts are being replaced regularly? If not, reasons therefore?

i) Whether the staff responsible for running of each equipment is properly trained and in case of any lapse on their part, how is responsibility fixed?'

j) What is the status of functioning of Pathology Lab. and other Diagnostic services?

k) Current detailed status of CSSD?

l) Current status of the mortuary?

m) What is the present functional status of solid waste management system?

n) What is the present system of "On call emergency of Consultants, Doctors, Nurses and Para-Medics"?

o) What is the system of accountability of Doctors, Nurses and Para-Medics particularly in case of their absence from duty?

p) Are PGs from all disciplines available on duty in the Accident & Emergency Centre? Copies of their duty rosters may also be furnished?

q) Are the Filter Clinics working, if not, why?

r) What is the current status of clinical audit system; how many patients come to OPD or other departments? How many are admitted and discharged daily including their mortality status, if any? Number of surgical procedures carried out by all components with their infection rate and mortality rate may also be furnished likewise?

s) System of record keeping of each patient; whether it is on paper or computer files are maintained?

t) What is the security system of the institution and number of manpower employed?

u) Current status of CCTV within hospital / university premises.

v) Has Cardiac Centre become fully functional, if not, reasons therefor?

w) After SZABMU was established in March, 2013 through an Act of Parliament, it is supposed to have acquired autonomous status while the employees of PIMS are servants of the federal government. How is this dichotomy of legal status of both the institutions being resolved to the overall benefit of the delivery of services in the institution?

x) The Wafaqi Mohtasib in a Complaint No.HQR/4449/13 relating to PIMS made certain recommendations vide letter No.HQR/4449/13 dated 12-11-2014 (Annexed) for improvement of health care delivery system in PIMS How were these recommendations implemented by the respective authorities?

ix) A detailed report in the matter was accordingly sought from SZABMU on 4th March, 2015 (Annex-20) which was submitted by the institution on 10th March, 2015 (Annex-21).

9. KEY POINTS RAISED BY DR. FARHAT ABBAS, DEAN, MEDICAL COLLEGE, THE AGHA KHAN UNIVERSITY HOSPITAL, KARACHI

During the course of deliberations of the Committee, Prof. Dr. Farhat Abbas, Dean, Medical College, the Agha Khan University Hospital, Karachi raised some “Key Points” as to what were the real issues of the institution and how these can be addressed (Annex-22). These “Key Points” are given as follows:-

(1) The Existing Governance and Management model of PIMS and ZAB University is complex and not optimized for smooth and efficient running of the entire organization.

(2) The faculty and staff employment is divided between different Governmental entities and the roles / responsibility; reporting, accountability frame works, etc. will remain compromised unless the structure is addressed.

(3) An independent autonomous structure with well-defined governance, management and faculty / staff model will be beneficial.

(4) There is strong Unionization with interference in the running of a quality organization – It needs to be addressed.

(5) With its superb central location, large campus, and renewed interest and support by Government, it is poised to emerge into a "Centre of Excellence" - should be worked at in that direction.

(6) There is ownership issue of the Faculty and Staff - few things could be considered:

Institutional Practice Model for the full time faculty of PIMS

Staff incentive scheme linked with quality framework and performance

Engagement of faculty and staff in major / minor decision making processes

(7) There are missing Independent Quality Assurance Departments, both for clinical practice as well as for the Institutional / organizational running – few things could be considered:

- Medical Directorate Office – to act as Chief of Medical Staff with office in consultation with all HOD's and faculty to define Medical Staff bylaws, Credentialing / privileging rules, Morbidity / Mortality review processes, Institutional quality indicators, monitoring and evaluation methodology, complaint handling, etc.
- Institutional / organizational Independent Quality Assurance office with audits, regular reviews, QA standards, databases, etc – they should interact and audit every single support service with direct reporting to the Chief Executive

(8) An institution wide holistic survey should be done by an independent QA organization in conjunction with the Management to identify existing gaps in a systematic and holistic manner and to develop a short / medium and long term plan to address the gaps and to convert the institution into a Centre of Excellence.

(9) Budgetary support should be enhanced by the Govt.

(10) Public – Private partnership should be explored and non- core work / services should be out sourced.

(11) A Citizen – liaison committee with strong interest in the overall quality and efficiency of the Institution will be highly valuable.

(12) A strong Academic culture and conducive environment will be VITAL to enhancement of the quality of services at PIMS.

(13) The value and need of strong and well supported Teaching / training / Educational programs for physicians, nurses, allied health workers, staff and others cannot be over emphasized – hence an integrated and a smoothly functioning structure with equal emphasis to Academics and Service will be essential.

(14) Strong support and investment in Research will be invaluable for the above gains.

(15) There is a strong potential to turn this institution around and the existing senior management is highly capable and should be given the mandate to carry out the change with holistic support from Government and other key partners. A strong monitoring and evaluation system with string emphasis on QA will be crucial.

(16) The sustainability model needs to be carefully looked at - few things to consider are :

Enhance revenues

Appropriate Govt. funding

Donor support and enhancement of donor base

Creation of 'for profit arms of business for the organization – not directly from patient revenues.

10. PERSPECTIVE OF PROFESSORS AND HEADS OF DEPARTMENTS OF SZABMU / PIMS

Obviously these were some thought provoking points which were required to be reflected upon further by the Committee along with other stakeholders. Accordingly, a paper based on these "Key Points" was circulated among all the professors / heads of departments of SZABMU / PIMS for their reflection and comments during the course of meeting of the committee chaired by the Wafaqi Mohtasib on 16th April, 2015. The observations and proposals received from them as given at Annexures-23 to 38 are abridged as under:-

a) Prof. Dr. Javed Akram, Vice Chancellor, SZABMU/PIMS

i) Under the university Act of March 2013, the management model promulgated is that of a unified command but to effectively implement this, approval and implementation of the appropriate rules and regulations to manage the organization is required. This will clarify and address all the management gaps. The draft of the rules and regulations is ready and once approved by the statutory bodies (Syndicate and Senate), it should be implemented which hopefully shall

increase the much required efficiency in managing the affairs of the organization.

ii) The organogram, job descriptions defining the roles and responsibilities of all is addressed in the draft rules and regulations and the privileges and accountability processes are being defined and structure being addressed.

iii) The health services should be declared essential services and while the protest is the right of all, any interruption in the health care delivery must not be tolerated and the culture of unions be strongly discouraged in the health institutions across the board.

iv) A PC-I at the cost of Rs.1.5 billion has been approved by the planning commission for the establishment of the state of the art dental hospital on the lines of centre of excellence.

v) An independent Quality Assurance Department is being established for the hospital and university and the same shall be mandated to conduct performance and clinical audits. It is proposed that the all the working of PIMS especially operation & maintenance of machinery and janitorial services be made SOP based and the treatment offered to the patients be in accordance with the standard treatment guidelines. The QA department shall ensure the smooth implementation of the SOPs and STGs and shall also be mandated to get the institute accredited starting from local to JCI.

vi) An institution wide holistic survey should be done by an independent QA organization in conjunction with the Management to identify existing gaps in a systematic manner and to develop a short / medium and long term plan to address the gaps and to convert the institution into a Centre of Excellence. Being public sector organization, we will need to develop TOR and advertise for procurement of the 3rd party services.

vii) Paucity of funds is the core issue and can be addressed either by increasing the funding from the government which should be very much in line with the number of patients treated at the institution and

not on the bed strength or other parameters as usually on the average due to the extreme overcrowding one bed is occupied by two patients and the institute is functioning at about the four times the capacity that it was initially envisioned and funded for. Therefore it is facing severe resource constraints. The government funding should be of progressive nature as opposed to aggressive or issue based for the enhanced results. Another alternative shall be to permit the institute to partially generate its own funds for which a strong political will is essential.

viii) A project of private / public partnership has been submitted to the authorities and IPDF, a subsidiary of finance Division, Government of Pakistan is working on its financial model. Some of the non-core services like security, etc has been recently outsourced but the scope of the same can be enhanced but the main constraint will be utilization of the staff that will become redundant as a result of the outsourcing as being a public sector organization the possibility of lay off remains a difficult option.

ix) Organizations like friends of PIMS are functioning quite effectively but the role of the community by participation should be enhanced and inclusion of members from the community in the hospital management committee remains a viable option.

x) For creating a strong academic culture and conducive environment, world renowned doctors, nurses and para-medicals are being employed through a competitive process under tenure track system (TTS) of HEC. A number of highly qualified personnel has already been interviewed in person or through the video conferencing and shall be joining soon.

xi) The emphasis of alignment of academic and health care delivery services is being addressed for which regular meetings of the academic consul and hospital management committee are being held.

xii) The staff is being encouraged to invest into research to enhance the impact factor of the institute and for this ERB meets on fortnightly basis and advanced study and research board holds its meetings on monthly

basis. The university also holds international and national CME and CPD activities on a regular basis.

xiii) All the stakeholders should be consulted in the decision making to ensure smooth implementation and similarly the effects of autonomy must trickle down to the departmental level and beyond by the process of decentralization to enhance the efficiency.

xvi) The international medical and dental college be established for fund generation and other potentials for income generation need to be explored.

b) **Prof. Dr. Khaleeq-uz-Zaman, Dean Nursing & Allied Health Sciences, Director Department of Medical Education, Chairman, Hospital Management Committee, SZABMU/ PIMS**

i) After the upgradation of PIMS to SZABMU, there is widespread confusion and sense of insecurity amongst the staff from various aspects. These need to be urgently addressed in order to relieve the prevailing anxiety.

ii) Organogram of PIMS needs to be modified according to the new setup integrating health delivery, teaching, training and supportive services complimenting the functions of PIMS as a whole.

iii) The responsibilities and authorities of all employees need to be defined with a clear chain of command. Only then responsibility can be fixed in case of inefficiency, incompetence, ignorance and / or negligence and hence performance based decisions regarding reward & punishment be made in individual cases.

iv) There is a dire need to expand Neurosurgical services. At least 03 professorial units are needed to cope with the workload to avoid delay in the service delivery to the patients requiring urgent attention.

v) Several PC-Is for Neurosciences Institute were submitted a number of times in the past but there has been no progress. A fresh PC-I for the said purpose is being prepared.

vi) A proposal of operational rules is already on the table where an organogram is being developed for integration in both service provision

to patient and teaching & training. This should hopefully improve the working relationship between faculty, management and other health care providers by clearly defined roles provided these are implemented in letter and spirit.

vii) The hospital services should be declared essential services and industrial actions, strikes and other pressure tactics by various pressure groups must be banned. Staff welfare organization can replace unions where the members should be nominated and not elected.

viii) To make PIMS a centre of excellence, it needs increased funding, staff and training specially in attitudes, behaviour and work ethics. It also needs a quality assurance and strong system of accountability.

ix) An additional facility of high standard on public – private partnership basis can be developed in the premises of PIMS where faculty can be given ownership rights in the form of shares. A system can be evolved to make it a win-win situation both for PIMS and the share holders (owners). The incentives / privileges and / or promotion can be linked to the quality of services, academics and research in a measurable manner. The operational rules once passed by the syndicate will address the issues of participation of faculty in decision making.

c) **Dr. Muhammad Imtiaz Masroor, Associate Professor of Nephrology, Head of Department of Nephrology.**

i) The existing Governance and Management Model is complex and of course needs to be changed to make it more sort of being managed by the Vice Chancellor of the Institute who should delegate his authority to different administrators. The hospital needs independent autonomous structure to take the major decisions and a board of governors like body.

ii) Unionization in the institution should be stopped.

iii) To become Centre of Excellence, the faculty staff should be enhanced. It should work as a tertiary care hospital and routine patients should be managed in federal government administered dispensaries run by CADD and more government hospitals of capacity of 200 to 300 beds

should be built in the federal capital at proper locations to decrease the routine work load on this institution.

iv) For institutional practice model and staff incentives, the hospital should generate its resources by taking many public and private organization on its panel and creating conducive infrastructure and patient care facilities for private patients as well.

v) The patients belonging to other provincial departments must be charged from their respective department. Only poor and needy patients should be treated free.

vi) For regular government servants, the concerned ministries must be charged the expenses incurred on their employees.

vii) Reorganization of electro medical equipment, purchase of new equipment and enhancement of properly trained staff should be given priority.

viii) Out sourcing the maintenance of entire electro medical equipment to some other organization which may be offered some incentives in the form of share for running the equipment, should also be considered.

ix) The board of governors /a citizen liaison committee having members from various spheres of professions could have the role of overall supervisory body for the institution.

x) The patients care services should be oriented towards service delivery as well as research and training. The research oriented programmes should be separate from clinical management and both of them should have different incentives from the institution.

xi) All this is possible only when the institute has autonomy to generate its own resources and supported by the government funding, the institute may also contact other donor organizations and liaise with other universities in region.

Suggestions for Quality of Services in PIMS

xii) Number of Indoor Beds: The population of Pakistan has increased and over 30 years, the numbers of beds for admission for kidney diseases are same. The number of patients has increased tremendously over the years and we stretch our services to the extent

that we have to keep patients in corridors and stretchers. In this regard hospital needs to enhance the capacity of beds.

xiii) **Nursing Staff**: The nursing staff remains same over the years. The patients to nurse ratios in critically care department like nephrology needs to be more than a department like General Medicine., Nephrology department's provision of services depends mostly on dialysis machines and staff. In this unit, staff is also deficient. The in dialysis unit needs more dialysis technicians and nurses.

xiv) **Dialysis Machines:** PIMS cater large areas of Punjab, KPK, Northern areas and AJK in addition to capital tertiary, we need to have more dialysis machines.

xv) **Dialysis machines technicians:** The electro medical equipment like dialysis machines needs regular maintenances services and 02 dedicated dialysis machines technicians are required to handle the day to day problems occurring in machines.

xvi) **Electro Medical Department Services:** The hospital electro medical department is very rudimentary and does not help or coup with the whole of hospital with limited staff which also is not trained for maintenance on the specific electro medical equipment. The services of electro medical department for whole of hospital need to be improved.

xvii) **Civil Work:** Civil work of medical unit does not have periodic maintenance and many of the rooms and attached wash rooms need to be renovated.

xviii) **Janitorial Services and Security:** The janitorial services of the hospital are under tremendous pressure because of patients' attendants. The sanitary staff must be increased. Hospital management committee should restrict the entrance of attendants in the wards to keep the hospital clean and to pre-empt the possibility of any security lapse.

d) Prof. Ashok Kumar Tanwari, Chairman of Pathology Department, Dean Basic Medical Sciences.

i) PIMS Hospital and SZABMU University should be managed and run independently. Hospital should be part of university.

ii) The structure of university should be addressed with proper planning and budget. The current eligible faculty and staff should be given lien in university for their remaining service period (Optional). The university should hire fresh, efficient and competent staff for better running of university affairs.

iii) An autonomous independent structure with institutionalized practice and performance based better incentives for university staff should be introduced.

iv) The staff unions should be banned in university.

v) "Centre of Excellence SZABMU" should generate its own revenue and follow other successful autonomous models available in the country.

vi) Ownership can be introduced by institutional practice models, staff incentive schemes and involvement of staff in major / minor decisions along with accountability system.

vii) Quality Assurance Department should be introduced which should monitor SWOT of every department with continuous feedback and measures should be taken for prompt appropriate action. Supporting Departments i.e. Engineering, Electromedical, HMIS and Purchase should be strengthened with proper infrastructure.

viii) Internal and external audit system with the management for identification of existing gaps and measures for rectification of those gaps should be addressed on priority basis as short / medium / long term to convert the institution into centre of excellence.

ix) Budgetary services may be enhanced by the Government with autonomy of revenue generation. Latest updated procedures and tests must be introduced with nominal charges as compared to market prices. The amount paid may be reimbursed from parent organization by entitled staff of other organizations. The generated money should be used for upgradation of that department. The current charges for

procedures and diagnostic tests are in practice since 1986. These may be revised. Quality services are difficult to provide free of charge.

x) Public – Private partnership and donor agencies should be encouraged and non-core services may be outsourced.

xi) A citizen – liaison committee such as Friends of Children Hospital. PIMS committees should be encouraged to play role for improvement of quality services from client perspective and perception of institution by creating awareness in the community.

xii) A strong academic culture should be developed with support of adjunct faculty from national and international forums through USEFP etc and in collaboration with renowned institutions for teaching, training and research should introduced.

xiii) There is a strong need for on job training, teaching and update of knowledge of physicians, nurses, paramedics and other allied health personnel.

xiv) Supporting qualified staff, collaboration with national, international institutions and financial resources are required for quality research on priority basis.

xv) There is lot of potential and capabilities in most of the faculty members and institution, but systems, competent staff, infrastructure, proper authority, timely action, ownership and accountability system are lacking. The staff should opt for government job only with proper incentives as compared to market rates.

xvi) The revenue should be enhanced through donor agencies, government, revised nominal charges with provision of free diagnostic services for poor patient and profitable business strategies through proper marketing department.

xvii) All points raised by Prof., Farhat Abbas are valid and need implementation on priority basis. SZABMU / PIMS along with administrative ministry need to develop a implementation plan which should be for short, medium and long term. The implementation team must include all stakeholders including junior and senior members.

e) **Prof. Abid Farooqi, FRCPI, Pro Vice Chancellor / Dean of Medicine, Head, Department of Rheumatology**

i) The concept of transforming PIMS into a university and its management under a Vice Chancellor is simple. It envisages an autonomous organization funded by the government but run according to the needs of providing an efficient health care system in Islamabad.

The problem arises in its implementation because:

a) Most employees of PIMS were unhappy to surrender the security and perks that come with a regular federal government job as opposed to the uncertainty inherent in an autonomous organization.

b) There was too much centralization of powers and decision-making with the administration and these people are reluctant to let go of this privilege.

ii) The faculty and staff employment is divided between different governmental entities and the roles / responsibility, reporting, accountability frame works etc. will remain compromised unless the structure is addressed.

iii) It is impossible to run an organization coherently if the authority is not completely vested into one framework. Having hospital employees governed by the federal government and the academic staff under an autonomous university framework will never work. The government should be bold enough to make it all autonomous in one go and make arrangements for transfer of those employees who do not wish to surrender their privileges of a federal government job. Only those willing to stay in an autonomous organization with a proper accountability mechanism should stay with SZABMU/PIMS

iv) There is no place for unionism in an essential services facility. This is the biggest hurdle in improvement of services at PIMS. Would the Aga Khan University Hospital function smoothly if unionism were to be allowed there?

v) Institutional Private Practice is not possible since there is not enough space available for all clinicians to see patients in the evenings at the same time. Neither there are waiting facilities comparable to the private

care set ups and patients will not be willing to put up with hardships and still pay money to be treated privately by PIMS doctors. This concept will only be possible if a purpose-built building is first available. This will bring huge dividends in the long run.

vi) This is a universally-accepted concept for Centres of Excellence. However, it would only be possible here if autonomy is available and academicians inducted under the Tenure Track system of HEC are allowed access to patients in a free manner. Here one can visualize conflicts between Tenure Track appointees and non-academic clinical staff unless rules of interaction are clearly defined.

f) **Prof. Tariq Iqbal, Head of Burn Care Centre**

i) PIMS being the University Hospital of SZABMU, should have an independent autonomous structure with well-defined management model.

ii) Institutional based Practice Model for the full time faculty of PIMS should be implemented.

iii) Staff incentive scheme should be linked with quality framework and performance.

iv) Engagement of faculty and staff in major / minor decision making processes should be ensured.

v) Medical Directorate office and independent Quality Assurance Department should be set up.

x) Proper referral / admission protocols for all patients coming from other cities should be developed.

xi) Budgetary support should be enhanced by the Government in accordance with work load.

g) **Prof. Dr. Shazia F. Khan, Head Department of Radiology, PIMS**

i) **Restore the objective of PIMS as a tertiary care hospital**: PIMS was commissioned in 1986 as a tertiary care hospital but this objective was never achieved. Currently PIMS is working as a DHQ hospital; however, the infrastructure of PIMS does not cater for this.

ii) **Human Resource Requirements**: PIMS was fully staffed in 1986 and since then no major induction of technical or non-technical staff was made. In 2005, major renovation of Radiology department was undertaken under 3 PC-Is in which 26 technical and non-technical personnel's were included. However, although the project was completed but no staff (technical / non-technical) were inducted.

iii) **Electromedical Engineering Department**: At the moment PIMS has a rudimentary Electromedical Engineering department. The maintenance of all minor and major equipment is undertaken by respective vendors which has enormous financial implications. The Electromedical Engineering Department should have well trained engineers and well equipped laboratory so that maintenance of most hospital equipment could be undertaken within the hospital as far as possible.

iv) **I.T. Department**: Although PIMS already has an I.T. Department, It needs to be strengthened by inducting properly trained personnel. The infrastructure should be extended / upgraded for proper connectivity of all components of PIMS.

v) **Quality Assurance**: Quality assurance department is the backbone of any hospital which is non-existent in PIMS. Quality assurance department should be responsible for assuring quality services with proper audit / recommendations continuously.

vi) **Department for Compiling of PC-I**: Preparation of PC-I is a technical subject which should be undertaken by qualified and trained personnel with the help of relevant department which is non-existent in PIMS.

vii) **Procurement Procedures**: Extensive red-tapeism is involved in the procurement of all minor and major equipment which not only takes a long time but is often flawed. This needs to be simplified.

viii) **Financial Constraints**: The budget of PIMS is grossly inadequate and among other things does not take into account the replacement of old equipment and maintenance contracts of new equipment. Medical

diagnostics is an expensive service and needs to be funded adequately.

h) **Prof. Dr. Rizwan Taj, Head of Psychiatry Department, PIMS/SZABMU**

i) The present hybrid of University and hospital model is certainly complex and in its infancy stage: it is in the process of being developed into an effective workable structure. Both are integral parts of each other and need to develop a symbiotic relationship mutually beneficial to each other. The model laid out in university document needs to be given a chance to operate and develop fully before it is modified.

ii) Hospital functioning is creaking under too pressure and unless some kind of catchment system is devised, the services will always be compromised. One simple solution would be to charge all patients outside the ICT. It makes no sense that patients from Rawalpindi come for treatment to PIMS. This might be the only hospital in the world which caters for all kinds of VIPs and the catchment area extends across Pakistan.

iii) The quality of the management cadre doctors is very poor and obstructive to smooth functioning. Appointment of new hospital managers will help in smooth functioning.

iv) It is imperative that all employment should be under one organization and not be divided into different entities no matter what the different cadres recommend. The RIC is a good role model where all are part of one structure.

v) Independent autonomous, well defined structure and minimal interference is a need of the hour.

vi) Making PIMS Centre of Excellence should definitely be the goal, but lot of effort will be required and this is where the University programmes fast track development will help in this goal. University programmes need to be given full priority so that International standard programmes can be developed. This is very much achievable if the faculty is given

powers, encouragement, respect and resources to develop such initiatives. Linkages with Aga Khan can help. The University needs to develop its own MD /PHD and diploma programmes which attracts the best students from the globe special programmes for nurses, nursing assistants and medical technologist are the need of the hour.

vii) Institutional practise attempts at KPK badly failed and ruined the careers of many senior faculty members .The infrastructure for the same does not exist in PIMS. At this time any attempts to implement it at this stage will not succeed .The suggestion by the diagnostics to implement it in the Lab and radiology can be a starter as it benefits the staff without any extra effort. The honourable Ombudsman's suggestion of setting up a building with ownership to faculty member is a brilliant suggestion and needs to be given full consideration.

viii) Staff incentive based reinforcement is a step in the right direction at this time. At the moment, those with the right connections achieve their promotions while some hard working deserving staff are left behind. Some system needs to be devised to achieve. Political inference is very much there needs to be countered.

ix) Independent sustainable quality assurance programme are very much required and these need to be on long term basis. Medical Director's office is very much required from amongst the faculty members. Audits are carried out in all quality institutions. It is a mechanism through which one can identify shortcomings and improve systems.

x) Budgetary support needs to be enhanced and if the government can't then the institution will need to generate its own funds.

xi) Precious PIMs land has been given to a well to do private medical college (CPSP) free of charge. They can be asked to pay rent on a regular basis and if they are not willing, the building should be utilized by the PIMS medical college which badly needs a building within premises as undergraduate medical students need regular attendance at the hospital.

xii) Strong academic culture is a necessity of the institution and will definitely contribute to quality treatment .Promotions should be linked

to number of academic events / research etc. The administrative staff needs to support rather than hinder such initiatives.

xiii) Investment in research is the key to a success story and at this time is non-existent. Having money in the pot for research will certainly help. If we want undertake research we have to use our own resources at this time.

i) **Prof. Dr. Zahoor Ahmed Rana, Chairman, Oral & Maxillofacial Surgery, SZABMU/PIMS**

i) In transitional period, there are always teething problems but these are the common norms and will gradually be streamlined with the maturity of university.

ii) The present employees should be given some space and new inductions should be done according to the rules and regulations and implemented strictly.

iii) Unionization is helpful for check and balance and protection of the rights of employees but its activities should be strictly monitored and must be kept according to the law.

iv) Ownership is a very sensitive issue and for the current faculty and staff, it should not be changed. Any change if needed, must be made with the new inductions only. As we remember the issue of institutional based practice was also raised few years back but due to the conflict of interest between the various stakeholders, it could not be implemented and this model is unfortunately not successful in government sector.

v) No doubt that proper check and balance is a must for smooth running of any institution so independent Quality Assurance Departments are dire need of the time. However most of the clinical departments and administration too are conducting audit activities randomly but well established / structured departments are lacking and should be established.

vi) Enhancing the public – private partnership and out sourcing the non-core services may be a good step but thousands of poor patients who cannot afford the burden of private treatment are being benefitted by the free treatment at PIMS should not be forgotten.

vii) A strong academic and conducive environment can only be achieved if Management of University would only be focused on the affairs of academic activities only, the hospital management affairs should be looked after by the university but not at the cost of academic environment.

viii) No institute can run smoothly without strong financial support so enhancing revenues, funding from government and donations will be of high value towards further improvement of this institute and creation of arm of business. Medical and Dental undergraduate colleges may be established for this purpose and maximum slots may be allotted on self-finance basis and secondly guest houses and private hospitals can also be established.

j) **Prof. Muhammad Naeem, Head of Department (Urology), SZABMU/PIMS**

i) At present, management model of SZABMU/PIMS is confusing. As university is a reality now PIMS should be treated as university hospital and all components of PIMS should become as university departments with Vice Chancellor its overall in charge. However hospital should be run by the Hospital Management Committee whose head should be senior professor who should be available to Vice Chancellor. All head of departments should be member of hospital management committee.

ii) All the teaching faculty and staff should be absorbed into university strength with their lien in the government till their retirement. After their retirement, the post should be filled by the university as per rules. Additional new post should be filled by the university.

iii) University should have an independent autonomous structure. All the components of PIMS should be part and parcel of university.

iv) All the unions in SZABMU/PIMS should be banned and there should be no political influence as these hinder the smooth running of institution.

v) Regarding institutional practice. Presently it is not possible because there is no infrastructure. This can easily be achieved after expansion of departments and construction of private wings in the departments with operation theatres in surgical and allied departments.

vi) Regarding incentives schemes, incentives should be linked with performance and quality of work. Regular audits and patient feedback should be indicators of performance and quality of work.

vii) Regarding engagement of faculty and staff in decisions making, the Hospital Management Committee should involve faculty members and staff in decision making and for running of affairs of hospital.

viii) There should be quality assurance department which will enhance the quality of work of SZABMU/PIMS

ix) A survey should be conducted by a creditable agency like Gallup or any other agency. Problems highlighted by public should be addressed.

x) Public private partnership is a good idea. This should be tried first in diagnostics. CT Scan, MRI and X-ray units may be allowed to be installed by private parties. Terms and conditions should be such that patient should not be over charged and minimal profit should be taken.

xi) There should be involvement of civil society towards the management. A committee of citizens may be constituted which should visit the hospital off and on and should have regular meeting with the administrator and clinical head.

xii) Management should be empowered and role of university should be minimal regarding administrative decision. There should be close cooperation between faculty and administration. Administrative role should be that of a facilitator rather than a dictator.

xiii) Culture of Free treatment should be finished. Hospital should charge some amount from every patient who receives treatment in the OPD and admitted electively. Emergency treatment should however be totally free of cost.

xiv) Here is a model of payment for a patient who requires surgery and is admitted through OPD:-

- Registration fee Rs.100/-.
- General Ward Bed Charges Rs.200/- per day.
- Operation charges Rs.5000/- for major surgery and Rs.3000/- for minor surgery.

- Patients who Govt. employee or of autonomous bodies, their departments should pay the hospital.
- Patients who are poor and non affording, their treatment expenses should be met by Zakat fund. So hospital payment should be made for every patient. By such measures, reasonable revenue will be generated.
- Revenue generated should not go to the treasury but be spent in hospital for purchase of equipment or other expenses.

xv) Regarding donor support and enhancement of donor base; there should be some trust like set-up e.g., "PIMS Foundation" where donor agencies and philanthropists could be encouraged to give donations. This will aid in treating the poor patients.

xvi) Regarding creation of "for profit arms of business"; some part of money donated should be invested into profitable schemes like saving certificates, defence saving certificate and profit obtained should be spent on welfare of patients.

k) **Prof. Hasan Abbas Zaheer, Department of Pathology**

i) **Current Situation**

- More than 90% of the PIMS pathology staff (consultants, doctors, technicians, etc.) work in or own private laboratories in the vicinity of PIMS which is a serious conflict of interest situation and the root cause of corruption and poor performance of the department.
- A significant proportion of PIMS laboratory samples, routine and specialized investigations, are sent for investigations to the private pathology laboratories functioning in the vicinity of PIMS. Many of these PIMS samples sent to private laboratories are actually tested in the PIMS laboratories as many of the staff in both these places is common.
- A well established nexus exists between the prescribing physicians and these private laboratories.
- In-hospital Private Practice – true potential cannot be yielded due to lack of interest by the pathology department staff and the hospital management.

- Pathology Laboratory is fragmented - functioning in 5 different venues within PIMS –IH (1), CH (2), MCH (1), BC (1).
- Very limited recurrent budget is for procurement of consumables and QC program.
- No budget or planning is made for regular upgradation / renovation of hospital.
- There is limited human resource (technical staff often unqualified /untrained).
- Poorly motivated staff – lack of incentive, limited upward mobility.
- Unattractive financial remuneration – not commensurate with qualifications and experience.

(ii) **Key Issues**

- There is resistance by hospital management to procure quality consumables due to budgetary constraints and lack of awareness.
- There is inadequate capacity of Electro-Medical dept to conduct routine repair and maintenance of equipment. Cooperation from allied departments like Electro-Med, Purchase, MIS, Finance etc. is non-existent.
- Support services (sanitation, air conditioning, electrical etc.) are extremely poor.
- Specialized investigations (thyroid, fertility etc. profiles) successfully performed on subsidized rates, in the past were discontinued by the hospital administration. These services were utilized by PIMS and outside patients as well as private labs including Excel Labs.
- Gross misuse of pathology laboratory services is in vogue due to indiscriminate prescription practices.
- There is also gross misuse of pathology laboratory services by A&E department and the PIMS lower staff.
- Laboratory charges have not been revised since 1986.
- Due to graft, many non-entitled affording patients get their laboratory investigations done free. Meagre revenue generated is distributed on quarterly basis after 3-4 months delay.

iii) **Recommendations**

- ✓ Mandatory institutional practice in the Pathology Department.
- ✓ Revise laboratory charges but keeping them lower than market rates and at par with AFIP rates.
- ✓ Revenue generated must be re-invested in the laboratory instead of depositing in the treasury.
- ✓ Re-start the specialized investigations on subsidized rates e.g. hormones, PCR etc.
- ✓ Upgradation of obsolete equipment, and repair of existing non-functional equipment.
- ✓ Ensure cooperation and accountability of line departments e.g. Electro-medical, Purchase, Finance, MIS etc. vis-à-vis support to the Pathology Dept.
- ✓ Curtailment of misuse of laboratory by streamlining the A&E department and checking the PIMS staff.
- ✓ Start new pathology specialities – Molecular Biology, Immunology, Virology etc.
- ✓ Accreditation (national / international) of the department.
- ✓ Establishment of Pathology Department in a custom made building – elimination of fragmentation, economy of scales.

l) **Dr. Tanwir Khaliq, Chairman, Department of Surgery, PIMS**

i) Rules for CADD employees are taken from Esta Code and whereas teaching / academic rules are same as PMDC and HEC Rules. Operational rules for ZAB University are being framed. Till that time confusion and ambiguity may continue.

ii) An independent autonomous structure with well-defined governance, management and faculty/staff model (should be implemented after input from all stake holders as all such previous exercises failed) (Ranging from federal, autonomous to attached Department).

iii) Institutional practice Model was planned a number of times to be implemented but failed due to various reasons and should be considered after taking all stake holders on board.

iv) Various departments are doing clinical audits and review of outcomes. Department of surgery carries out regular monthly audit meeting where outcomes are reviewed. This needs standardization across the departments so that clinical audit of whole hospital is presented and reviewed.

ix) PIMS has a very strong teaching and training tradition at par with any national teaching institute. There are regular teaching sessions, MDM, Audit meetings, grand rounds and seminars in all departments. Department of surgery has produced more than 200 surgeons working in Pakistan and abroad. University has strengthened the teaching and training programmes. Full time DME, research cell, skill labs and faculty training is required.

m) <u>Prof. M. Iqbal Memon, Chairman, Department of Anaesthesia and Critical Care Medicine, SZABMU/ PIMS</u>

i) Considering the workload of patient (about 26000 cases in 2014) at operation theatres of IH, CH, MCH, BCC and Cardiac Centre, it is difficult to offer quality of service to our patients. Despite many requests to higher authorities, ban on recruitment has not been lifted since many years. Vacant posts of specialists and assistant anaesthetists should be filled at earliest for department.

ii) New posts of assistant anaesthetists and supporting staff at all components of anaesthesia may be created for smooth and safe service to the patients.

iii) Department of Critical Care Medicine (SICU and MICU) provided intensive care services to more than 500 patients during 2014 which is comparable to all public and private hospitals of the country. French collaborators left us long ago as the ministry of health at that time failed to create the posts in critical care speciality. These services cannot be run on staff borrowed from other components of PIMS but we need dedicated doctors and support workers of various cadres round the clock which is only possible through creation of posts in this speciality from BS-1 to BS-20.

iv) Regarding the equipment, many new equipment have been installed at operation theatres and critical care area but we still need many more subject to availability of funds.

n) **Dr. Inayat Adil, Head of Department Gastroenterology, PIMS**

I) The PIMS is extremely overburdened

This hospital was established 30 years ago to cater for the needs of the people of Islamabad and surrounding areas. It was supposed to work as tertiary care centre. That meant that PIMS will handle only referred cases from other hospitals of the region and country and not work as a General Hospital. Since its inception in 1985, the PIMS has been working as general hospital at a level of primary and secondary care as well as a tertiary care hospital. The population of Islamabad which was 3 lacs in 1985 has grown more than 7 times and now it's more than 2 million. Moreover, over the years, better communication and transport facilities have increased the mobilization of the people and now the PIMS provides services to Gilgit Baltistan, AJK, KPK and the Punjab upto Gujranwala. To handle this enormous burden, it is the need of the hour that at least two or more hospitals of the PIMS size and facilities should be established in Islamabad

When we subject a machine capable of doing 10 procedures per day to a pressure to do 40 to 50 procedures per day, the result is breakdown of the machine and disorder. This aspect needs due consideration.

ii) **Poor Electromedical Department Services**

All concerned with the use of instruments and equipment know that Electromedical Department of the PIMS is not able to even fix a fault in a suction machine. They are, in fact, not able to handle and fix minor faults in CT scan, MRI scan, Endoscopes and other advanced instruments.

o) **Prof. Abid Farooqi, Head of Department of Rheumatology**

I) A clearly defined executive authority be given to the Vice Chancellor including hiring & firing power based on laid down rules and regulations

for service. This is of paramount importance if the standards are to be improved.

ii) All union activities must be completely disallowed in this institution since it comes under the purview of Essential Services.

iii) Each post must have a clear job description and each appointee must meet the minimum targets of performance in order to stay in service.

iv) The government should clearly decide if it has the will to enforce the criterion of the hospital serving a demarcated catchment area so that budgetary and human resource planning can be done in an orderly manner. In case this will is not forthcoming, the concept of budget allocation according to number of patients seen must be allowed. The present system of allocating a fixed budget to treat an unlimited number of patients does not make any sense. This is the main reason for substandard services at PIMS.

v) All primary care health units in Islamabad should be made functional in order to limit the burden on PIMS. PIMS should be authorized to see only those patients who have been screened at these units first and their condition deemed serious enough to warrant specialized opinion from this hospital. A clear chain of communication thus needs to be established.

vi) A revised system of administration is the need of the times whereby each section head is allowed a degree of financial and administrative autonomy thus reducing the red-tape culture that currently exists and is responsible for delays and corruption that is being seen nowadays.

p) **Dr. Wajahat Aziz, Associate Professor, Department of Rheumatology**

i) Each department should be given an autonomy so that they can formulate their own SOPs for their functioning. These SOPs should address their functioning of outpatient department, accident and emergency department, interdepartmental referrals and consultations.

ii) The various departments should, thereafter, be held responsible for their working and functioning.

iii) These SOPs should be regularly audited by each department themselves and the SOPs amended accordingly.

iv) The HODs should be able to request the necessary medic-surgical equipment for their proper functioning and the administration should be made responsible to provide such medic-surgical equipment on priority basis.

vii) The HODs should have some limited amount of finances at hand which they can disperse for immediate needs of the department.

viii) The HODs of various departments including the administration should have combined meetings regularly where the SOPs of various departments could be audited and problems discussed to overcome them.

ix) The HODs of all the departments should raise their problems in such meetings in front of this forum so that all problems, specially needing urgent attention are brought forward in front of each other including the administration so that they can be solved on priority basis.

x) The administration should liaise with the concerned departments including the finance department on urgent basis to rectify the deficiency.

11. SENIOR PARLIAMENTARIANS' PERSPECTIVE

In any democratic process, parliamentarians have a very vital role to play in the building process of public sector institutions and subsequently in their reformation or transformation process to meet ever changing demands of people over a period of time. It was, therefore, considered prudent to take them in confidence in the present reform initiative. On invitation of Wafaqi Mohtasib, a large number of them attended an exclusive meeting of the Committee held on 9th April, 2015 under the chairmanship of Wafaqi Mohtasib despite their very busy schedule on the same day when a joint sitting of the both houses of Parliament had been called for the address of Chinese President. A list of the Parliamentarians so invited is given at Annex-39. During the course of above meeting, these parliamentarians took keen interest in the deliberations of the Committee and came up with very critical observations and suggestions. These are summed up as under:-

(1) Citizen's right to health care is one of the fundamental rights enshrined in the constitution of the Islamic Republic of Pakistan. It was, therefore, the primary responsibility of the state / government to constantly monitor its health care facilities for improvement. It was not a matter of providing only one time dispensation by the government.

(2) Present governance model of the PIMS was a complex one which does not support efficient administration. Perhaps the remedy lies in establishing the institution as an autonomous body with a private public partnership, and unions and associations having no role or authority to interfere in the affairs of the institution.

(3) A fundamental question frequently raised is about the status of the institution which had attained autonomy through an Act of Parliament in March 2013 whereby all the employees of the PIMS hospital and other components who are civil servants of the federal government, were required to opt either to stay as federal government servants or move over as the employees of autonomous body of the university. So far only 27 employees out of 3600, have opted for the autonomous university despite the lapse of more than two years. How can a university work as an autonomous body if it cannot legally control the administration of its employees. In case, the existing employees do not want to become employees of the university, it should have framed proper rules, regulations and procedures for administering such employees. No such rules have been framed so far. Even clinical / operational rules have not been framed despite the lapse of almost two years. In the presence of such a legal void, the responsibility for various lapses in the service delivery cannot be fixed and accountability and discipline cannot be enforced. It was indeed the need of the day that all three sets of rules relating to operational and clinical systems (outlining duties and responsibilities at each level), service rules and those rules and SOPs related to PMDC are finalized and notified without any further delay. In fact, it is an unprecedented legislation through which PIMS' with its hospitals has been merged into a university through an Act of 2013. Hospitals are neither merged with,

nor operated and managed by the medical universities. They can work and operate effectively and efficiently only by maintaining an independent posture. Yes the hospitals can be affiliated with the university for teaching purposes. Their journey from government based structure to the autonomous set up should be carefully phased out to avoid complications.

(4) At present, there was hardly any system of accountability built in the governance system of PIMS. Discipline, it was observed, always flows from above. However, very few Professors and Heads of Departments come to the hospital OPD and wards in time and some who do, leave early. Mostly they come to the hospital after 10 o'clock and leave around 12 o'clock. There are number of Professors and Heads of Department who come to office only once or twice a week and there is none to check them. Furthermore, for effective service delivery, it was considered imperative that the consultants take round of their wards and the head of the institution should take at-least one weekly round of the institution to keep himself abreast of the gaps and weaknesses in the health care delivery system. This system has not been institutionalised for every consultant and head of department so far. It was observed that there was hardly any example of a PIMS' professor or a doctor or any medical / non medical staff being held accountable for misconduct, lack of supervision, professional negligence, inefficiency or corruption under the disciplinary rules. With an almost complete lack of accountability, there is hardly any possibility of bringing improvement in service delivery. If system has to improve, the heads of departments alongwith the head of institution have to exhibit dedication and commitment to their job and have to lead by setting personal example. There has to be a zero tolerance about corruption and negligence of duty.

(5) One of the success stories in the public sector is the Rawalpindi Institute of Cardiology (RIC) which had been given the needed autonomy which was primarily due to the political will and commitment of its head / leadership with the institution. Consequently 75% of the

cardiac patients over there were being treated free of charge and simultaneously the institution was generating huge resources on its own. No machinery or equipment had gone out of order since the inception of the institution as the head of institution had complete authority to buy machinery or its spare parts and there were proper SOPs laid down to do so expeditiously. PIMS should be made similarly autonomous and RIC model of governance could be an option

(6) Doctors devote more time to their private practice even during office hours and PIMS is used as a ground or venue for referring patients to the doctor's private clinics. Most of the senior doctors join PIMS only for establishing their private practice. The nurses and para medical staff of the PIMS mostly work in the private clinics of these doctors in the evening. These para medical staff and lab attendants do not keep hospital equipment and diagnostic machines in order and neglect their maintenance not by default but by design in order to promote private practice and private labs established by the doctors in Islamabad. The net result is that the business of private medical practitioners / hospitals and laboratories has remarkably flourished in Islamabad at the cost of the poor patients whose only hope is health care service at PIMS which now looks like a mirage.

(8) A great emphasis is required to be laid on establishing institutional practice within PIMS as against private practice outside, which had badly affected its performance. By promoting such practice or making it as an integral part of the service contract, overall performance of the institute would greatly improve. In this regard, examples of Army Hospitals throughout the country, Agha Khan Hospital, Shifa International Hospital, Rawalpindi Institute of Cardiology (RIC) and Punjab Institute of Cardiology (PIC) Lahore were given which have not only improved the financial health of these institutions, but that of the doctors as well. While doing so, the doctors should be given attractive financial package out of the income generated through institutional practice. However, there is a contrary argument that the system of institutional practice cannot be established in the PIMS because

necessary infrastructure which is available in the private sector, is not available in the PIMS. However, there is a proposal to develop four medical towers in the PIMS on the basis of private public partnership with huge parking basements which plan, if implemented, would make PIMS self sustainable institution after 7½ years. With such a facility in place, institutional practice can be established in PIMS.

(8) However, planning of medical tower, within the existing space of PIMS was indeed not a pragmatic proposal. PIMS was located in the centre of Islamabad which had already become overloaded primarily with coming up of Centaurs and Metro bus facility which had choked the traffic of the area. Therefore, it was not advisable to set up four new medical towers within the premises of PIMS. If at all such a facility was required to be constructed, in future, it should be located somewhere outside PIMS. In fact, more realistic approach would be to plan couple of new hospitals around Islamabad instead of going for these towers.

(9) In the beginning, PIMS was developed for certain capacity meant for catering health care requirement of almost 500 patients a day. Now the quantum of this burden of disease has increased manifold. Every kind of patient with minor or major illnesses, which can be cured at local levels by the local hospitals or health care facilities, comes to PIMS for treatment. 70 to 80% patients approach its OPD daily. Major influx comes from KPK province and AJ&K and quite a number of cases come from Afghanistan. According to an estimate, on the average 62% of the patients which arrive in PIMS, come from outside Islamabad Capital Territory (ICT) area. The hospital was never designed for such kind of clientele. It was only meant to be a tertiary health care facility to deal with complicated cases which it could receive through a referral system from other hospitals in the area. No such system is in place at present. There is indeed a great necessity of building 3 to 4 hospitals around Islamabad with a capacity of 6 to 7 hundred beds each for treatment of patients in the area. Such hospitals can refer complicated cases to PIMS for further treatment. These hospitals should be planned

and their construction started immediately as a good hospital takes at-least five years to complete.

(10) At present, the PIMS hospital has 1093 beds but the load of patients in the wards had almost doubled. Consequently, a large number of patients had to be put on the stretchers in the wards and outside wards in the corridors. In some cases, two patients are placed on one bed. With such an influx of patients, the quality of health care was going to deteriorate further.

(11) An integrated three tier health care system in Islamabad would go a long way in easing the situation. Prime Minister had recently approved a model for setting up a Federal Health Board with four regional boards. Presently, its modalities were being worked out.

(12) Current state of affairs in PIMS is a reflection of our society. It is overcrowded; functioning under several constraints with large budgetary deficit; most of its machinery is not functional having outlived its life span. Maintenance contracts for the equipment are not being honoured by the companies for want of maintenance budget not provided by the government to PIMS. Consequently, PIMS has defaulted with several companies. Recurring cost of the machinery and equipment has not been properly planned and included in the budget estimates because of lack of anticipation and poor planning.

(13) Many new projects have been started within the existing PIMS premises which is already choked. Furthermore, new projects are being contemplated without proper planning. In this perspective, improvements in the present system of governance and health care delivery system cannot be brought about.

(14) There was no quality control department in PIMS to undertake clinical mortality audit and have checks and balances on other clinical services being rendered ensuring patient's safety. JCI / Citizens Liaison Committee of the hospital could go a long way in giving a feed back / support about the quality of services and attract donors.

(15) One of the core problems indicated was the attitude of doctors, nurses, para medical staff and non-medical employees of the institution. There was hardly any commitment or feeling of ampathy among the PIMS personnel for the patient. They had poor work ethics and less than desirable attitude towards the patients. This was despite the fact that they also get handsome health allowance equivalent to their basic salary which is a major incentive. There was a huge army of doctors but most of them were appointed on the basis of nepotism and favouritism. Everyone in the institution was driven by vested interests as against organizational objective of patient health care. In fact, a point made was that every person has to be a good human being first before becoming a doctor, a nurse, a para medic or something else. This human aspect was entirely missing.

(16) For purchase of equipment in the hospital, more powers should be delegated to the professors and heads of departments and reputable companies and firms should be prequalified for buying quality equipment instead of buying cheap and unreliable products on the lowest rates from market. There should be a purchase committee comprising the various stakeholders in the process including professors / heads of departments; the representatives of Ministries of Finance and Health should be taken on board on these committees to take quick decisions in respect of purchase of equipment or spare parts thereof, besides developing and approving maintenance contracts with these companies.

(17) PIMS is spread over a large area of 140 acres which is not properly secured and protected by walls. Its overall radius is more than 6 kilometres. Because of its huge mass, it cannot be properly secured by the PIMS existing untrained and aged security staff. Indeed it is a soft target for the terrorists who can have very easy access to PIMS facilities by trespassing its very frail security infrastructure. There are instances when new born babies have been abducted from the hospital, nurses and doctors have been killed in the hospital premises. Therefore, there is every necessity / justification for developing a plan

of outsourcing the security of the PIMS to a credible security company at market based rates for 'A' category companies.

(18) One view was that it was primarily due to unbridled activities of the Trade Unions and Associations which have destroyed the entire fabric health care service delivery. They have been allowed to operate and grow in the PIMS without any checks and balances and interfere in the administrative affairs of PIMS quite frequently. They often choke the functioning of the hospital by staging rallies and going on strike for their vested interests and malafide motives. These bodies are generally backed by big mafias and vested interest groups in the institution. They do not own the institution's mandate of health care which was indeed an essential service being delivered by the government. There was a dire need to ban the activities of all such associations and unions – their activities being grossly detrimental to the health care service delivery. Here a question emerged as to why the private hospitals work more efficiently and effectively than the hospitals in the public sector? Besides better governance and decentralization of authority, one reason for that was the absence of unions and associations in the private sector hospitals like Shifa, Agha Khan Hospital, Shaukat Khanum Hospital etc.

(19) Hospital primarily depends on the government grant for meeting its financial requirements. Because of the fact that public perception about the health care delivery system in the PIMS is not good, it does not attract donors or private funding from philanthropists or such other sources. If the governance and service delivery structure of the hospital improves over a period of time, it can attract substantial amount of funding from donors and other private sources.

(20) Ownership of the institution by its employees was of primary importance. Some kind of institutional practice, with staff incentives and linking benefits with the quality of service delivery could prove to be a very crucial sustainability model. Many other revenue sources could be tapped which could be donor based to broaden and sustain the revenue base of the institution.

(21) Currently OPD slip fee is Rs.5/- per patient which was prescribed by the government many years back. It can easily be raised to Rs.100/- per patient and could go a long way in making PIMS financially self-sustainable and consequently better positioned viz-a-viz patient care.

(22) No hospital could undertake patients care without a strong academic base. Therefore, investment in HR and training of doctors and other medical personnel was extremely important. In this regard, example of Agha Khan University could be given where a very productive and service delivery oriented relationship of the university existed with its hospital as a unified model.

(23) Regarding Accidents and Emergency Department, it was also required to be reorganized and strengthened by putting critical diagnostic equipment in the department to cater for emergency treatment; inter-alia, by displaying the duty roster of the doctors and by prescribing SOPs for treatment of patients in a proper manner.

(24) Political will was a prerequisite for an institution like PIMS to enable it to deliver effectively. With strong political will and support, the institution will work effectively and efficiently; donations will also start coming but there has to be no interference in the work of the institution by any Ministry or Division.

(25) Rules and regulations of the institution were required to be made performance and clinical based.

(26) How should the hospital be staffed and run? For this purpose, there should be an HR plan. This could only be done effectively by first carrying out an H.R audit to find out staffing gaps in the organization.

(27) Medical graduates should be sent abroad for training for at-least two years to gain on the job experience from the best facilities in the world. This could broaden their horizon.

(28) Expansion of Polyclinic hospital was being contemplated whereby it is proposed to expand that hospital in the adjacent Argentine Park for which a summary has already been approved by the Prime Minister.

However, possession of that land was not being given to the hospital because of dispute about bringing change in the master plan of CDA to build a hospital in the place meant for park. This matter also needed to be resolved.

12. The Committee considered it advisable to seek guidance from prominent experts and distinguished members from civil society. For this purpose, notification of the present Committee explaining its terms of reference (TOR) dated 21-2-2015 (Annex-12) was sent to various health experts and members of civil society (Annexes-40 to 49) along with paper of the "key issues" on existing PIMS model developed by Dr. Farhat Abbas, the Dean, Medical College of the Agha Khan University Hospital, Karachi - a member of the committee. The committee was able to elicit very useful views (Annexes-50 to 59) from them which are given hereunder:-

PERSPECTIVE OF HEALTH EXPERTS

(1) President, College of Physicians & Surgeons Pakistan

(a) There is no doubt that issues regarding breakdown of critically important medico-surgical equipment including MRI, CT Scan, EEG and the quality of services in hospitals is a major problem in government run institutions. Not only does it cause disruption in services leading to severe inconvenience to the public but also is a major drain on the budgetary resources of these institutions which are already quite poorly funded. The reasons for that are as under:-

i) Purchase of such equipment is often done without proper maintenance & follow up potential of the vendor. These are selected on the basis of the lowest quotation. Other important factors are not taken into account. Often some of these vendors have to fold up their businesses and are not available to maintain & service the supplied equipment.

ii) The process involved in the purchase and eventual procurement & installation of such sensitive equipments is often so lengthy that by the time these machines reach the hospital, newer models are already in the market. The result is that spare parts & other items are either no longer available or difficult to get.

iii) Equipment is often purchased and installed but is run by personnel who are not fully or properly trained in handling such sensitive equipments. The result is mishandling leading to breakdowns.

iv) Institutions rarely have a proper and adequate maintenance budget. When a machine requires costly spare parts, no provision exists in the institutional budget although service is usually covered in the agreements.

v) Installation of such sensitive equipment requires certain conditions in the hospital which must be met e.g.

- Proper air-conditioning.
- Proper and continuous voltage.
- Usage according to specifications by the manufacturer i.e. number of cases to be done daily and the machine to be serviced after a certain period.

vi) Often hospital working is stopped due to non availability of workshops for smaller instruments, therefore, while policy is made for costly equipments, hospital must have a workshop for repair of instruments.

The above conditions are often not met.

(b) Having enumerated some reasons for such breakdowns, the measures which can be taken to prevent such problems are:

i) Equipment should be purchased only from well reputed vendors prequalified with adequate experience. They must submit a list of maintenance engineers and personnel on their staff, along with other relevant information like financial health, other places where equipment has been supplied etc.

ii) At the time of purchase, adequate preparation must be made in the hospital that the area or room is proper and UPS facility is of the highest quality. Safety precaution should be in place & displayed prominently.

iii) Along with the machine, a proper & adequate maintenance budget must be earmarked and made available. It should not be used for any other purpose.

iv) Purchasing should be done by a committee in which, along with the administration, the user consultant, technical person and a member of the public be represented.

v) Personnel must be fully trained in the handling of these equipments before installation and also afterwards. Every effort should be made to hire properly qualified staff to run such machinery.

vi) A system of trade-in must be established so that old & aging machinery may be traded for new ones before they become completely unserviceable. An understanding to this effect may be developed with the manufacturer / supplier.

2) <u>Vice Chancellor, Jinnah Sind Medical University, Karachi</u>

i) The medical universities are different from general universities as they in addition to teaching also have a clinical aspect in the form of a hospital which is engaged in public patient dealing. These aspects that is teaching and training along with hospital management and patient care are both completely integrated. The faculty in a medical university is involved both academically and clinically. The problem that are noted is because the employees of the PIMS are Federal Government employees and not the employee of the university. A medical university by definition of PM&DC should have its own constituent Medical College and a constituent or affiliated Hospital, as PIMS is a constituent part of the University then the faculty and administration both will be the part of the University and will be under the administrative control of the Vice Chancellor.

ii) The concept of separate control for the academic and Hospital administration is not successful as it causes dichotomy of the administration and the smooth functioning of a Medical University is not possible which results in a number of administrative issues.

iii) Ideally the Hospital should be run administratively by an Executive Director or M.S. The Medical College by the Principal and the University by the Registrar all working under the Vice Chancellor who should be their Reporting Officer and the Vice Chancellor get his guidelines from the Syndicate and Senate of the University.

iv) This mechanism will facilitate the decision making and remove the obstacles, if any, as all the organs will be under one administrative control.

3) <u>Vice Chancellor, Khyber Medical University, Peshawar.</u>

i) Medical Universities are expected to play a vital role in the growth of knowledge, management of resources, eradication of poverty, improving health status, reducing burden of disease and harnessing economic development of the country. However, the projected outcomes are predominantly dependent on the factors associated to governance, sense of ownership and accountability. Medical Universities are established as a new academic entities or a result of upgradation of medical college, whereas, hospitals are conceived as an essential component of healthcare delivery system engaged in providing healthcare services to the community.

ii) Universities and hospitals are two different extremes of the pendulum. One acts as a refinery producing high quality health human resources, whereas the other utilizes their skills and knowledge. A medical college and a hospital are mandatory components of a Medical University however a hospital has no standing to override the role of a university. Hence any adventurism leading to merging two different variants will not produce the desired results but causes anarchy and chaos. Similarly autonomous bodies like universities cannot be fused with provincially or federally administered units governed under two different administrative mechanisms.

iii) The role of the vice chancellor is quite evident by virtue of its position that of an academician and can be broadly translated as under: Acts as administrative head of the university and maintains liaison with sister universities, coordinates with accreditation bodies, provides leadership in creating and maintaining academic standards and policies, supervise the principals / deans of the constituent institutes / colleges and acts as principal accounting officer supervising budget, allocating and reallocating funds and resources. The said functions or responsibilities do not fit in to supervise tertiary care / teaching hospitals that revolve around quality patient care and service delivery. Hence it is reiterated to emphasize on

the disastrous outcome of blending two different extremes of the pendulum. In Khyber Medical University, we have a Vice Chancellor, heading administrative hierarchy and chairs academic Council, Syndicate and Financial and Planning Committee F&PC. He is supported by key statutory officers. Constituent institutes and colleges are headed by Directors and Principals whereas Deans oversee faculties. Hospitals are essentially under provincial government and are headed by Hospital Directors and Medical Directors in Medical Teaching Institutions or Medical Superintendents in case of district hospital

iv) A university requires a full time Vice Chancellor; a hospital requires full time Executive Director / Medical Director (especially if it is as big as PIMS); and the Medical College demands undivided attention of a full time Principal. One person cannot do justice to all three jobs as this effectively destroys hierarchy and leads to anarchy. In fact, the role, responsibility and authority of every tier of staff employed in a university, medical college and hospital should be explicitly spelled out. The Positions should be well-defined to exclude any ambiguity and vagueness to ensure optimal performance and harmony leading to excellence.

4) <u>Vice Chancellor, King Edward Medical University, Lahore</u>

i) The Universities are established to enhance academic activities within and at attached institutions, whereas, hospitals are mainly for service delivery where the academician take students for teaching and training purposes with service delivery as it's by product.

ii) There is no doubt that a good relation and harmony between medical university and attached hospital is mandatory for quality medical education and standard medical service delivery but this does not demand VC to hold administrative control of the hospital otherwise the academic and its progress will surfer a lot.

iii) Based on experience, so far, at King Edward Medical University, the best way to ensure good working relationship between university and hospital is to see the hospital affairs through hospital management committee (HMC) with Vice Chancellor its Chairperson, Medical Superintendent of the attached hospital may be recommended by the

Syndicate of the University as mentioned in KEMU Act. Regular meetings of hospital management committee will improve the administrative affairs of the hospitals.

iv) As far as the administrative control of staff is concerned, the staff of University shall work under the administrative control of the Vice Chancellor and that of Hospital under the Medical Superintendent without any overlap.

5) <u>President Medical & Dental Council, Islamabad</u>

i) The model of Dow University of Health Sciences 9DUHS), Karachi and Civil Hospital, Karachi are administered by the Government of Sindh and DUHS, Karachi has also established its affiliated 150 bedded hospital at Ojha Campus, Karachi which is directly controlled by DUHS.

ii) The King Edward Medical University (KEMU), Lahore and Mayo Hospital, Lahore (affiliated hospital) are administered by the Government of the Punjab.

iii) As the entire faculty of affiliated Civil Hospital, Karachi is under the administrative control of the DUHS, I have observed dichotomy of management of hospital as compared to the management of DUHS Hospital which is totally administered by DUHS. I am of the opinion that a teaching hospital should be constituent hospital of medical university, totally administered and run by the university. A method can be devised like Board of Governor to run hospital having members of Syndicate in the Board of Governor.

6) <u>Surgeon General's Perspective</u>

(1) Army Medical Corps takes immense pride in providing highly professional health care facilities to the Armed Forces personnel and their families throughout Pakistan by maintaining 46 x Army Hospitals and 14 x Inter services specialized medical units besides several Field Medical units. In addition to our entitled clientele, a large number of

civilians also utilize these Military health care facilities to address their medical needs.

(2) Provision of requisite health care to this large clientele in an efficient and effective manner in line with their expectations requires an elaborate, comprehensive and resilient system in place, to be managed on ground by a team of highly professional administrators, Accordingly Army has a multi tier administrative set up for execution, close monitoring and continuous improvement of its medical support system. The outline of this elaborate system is elaborated as follows:-

i) Procurement of Electro Medical Equipment

All high tech electro medical equipment for Military hospitals is being procured centrally through Defence Procurement Division. In addition to the initial warranty, the after sales maintenance contract is put in place after long thought out conscious effort to ensure speedy and effective maintenance of the equipment including provision of spares and technical expertise. It also includes one annual and four quarterly inspections incorporating all the quality checks and update of software and field modifications, if any.

ii) Periodic Checks

A system is in place to periodically check the functionality of all the equipment of the hospitals. Administrative authorities of the hospital constitute a Board of officers which inspects the equipment periodically and advises the users on the measures to be taken to ensure functioning of all equipment.

iii) Local Repair / Maintenance

A team of engineers and technicians is available at all Garrisons in Army workshops which undertake minor repair and maintenance of the equipment.

iv) Interaction with the Staff

Commandants of all the hospitals keep themselves in touch with the staff (Doctors and paramedics) of all departments by holding meetings,

monthly and on required bases, so that any problem that has arisen in any of the department, can be brought into knowledge in time and properly addressed. In addition, Deputy Commandant in each hospital monitors patient care and takes timely actions to address the issues, if any.

v) Local Administrative Control

Military hospitals in addition to their own hierarchy of Command are under overall administrative control of local Garrison Commander. The General officer keeps on visiting the hospitals periodically, as do other units, to help address any problem which is beyond the capacity of hospital authorities.

vi) Clinical Governance

Inspector General Hospitals, a Medical officer of the rank of Major General having his Inspectorate in Medical Directorate at General Headquarters, supervises all the military hospitals / institutes for better clinical governance. There is an elaborate system of monitoring and evaluation in which a team of experienced officers undertakes complete inspection of the hospitals as per a graded checklist specifically designed for this purpose.

vii) Patient Feedback Mechanism

Suggestion boxes and complaint registers are placed at prominent locations for continuous feedback by the patients and remedial measures.

viii) Central Monitoring by Surgeon General /DGMS (IS)

Instructions on important aspects of hospital management and clinical governance are issued by the office of Surgeon General / DGMS (IS) from time to time. During his visits to Military Medical set ups, he also monitors their functioning and operational readiness on ground.

(3) Recommendations

The above outline of Administrative control, Clinical governance, quality assurance and maintenance system of Military Medical facilities is forwarded as a guideline basing on which Healthcare setups in public sector can overhaul their existing Standing Operating Procedures (SOPs) as well as

develop their own Monitoring and Evaluation system for better government. The Army Medical corps is committed to offer any technical guidance and support in establishing such systems in civil hospitals/institutions.

7) <u>Dr. Zahid Hussain, Executive Director, Federal Government Polyclinic, Islamabad</u>

a) PIMS and SZABM University existing model needs to be integrated in such a way that the functioning of the institution becomes smooth.
b) The present employment structure must be revisited and the financial benefits for the present staff should not be less than Government Servant.
c) Institutional practice model may be adopted like army institutions.
d) Highly specialized centres may be duplicated like the model of Rawalpindi Institute of Cardiology (RIC) for smooth management on the one hand and funds generation on the other hand.
e) Performance based incentives may be given to all the staff and those who perform emergencies should be given additional Pay according to the number of hours they perform extra duties.
f) The management practices adopted in developed world for hospital functioning need to be studied and modified models may be implemented in the existing hospitals of Pakistan.
g) The management group of the hospital must possess Diploma or Degree in management and administration and should have sufficient experience to make the policies for the hospital and also to solve the day to day problems.
h) There should be a quality assurance department which will cover all aspects of hospital functioning and maintenance of quality of service.
i) A proper Human Resource department needs to be established in each hospital.
j) The staff of HR department should possess at least Bachelor or Master Degree and well conversant with the computer skills.
k) The existing gaps in all the fields need to be identified and the policies may be made to bridge these gaps.
l) The Non-Technical Manpower working as supporting staff in Admin and account departments should be properly trained and having relevant

degrees (Bachelor / Master Degree) to increase the efficiency of these departments.

m) Revolving funds may be introduced into the hospitals for different services.

n) Academic activities needs to be planned on international standards and the foreign trainings should be arranged for the doctors as a part of continued medical education. This is now a requirement of PM&DC for registration also.

o) Ethical component should be a part of Medical education both at under graduate and post graduate level.

13. CIVIL SOCIETY PERSPECTIVE

A) Mr. Pervez Ahmed Butt

The PIMS management is a classic case of management failure, rife with conflict of interest, labour union politics, weak administrative structure and absence of clear objective or mission statement. It is interesting to note that in spite of this confused administration and huge workload PIMS is still benefitting the public at large. It could do much more and far more efficiently if the management is improved. Comments regarding possible improvements in management of PIMS follow:-

(1) **Administrative.** PIMS being a very large organization, its administration should be split into (1) General, (2) Medical, (3) Engineering & Maintenance, (4) Financial, (5) Nursing and (6) Academic Wings. All these wings should be headed after selection of officers on merit and delegated authority. The roles and duties of all wings have to be documented and made known to all other wings and departments.

(2) **Chief Executive Officer.** PIMS should be headed by an Executive Director in grade 21 and selected on the basis of his experience in running large public enterprises successfully as profitable organization. He should be an MBA with Hospital Administration as part of his education qualification.

(3) **Governing Board.** The members of the governing board should be a mix of administrators and doctors who are prepared to devote time and energy to the institution. The members must not be given any material benefits

and should not be entitled to free medical treatment at PIMS. The members must not be working in rival medical institutions to prevent a 'Conflict of Interest'. The CEO should be the Chairman of the governing Board. The Heads of the six wings of PIMS should attend the meeting of the GB when an agenda item relates to their wing.

(4) **Duties of Chief Executive Officer.**

i) **Board Administration and Support.** To support the operations and administration of PIMS by maintaining continual, open and effective communication with the Board members and the Medical Staff. The CEO in conjunction with the Chief Financial Officer will manage the accounting and audit operational matters.

ii) **Medical staff liaison.** To lead the efforts to support all doctors and specialists through recruiting, continuing education opportunities. The CEO participates in issues surrounding ethics and quality.

iii) **Strategic Planning.** To stay current with general trade and industry conditions and their impact on PIMS policies and operations. CEO, in collaboration with the Board of Directors, develops the short-term and long-term strategic plan for PIMS and its offered services.

iv) **Delivery of Healthcare Services.** To bear overall responsibility for the design, marketing, promotion, delivery and quality of all healthcare programs and services. The CEO would ensure that policies and practices effectively support sound and safe patient care, and that the delivery of healthcare services provides the highest level of a positive experience to the patient.

v) **Financial Management.** To formulate yearly budget for Board approval and ensure prudent management of PIMS resources within those budget guidelines. The CEO conducts or oversees the negotiation of professional, consultant and service contracts. The CEO ensures that appropriate internal and management controls are established and maintained. He will be responsible for launching programmes to enhance PIMS income from all its assets and services.

vi) **Human Resource Management.** To establish formal means of accountability for those assigned duties. The CEO ensures effective management of the human resources of the Hospital. CEO completes annual evaluations for direct reports in a timely and effective manner.

vii) **Facilities Management.** To oversee the preservation of the asset value of PIMS investments, oversees the management of construction and facility rehabilitation activities, and ensures that disaster and emergency preparedness activities are appropriately planned, exercised, and documented.

viii) **Fundraising.** The CEO will have a fundraising role which includes developing and cultivating relationships that will support and enhance fundraising efforts, researching funding sources, establishing strategies to approach grantors and donors.

ix) **Discipline.** The CEO would establish an effective disciplinary wing. In the past many employees even after committing serious violations were re-instated and many because of defective documentation of disciplinary procedures.

x) **Supervisory responsibilities.** Directly supervises the Chiefs of Nursing, Financial Services, any Ancillary Services and Human Resources. Directly supervises the heads of marketing, recruiting, quality control and the laboratory manager. The CEO carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Patient focus: The CEO embraces the concept of the patient being the centre of all decisions.

(5) <u>Other Recommendations</u>

1) The Private wards should be used to generate funds by admitting patients on payment of all services. Even the entitled patients including PIMS staff should pay and get the payments reimbursed from their respective departments.
2) All departments of PIMS must participate in the budget making process.
3) PIMS should market its services to raise funds. Marketing effort must include provision of healthcare to autonomous, semi-autonomous

organizations and banks. It could have programmes for paid medical check-ups. It could market its blood bank, diagnostic, pharmaceutical and other services.

4) PIMS staff should not be allowed to own private hospitals and nursing homes or engage in any activity entailing a 'conflict of interest'.
5) The Chief Engineer should establish a workshop to maintain most equipment. He must be qualified electronic engineer. There should be a library of maintenance manuals of all equipment. The maintenance manuals are obtainable when purchasing the equipment. He should also be responsible for training the staff that is to operate the equipment. Unless a person is licensed by the Chief Engineer for having qualified to operate the equipment, he should not be allowed to touch it. It should also be his duty to ensure that all safety devices to protect the equipment from damage are installed and are in working order. There could be liaison with similar workshops in other hospitals. For example the KRL hospital is currently reputed to have good capability of maintaining and repairing medical equipment.

It should be clearly understood that the improvement process has to be a continuous effort. Even the above recommendations might provide a start but the CEO and the Governing Board will have to continuously monitor and assess the delivery of services and will have to innovate, modify and change policy and procedures to achieve excellence.

B) **Saeed Ahmad Qureshi, former Deputy Chairman Planning & Federal Minister**

i) At the outset, it should be recognized that the recommendations of Dr. Farhat Abbas, based on long professional experience, deserve to be treated with respect. However, covering a very wide spectrum, these are somewhat ambitious in scale. It is important to work out the financial implications of each recommendation, to provide a perspective on feasibility.

ii) There is a need to review the basic structure. Partly, the problem may have arisen due to incremental additions, without considering the

aggregate picture. A prominent example of this phenomenon, is the fiscal policy. Every year, Finance Act brings up new proposals. Over time, the structure gets distorted, warranting a Reform Commission, every ten years. Even the American system, which we consider a model, has continuously received adverse professional comments, due to its complex character and multiple loop holes.

iii) One of the problems with medical structures is, that the ratio between salary and non-salary expenditures, tends to move away from optimality. This happens, because there is constant pressure to recruit more doctors. It is vital to have a balanced structure of expenditure, for efficient delivery of service.

iv) Another source of distortion is conversion of posts, in modification of the original design. A favourite paradigm is to convert nonclinical jobs (anatomy, physiology etc) to the clinical jobs because of supply constraints. As the medical specialists become ripe for higher grades, they manage to get the posts converted. Such distortions have to be identified as a part of the exercise.

v) It is certainly desirable to have an “independent, autonomous” structure. Indeed the earlier reorganizations (Dr. Niazi’s package for instance) had the same objective. The difficulties relate to the source of funding, which is predominantly the Government. The other problem was that the doctors are not willing to leave government service. They remain wedded to the cadre. Therefore the operational space of the Board was quite limited. This provides leverage to the Health Department.

vi) It is often felt that the workload of the hospitals accumulates because outdoor consultation service is not available at the door steps of the population. What we need, are more such facilities at the grass roots level. These outlets need not cater to free supply of medicines, which leads to so many malpractices. Free consultation service should be the mode.

vii) A viable model of institutional practice would be a good idea. This is recognition of the reality that the cadre service is universally seen as a

springboard for private practice. However, vigilance is needed to take care of the poor patients. They could be neglected or forced into a commercial window.

viii) In many hospitals, the patients coming from distant places have to wait for a long time. It is important to reduce that to a reasonable level.

ix) There are two more points which should be kept in mind. First, in our set up management problems have frequently been seen as investment problems. That helps to shift the blame outside. Second, in the developing countries major sources of failure are in the field on implementation, not in design.

C. **Mr. Muzzamil Hussain Sabri, President, Islamabad Chamber of Commerce & Industry**

x) Proper SOPs should be developed for the maintenance and operation of medico-surgical machinery and equipment in PIMS along with setting up a mechanism for full compliance of SOPs that should also ensure thorough accountability of staff found negligent in proper utilization of such machinery and equipment.

xi) A Board or Committee comprising public & private sector technical experts should be constituted to oversee the maintenance and operation of such machinery and equipment that could help in keeping such instruments in good working condition.

xii) The procedural matters should be streamlined with proper allocation and timely release of funds to ensure prompt repair & maintenance of faulty machinery and equipment so that such instruments should always be kept in good working condition instead of lying idle.

xiii) The proposals given by Prof. Dr. Farhat Abbas of Agha Khan University should be given serious thought as their implementation will greatly help in addressing issues and streamlining things.

14. MINISTERIAL PERSPECTIVE

In its effort to sensitize the policy makers at the ministerial level about the gravity of problems in SZABMU / PIMS and to ascertain ways and means for their

resolution, the committee requested (Annexes-60 to 63) the following Ministers for meetings on the above subject:

1. Mr. Muhammad Ishaq Dar, Minister for Finance
2. Mr. Ahsan Iqbal, Minister for Planning, Development & Reforms
3. Mr. Usman Ibrahim, Minister for Capital Administration & Development Division.
4. Ms. Saira Afzal Tarrar, Minister of State for National Health Services, Regulations and Coordination.

The committee succeeded in getting hold of the Ministers listed at 2,3,&4 above. Mr. Ishaq Dar, because of his pre-occupation with the budgetary matters could not spare time for a meeting. Outcome of meetings with all three Ministers mentioned above was quite positive and their perspectives are elaborated in the succeeding paragraphs:

(A) <u>Perspective of Minister of State for National Health Services Regulations and Coordination</u>

The Committee Members had a detailed meeting with the Minister of State for National Health Services Regulations and Coordination on the subject in her office on 23rd April, 2015. Her views and proposals are abridged as under:-

i) Present investigation being undertaken by the Committee of Wafaqi Mohtasib for improving the functioning of PIMS was extremely critical and significant for bringing in quantum change in the governance structure of SZABMU / PIMS, the status of which is presently not well defined and there are multiple other issues which have lowered the performance of this institution over a period of time. There were associations and unions which do not allow the writ of law to prevail. There was no clearly designed system for procurement of medicines and purchase and maintenance of equipment. There was a lack of accountability within the organization. All these issues are required to be addressed urgently. No forum could be more appropriate for this purpose than the institution of Wafaqi Mohtasib which has been mandated to look into such institutional maladies under its law. This is indeed the need of the hour.

ii) It is most unfortunate that one of the best cardiologist of Pakistan was killed within the premises of PIMS and no one has so far found out why it happened and who did it? Why MRI and CT Scan were out of order at that time? The committee needs to find an answer to such questions.

iii) The whole institution is, in fact, under the grip of many vested interest groups which do not allow PIMS to perform its health service delivery function properly. Instead of facilitating service delivery for patients, these groups primarily cater for their vested interests.

iv) In this hospital, there are large number of personnel who were sitting in the same departments since decades where they have developed their vested interests which run against organizational interest / objectives. They would, therefore, resist any change meant to reform the PIMS as it is going to hurt their vested interests. These people are primarily responsible for deterioration of health services in PIMS. All lapses of such people should be identified and necessary action taken against them if at all any improvement in service delivery was required to be brought about. In any case, they should be dislodged from their present positions / departments.

v) There were machinery and equipment which cannot be repaired for want of maintenance contracts or frequent defaults on part of hospital to pay maintenance fee of these contracts.

vi) Main question was as to what should be the role of the Vice Chancellor of SZABMU viz-a-viz the hospital (PIMS)? Should hospital be controlled and administered by the Vice Chancellor or should he focus only on the academic functions of the university?

vii) PIMS should serve only as a tertiary care hospital for which a referral system should be developed with its well defined catchment area. There are hardly any hospitals in the surroundings of Islamabad which could cater for general ailments at the local stage and refer serious and complicated cases to this tertiary care hospital. The net result is that this hospital has been overburdened with all kind of patients affecting

its tertiary care services. Since the inception of this institution, no serious effort has been made to strengthen it as a tertiary care hospital and establish general hospitals around the city.

viii) There are many obstacles in the way of bringing improvement in the functioning of the hospital. One such major obstacle was the absence of properly qualified and trained personnel who could properly defend PIMS' cases in the courts of law. The litigation cells of government institutions are very weak with the consequence that most of such cases are lost in the courts despite their strong merit.

ix) Besides PIMS, Federal Government Services Hospital (polyclinic) is the hospital in the public sector in Islamabad which requires the same degree of improvement in its functioning as PIMS. For this purpose, a Joint Board of Governors comprising, inter-alia, Health Experts and members from the Civil Society could be constituted as a policy making body for these institutions and monitor its implementation over a period of time.

x) Government should set up a think tank comprising health experts to advise it on its health policy and bringing reforms in all the institutions catering for health service delivery.

xi) It was a great blessing in disguise that the Wafaqi Mohtasib Committee was working on a critical issue of health care service delivery for the public of Islamabad. The findings and recommendations of this Committee would go a long way in defining the future path of the government in reforming health care institutions. As and when the Committee finalizes its report, the government would implement it in letter and spirit in the larger public interest.

(B) **Perspective of Minister for Capital Administration & Development Division**

The meeting of the Committee Members with the Minister for Capital Administration and Development Division on the subject was held on 30th April, 2015. His views and proposals are summed up as under:-

(i) In any organization, discipline always flows from the higher authorities who have to set examples for their officers and staff by their personal conduct and present themselves as role model for their rank and file. In any health care service delivery system where the question of human life / health is involved, there can be no scope for negligence, apathy and indifferent attitude while dealing with human beings. However, such good governance could only be achieved if the Head of the Organization sets examples by his personal conduct for his juniors to follow. In case of PIMS, this is not being done. Therefore the chances of bringing any improvement in its system of service delivery are very remote.

(ii) There is no performance evaluation / monitoring system for the PIMS' personnel in place. Likewise, there is complete absence of any accountability system and rules and regulations whereby defaulters or culprits, prima facie, guilty of misconduct could be punished. If the performance of the PIMS' personnel is to be improved, a system of continuous monitoring & evaluation as well as accountability has to be evolved.

(iii) Strong political will was required to reform the institution. It was indicated that a major problem emerged upon the setting up of SZABMU/PIMS University in early 2013 which overtook the administration of the PIMS' hospital and its all other components. Despite the lapse of almost two years, no duties and responsibilities viz-a-viz professors and heads of departments, administrator of the hospital and other medical / non-medical staff have been prescribed. The net result is that there is strong polarization among staff members who have become more of a liability then an asset for the organization. They are confused and not motivated enough to work for and accomplish the organizational objectives.

(iv) A large number of promotion cases were pending for finalization both in the CADD as well as in the PIMS since many years which has created an acute sense of despondency among the clinical and other staff. The prime reason for pendency of such cases is that no due diligence is

carried out by relevant PIMS authorities in preparing such cases in accordance with the rules and instructions issued on the subject from time to time by the government. Half backed cases are sent to CADD sometimes without complete ACRs or their synopsis. All such cases are returned for rectification which takes a lot of time.

(v) After creation of the university in 2013 and merger of PIMS hospital with the university, all the employees of the hospital were required to opt for service in the autonomous SZABMU / PIMS University within six months of its coming into existence. However, out of 3600 employees, only 26 of them have so far exercised such an option in favour of the university. How these employees, who have not opted for the university, can be administered by its Vice Chancellor? One proposal made was that in case these employees do not opt for service in the university, they should be treated as on deputation to the university and dealt with accordingly as per rules.

(vi) Basic fault rested with present governance design of the PIMS which does not support efficient administration. To begin with, PIMS' hospitals should not have been merged with the university; rather it should have been affiliated with the university as is the normal practice. Here the examples of Dow Medical University, Karachi and University of Health Sciences, Lahore were mentioned which accredit hospitals and other health service delivery institutions. Here it was indicated that an amendment in the university act was warranted to redefine the role of SZABMU with PIMS' hospitals.

(vii) Associations and unions had also played a very negative role in degenerating PIMS' health care services. These bodies have developed strong vested interests and the Vice Chancellor cannot take any strong step against them. The activities of these bodies were required to be regulated and banned in the public interest as these are essential services.

(viii) After creation of SZABMU / PIMS University, a large number of problems emerged primarily on account of the fact that employees of

the PIMS were civil servants of the federal government who could not be governed by an autonomous university unless they opted for it. Under article 19 of the SZABMU / PIMS Act of 2013, it was imperative upon the Vice Chancellor to examine all such issues and send a self-contained reference to the Ministry of CADD for resolution of all such disputes but no such reference has been received from the Vice Chancellor for consideration of CADD so far.

(ix) If SZABMU / PIMS has to stay as autonomous, it has to be given autonomy in all administrative, financial and operational matters down the ladder. The duties and responsibilities of the entire personnel from top to bottom have to be clearly prescribed alongwith the authority they have both in administrative, financial and operational matters including hiring and firing of employees.

(x) Institutional practice should be established within the premises of PIMS. It would not only benefit PIMS' hospital but also its staff who will start taking keen interest in their jobs. A beginning could immediately be made by introducing institutional practice in the newly built Cardiac Centre, Pathology and Radiology Departments whose personnel both medical and non-medical are prepared to cooperate in this regard.

(xi) At present, an amount of Rs.3.167 billion per annum is being paid to this institution annually to meet its non-development expenditure. Out of this, an amount of Rs.1.741 billion is employee related, Rs.472.000 million is meant for purchase of drugs and medicines and Rs.954.000 is for other operational expenditure. In addition, development budget of the institution, at present, is Rs.1490.366 million with FEC component as Rs.886.98 million and GoP component as Rs.603.386 million. Out of this amount, Rs.299.202 million is meant for Cardiac Centre which has now become operational. In addition, a Seed Money of Rs.50 million has also been provided to the University by the Government besides Rs.25 million provided by the HEC it.

(C) **Perspective of Minister for Planning, Development & Reforms**

The Committee Members met the Minister for Planning and Development & Reforms on the subject in his office on 20th May, 2015. His views and proposals are as under:-

i) The government had recently set up a Social Sector Reforms Group. However, after 18th amendment, the responsibility for social sector development had been devolved on to the Provincial Governments. However, the ICT area being the direct responsibility of the federal government, we could bring about an appropriate package of reforms in the sphere of health, education and civic domains and herald a pilot model of development and flagship of reforms in the social sector to be replicated in rest of country. In such reform process, a new role has to be assigned to the institutions like PIMS which is a major tertiary care hospital but its role has practically been relegated to that of a primary health care facility.

ii) There has been paradigm shift in the strategy of social sector development world over. Our obsolete bureaucratic systems / structures cannot properly cater for ever changing social sector needs of the people. The present BPS / grade system is, anti developmental. In fact, we have to appoint qualified professionals, in a transparent manner, in health and education field independent of present bureaucratic structures on handsome remunerations to effectively improve our service delivery. The Minister further emphasized that the health management was a specialised subject and could only be managed by the duly qualified personnel with proper professional acumen qualifications, skills and experience.

iii) The role of primary health care and tertiary care institutions has to be redefined. At least 8 to 10 specialities have to be identified and made available to the people at the grass root level or at the least at district level and only complicated cases could be referred to the tertiary care facilities like PIMS. For this purpose, among other things, we have to redefine the pay structure of the personnel involved, on location to

location basis, to attract such personnel for relatively less developed areas.

iv) PIMS' facilities have mainly collapsed because of the burden of primary health care for which it was not originally designed. Its role has been relegated to a primary health care hospital instead tertiary health care hospital. We have to develop strategic vision to change functional course of such institutions.

v) The present initiative of the Wafaqi Mohtasib to reform PIMS is strongly endorsed. In fact, this was an opportunity which should be fully utilized. This institution should be revived and remodelled to set a lead role for rest of the country.

vi) It was also explained to the Minister that the Cardiac Centre at PIMS had become functional but only partially because requisite number of personnel as provided in the PC-I had yet to be appointed. For this purpose, the PIMS had already submitted PC-IV to the CADD / Planning and Development Division which was required to be approved. The Minister assured that he would look into this issue and ensure approval of PC-IV at the earliest.

15. PERSPECTIVE OF PIMS' ASSOCIATIONS AND UNIONS

SZABMU / PIMS has almost a dozen unions / associations which are mostly unregistered but these bodies yield a lot of influence over the present functioning of the institution. Thus being important stakeholders in the process of reform, it was considered imperative to solicit their views. Accordingly an exclusive meeting of the Committee with the heads/representatives of these unions / associations was held under the Chairmanship of Wafaqi Mohtasib on 8th April, 2015 in the Conference room of the Wafaqi Mohtasib Secretariat. The observations and proposals given by them during the course of this meeting are summed up as follows:-

i) PIMS was established in 1985 as a Centre of Excellence with a highly professional faculty and the latest medical equipment. At that time, it was meant for intake of 450 patients per day. Since then the patient load has increased to 10 to 11 thousand patients per day. While the workload of health care service delivery has enormously increased since then, the equipment,

staff and related budget of the institute has increased only by 18%. Every machine and staff is over burdened with work. The staff of the hospital operating these machines is generally not properly trained to run these machines. Medical equipment is not being properly maintained and most of it requires replacement. There is dire necessity for purchasing new equipment.

ii) The performance of the Emergency and Accident Department has left much to be desired. Senior doctors are rarely available when called. The state of equipment there is also poor. It should be equipped with the latest diagnostic equipment so that the waiting time of emergency is reduced to minimal level. Emergency and Accidents Department also requires to be recognised as a proper medical discipline like all other specialities.

iii) The main issue which has created uncertainty among the employees is the status of the University viz-a-viz PIMS hospital: should they like to remain as employees of the hospital or opt for the autonomous status of the university? At present, 99% of the employees of the hospital including professors and heads of departments are federal government servants while the university has by virtue of its Act of 2013 taken over the hospital as its constituent part. How can the autonomous university administratively control the employees of the hospital who are civil servants of the federal government is the most contentious issue? Since the inception of the University in 2013, only 26 employees out of 3600 have opted for it. Because of the security of tenure and pensionary benefits, the employees do not want to part with their existing legal status as the federal govt. servants and become an employee of the autonomous body where they do not have any security of tenure. The experience of making PIMS an autonomous body has been carried out in the past also but the decision was reversed every time because of several administrative complications and difficulties. This time, however, the issue is different as PIMS has not been converted into an autonomous body but has been merged with a newly created autonomous institution, i.e. SZABMU.

iv) There are many other health facilities under the umbrella of PIMS which have been newly created like Burn Care Centre, Cardiac Centre, Kidney Centre, Cancer Department, but all these departments are not functioning properly because of paucity of funds, non-availability of clinical specialists and

technical personnel and essential equipment. While the PIMS is already choked with ever increasing number of patients, it has been over burdened with new projects regardless of any consideration for space, staff and equipment. Large number of staff of the hospital has been shifted to these projects and visa-a-versa which has adversely affected routine / regular service delivery of its various components. During 1998, the government declared 750 employees of PIMS as surplus and slashed their posts from the PIMS budget. All these posts are now required to be restored to improve the functioning of the hospital.

v) There is a dire necessity of separating indoor and outdoor facilities and prescribing time lines for each examination and facilitation process. It is not simply a matter of non-availability of resources or staff that constrains the working of the hospital, an HR analysis/audit is required to be undertaken to see whether the right man is in the right job. In fact, it is the attitude of the people working therein which really matters. Each one of the employees has to firmly decide as to how he or she can improve the system of service delivery. For this purpose, the superiors have to set the example from their personal and professional conduct. If the professors and heads of departments enforce discipline, punctuality, professional and medical ethics upon themselves, things can improve a lot despite resource constraints. As a matter of fact, each one should think as to how he/she can improve the system notwithstanding these constraints. The challenge here is how to improve governance with a positive mind set within the existing available resources though there is every justification for more resources including staff and equipment.

vi) For the purposes of sanitation and cleanliness, Christian sanitary workers are normally recruited as they perform this work properly but there are many instances where Muslims have been recruited as sanitary worker and after appointment, they have been transferred elsewhere on basis of nepotism and favouritism. The existing sanitary workers are, therefore, over burdened with work and the state of cleanliness in the hospital is far below the required standard.

vii) Presently the university being autonomous and with a primarily academic mandate is operating the hospital and interfering in its service delivery. This was stated to be unprecedented and a clear act of mal-administration which is required to be looked into by the Wafaqi Mohtasib Office. It was suggested that the hospital should remain as a hospital affiliated with the university and the university should primarily perform academic functions without any administrative interference in the hospital affairs.

viii) While the burden of disease and patients' workload has enormously increased since 1986, no consideration has been given to the doctor-patient ratio and nurse-patient ratio. The huge patient overflow is now being managed by putting a large number of patients on stretchers in the wards and even in the corridors of the hospital.

ix) The entire staff of the PIMS lacked motivation to work despite drawing reasonable salary and privileges. In addition, to their salary, they also get an equivalent amount of health allowance. The main reason for lack of motivation is the absence of any career planning for the staff and poor promotion prospects and absence of any accountability system. They suffer from a lack of ownership.

x) The patients generally are not provided medicines in the hospital. Whatever medicines are provided, are of very poor quality purchased on cheaper rates and made available to the non affording patients. In order to improve the quality of medicines, there is a dire need to set up a committee of heads of departments which should recommend purchase of quality medicines. It was also pointed out that people from selected and designated medical stores located around PIMS keep on roaming in the hospital wards and corridors to sell medicines to the patients on prescriptions of the doctors who are involved in such corrupt practices. These vendors sell low quality medicines and exploit poor patients. All such activities of the vendors are against moral and medical ethics and should be banned forthwith.

xi) Introduction of I.T is a pre-requisite of any modern health care institution. It helps a lot in tackling patient work load. There are almost 400 computers in the hospital but most of these are not being utilized. Doctors and heads of

departments do not give prescriptions on computers but manually. In fact, they do not have the will to do it. There are no SOPs and checks and balances in the system to stop inefficiency and corruption. They do not come in time and they leave hospital much before time to attend to their private practice. There is a dire need of setting up biometric attendance system in the hospital to ensure attendance and presence of the doctors including heads of departments during office hours. One important reason for poor implementation of HMIS is non-availability of budget for this purpose.

xii) MCH Centre in PIMS was established with a very heavy grant from the government of Japan (JICA) almost 17 years back with a training centre for para-medics. Unfortunately, this training centre has now been converted into the office of the Vice-Chancellor with a couple of well decorated bed rooms for the visiting faculty. This is clearly in contravention of the covenants agreed with the government of Japan.

xiii) Doctors are normally posted on non-medical posts/administrative posts. They do not possess the administrative and management experience although they may be generally adept in their clinical and professional jobs. This practice should be discontinued.

xiv) In the morning hours, all reception desks and OPDs are full of patients, but doctors are not generally available. They come late. Patient slips are prepared on dot-metric printers which consume a lot of time. It is required to be done on laser printers to expedite patient clearance.

xv) The para-medic staff of the hospital does not have a well defined professional identity while the doctors and nurses have. They do not have any regulatory body to monitor and regulate their service matters, accreditation processes and other clinical related issues. Therefore they face many problems: they are seldom sent for training within the country or abroad; in many cases they are posted on reception desks to receive patients which practice is contrary to medical ethics. Yet another point made was that there was shortage of para-medical staff and many vacancies have not been filled since long. Consequently it had unduly increased their work load.

16. TWO CRITICAL ISSUES REQUIRING DETERMINATION / RESOLUTION

There are two predominant issues which are key to the revival and improvement of service delivery in PIMS viz (i) Present dichotomy about the status of the organization and the consequent stalemate and (ii) Enormous increase in burden of disease viz several constraints.

A. Present dichotomy about the status of the organization and the consequent stalemate.

i) Prior to March 2013, PIMS was an attached Department of CADD. Thus its employees (3600) were the civil servant of the federal government. Upon creation of Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU) in March 2013, they were given choice to opt for university employment within six months in terms of section 19(2) of the University Act. Only 27 of them opted.

ii) Under section 19 (3) of SZABMU Act, it was incumbent upon the university to refer the cases of those employees who did not opt for university's employment, to the federal government for a decision to regulate service conditions of such employees but it has not resorted to that course on the pretext that CADD had decided to keep PIMS as its attached department for five years.

iii) When the position was ascertained both from CADD and the Cabinet Division which is competent authority to take such a decision, it transpired that no such decision had been taken by the Cabinet Division in this regard. In fact, with the promulgation of University Act, 2013, it became autonomous body corporate and PIMS as an entity was made constituent part of it. Thereafter, SZABMU as an autonomous university was included in schedule III of the Rules of Business, 1973 and PIMS was deleted as an attached department from schedule II of the Rules ibid.

iv) Obviously, the Vice Chancellor of SZABMU being the employee of autonomous body cannot take any action in respect of such employees of PIMS who have not opted for employment of university and still are civil servants of the federal government. This confused status of the organization has created uncertainty and lack of motivation among the employees of the organization which the government has failed to address so far.

v) It looks that the SZABMU was created without undertaking due diligence or completing proper home work required prior to creation of such a university. Medical Universities in the public sector are normally created by upgrading Medical Colleges, and hospitals are normally affiliated with the medical universities. While the universities are operationally governed by HEC / PMDC rules, the hospitals so attached with the universities are governed by the respective health departments of provinces. In this regard, a statement of medical universities in all four provinces of the Pakistan has been prepared which gives details of all such medical universities including their attached hospitals and the names of Departments having administrative control of these hospitals (Annex…..). However, in a recent development in case of Jinnah Sindh Medical University two hospital of Karachi i.e. Jinnah Postgraduate Medical Centre (JPMC) and National Institute of Child Health (NICH) have been made constituent part of the said university (Annex…..). Notwithstanding this it looks unprecedented that SZABMU was created on the existing pyramid of PIMS hospital. Ideally the only medical college available in Islamabad i.e. Federal Government Medical College at NIH or Quaid-e-Azam Postgraduate Medical College (QPGMC) a component of PIMS, - being teaching institutions, should have been considered for upgradation as a Medical University and the PIMS hospitals affiliated with it for teaching purposes.

vi) There appears to be two solutions to the problem. First is to amend SZABMU Act of March, 2013 to separate PIMS hospital from the administrative control of the university and instead affiliate it with the

university for teaching purpose. This is going to restore the previous position of PIMS as attached department of the federal government and the anomaly / confusion presently in vogue will automatically settle down. However, the process of undertaking amendment in the Act is replete with a lot of difficulties and not easy to get through. Alternately we need to develop ways and means of finding a solution within existing legal framework.

vii) If the option of going by the existing legal framework (as indicated in sub para–vi above), is adopted then the question emerges as to how the employees of the PIMS, both who have opted or not opted, for the university employment should now be treated? The following alternatives can be considered:-

e. Those employees who have opted for the university; their terms and conditions should clearly be spelled out by framing necessary rules and regulations on the subject provided that such terms and conditions are not less favourable to those admissible to them immediately before their transfer to the university in terms of section 19 of university act.

f. Those employees who did not opt for the university, should be allowed to remain civil servants of the federal government for a period of five (5) years from the date of creation of University. By such dispensation, it is estimated that 54% of the existing employees would retire after attaining superannuation. The other alternative is that they could be considered as on deputation to the university from CADD as per rules on the subject and dealt with accordingly.

g. Future recruitment in the university should, in any case, be carried out on the basis of autonomous status of the university on tenure track basis so far the faculty of the university is concerned and the employees other than faculty members should be hired / appointed

as per rules and regulations to be prescribed by the university for such employment. Henceforth no one should be employed in the institution as civil servant of the federal government.

h. The PIMS hospital should be headed by a Chief Executive Officer (CEO)/Administrator equivalent to BS-22 with Chief Finance Officer (CFO) equivalent to BS-21 with proper qualifications and experience on market based salaries.

i. It should be administered by the Board of Governors (BOG) including by the Vice Chancellor, Professors from each Medical Speciality, Secretaries of Finance, Establishment Division, CADD and NHSR&C besides Surgeon General of Pakistan and two senior most members each from Senate and National Assembly.

j. The powers of CEO, CFO, BOG and its members can be notified with the approval of the competent authority as prescribed in the SZABMU Act of March, 2013.

After due consideration of all above options, necessary recommendations on above issues have been made in the chapter relating to Findings and Recommendations.

B. <u>Enormous increase in burden of disease vs several constraints</u>

The Pakistan Institute of Medical Sciences (PIMS) now SZABMU was originally established in 1985 as a Centre of Excellence with highly professional faculty and latest medical equipment to function as a reference centre for the country as a national institute and provide specialist services of international standards to cases referred by other institutions and also to provide on the job training facilities in various disciplines to doctors, hospital administrators, nurses and para medicals and award them certificates and diplomas. Its major services delivery components are (i) Islamabad Hospital (ii) Children Hospital (iii) Mother and Child Health and (iv) Burn Care Centre. In the year 1986, it was meant for intake of 450 patients per day. During the course of deliberations of the Committee, it was reported by various stakeholders including Professors and Heads of Departments, Representatives of the Unions and Associations of the PIMS, various Health Experts that per day patient

inflow to these major components of PIMS has now increased from 450 patients per day in 1986 to 7,000/8,000 patients per day or 10,000 to 11,000 patients per day. This is indeed tremendous increase on the workload of PIMS over last 30 years. Here a question emerges whether this reported increase in work load is correct and whether matching resources to cope with this work load were provided to the PIMS during this period?

2. Originally PIMS was meant for serving the federal government servants and residents of Islamabad. Being the biggest and well equipped hospital of the country over period of time, it started receiving patients from all surrounding areas of Islamabad including Punjab, KPK, FATA, FANA, AJK and even from Afghanistan. It is estimated that at present more than 60% of the patients which the PIMS' hospitals receive, come from outside ICT limits. The hospital was never designed for such kind of clientele. It was only meant for tertiary health care facilities to deal with complicated cases which it could receive through a referral system from other hospitals in the areas. No such system is in place at present in SZABMU / PIMS. In case certain degree of improvement in service delivery system of PIMS is to be brought about, it will have to be declared as a tertiary care health facility with properly defined referral system and catchment area to which it should cater for.

3. PIMS has always been entrusted with many additional responsibilities which do not fall within its mandate like setting up of camps for IDPS' health care, Afghan refugees health care, disaster management, catering for terrorist's attacks and many other such eventualities. PIMS undertakes all these initiatives but no additional funding for this purpose is provided. This adversely impacts upon its normal service delivery.

4. With such an influx of patients increasing over a period of time, the workload of PIMS' hospitals has enormously increased but its resources have not been increased proportionately to meet the health care challenge it is confronted with. Vacancies of various service delivery components have not been filled due to ban imposed by the government and budget of the PIMS health care service delivery has not been proportionately increased. Most of the equipment, diagnostic or otherwise, has outlived its life span. The staff of hospitals operating these machines is generally not properly trained to run these machines. Medical equipment is not being properly

maintained and most of it requires replacement. There is dire necessity for purchasing new equipment.

5. At present, the PIMS hospital has 1180 beds but the load of patients in the wards had almost doubled. Consequently, a large number of patients have to be put on the stretchers in the wards and outside wards in the corridors. In some cases, two patients are placed on one bed. With such an influx of patients, the quality of health care was going to deteriorate further.

6. In order to arrive at objective findings about the burden of disease which the PIMS has at present, discrete inquiry was conducted and figures of inflow of patients were ascertained from Department of Statistics and Medical Record of PIMS. These figures relate to Islamabad hospital, Children Hospital, MCH Centre and Burn Care Centre - being the major components of the PIMS' hospitals and are placed at Annex-64. A summary of these figures of patients' inflow, for the year 2013-14, has been prepared and is given hereunder:-

Patients' inflow/Burden of Disease on PIMS Hospitals

		Yearly	Monthly	Day
PIMS 2013-14	OPD	975.146	81,262.2	3,250.5
	Admission	59,630	4,969.2	163.4
	Discharge	54,319	4,526.6	148.8
	Death	5,572	464.3	15.3
	EAD	431.247	35,937.3	1,181.5
	Radiology	325,857.0	27,154.8	892.8
	Pathology	2,634,450.0	219,537.5	7,217.7

The above table gives an aggregate yearly, monthly and daily figure of inflow of patients' to the various facilities of PIMS which include OPD, Admission, Discharge, Death, EAC, Radiology and Pathology. It will be observed from these figures that 7218 patients have on the average been accessing these facilities in PIMS daily. However, how many patients on the average came to its OPD and Emergency and Accidents Centre (EAC) per day is 4432 which is actually average inflow of patients per day to the PIMS Hospitals. This indicates that the figures quoted to the Committee during the course of its deliberations "upto 11000 patients inflow per day" were highly exaggerated.

7. To place the facts in the proper perspective, another table of such a workload verses the resources in terms of bed, budget and staff made available to the PIMS has also been prepared at three stages of its evolution i.e. for the years 1987-1988, 2005-2006 and 2013-2014 and is given hereunder:

HISTORICAL TREND OF WORK LOAD VS RESOURCES

Resources				Work Load				
Year	Bed	Budget	Staff	OPD	Indoor	EAC	Pathology	Radiology
1987-88	586	533.990	1500	234633	5455	24898	315614	51988
Daily Load	-	-	-	782	14	68	865	173
2005-06	967	946.670	2202	581312	41424	223286	1170130	163921
Daily Load	-	-	-	1938	113	612	3206	546
% increase 19897-88 2005-06	65%	77%	46%	147%	659%	796%	271%	215%
2013-14	1093	3154.537	3070	975146	59630	431247	2634450	325857
Daily Load	-	-	-	3250	198	1181	7218	893
% increase 1987-88 2013-14	77%	490%	104%	316%	993%	1632%	735%	527%

This does not include the bed strength of newly established Cardiac Centre

A comparative analysis of above table will indicate that in 1987 inflow of patients on the average per day at PIMS was 850. In the year 2005-2006, it increased to 2550 patients per day and in year 2013-2014, it swelled to 4432 patients per day. It is quite evident from these figures that in terms of per day inflow of patients at PIMS facilities, there has been 521% increase from the position of 1986-1987 to the position of inflow of patients in 2013-2014. However, in terms of beds, budget and staff made available to the PIMS during this period of almost 28 years, the number of beds from 1987-1988 (586 beds) have now been increased upto 1093 beds in the year 2013-2014 which is just 77% increase in the number of beds. Similarly over the position prevailing in 1986-1987, there has been 490% increase of financial resources in the year 2013-2014 in the budgetary terms and only 104% increase in terms of staff made available to the PIMS hospitals. It is thus quite obvious that while the patients workload / burden of disease has increased enormously, but resources made available in terms of beds strength, budget and staff have not been increased in the same proportion. Moreover, whatever budgetary increases have taken place

over last 29 years, substantial portion of that has been allocated to establishment charges and less towards the services directly related to patient care. The net result of this resource allocation / constraint was that the services of PIMS were over burdened which have now grossly deteriorated.

8. Another factor impacting the service delivery of PIMS is that there are many other health facilities under the umbrella of PIMS which have been newly created like Burn Care Centre, Cardiac Centre, Kidney Centre, Cancer Department, but all these departments are not functioning properly because of paucity of funds, non-availability of clinical specialists and technical personnel and essential equipment. While the PIMS is already choked with ever increasing number of patients, it has been over burdened with new projects regardless of any consideration for space, staff and equipment. Large number of staff of the hospital has been shifted to these projects and visa-a-versa which has adversely affected routine regular service. During 1998, the government also declared 750 employees of PIMS as surplus and slashed their posts from the PIMS budget.

After due consideration, necessary recommendations on above issue have been made in the following chapters relating to Findings and Recommendations.

17. FINDINGS/RECOMMENDATIONS FOR REVIVAL & IMPROVEMENT OF SERVICE DELIVERY IN PIMS

Stemming from above discussions and inputs provided by various stakeholders, resource persons and relevant individuals, the following recommendations are deemed to be appropriate:-

1. EXISTING MANAGEMENT STRUCTURE – SZABMU & PIMS

(i) Under the University Act of March 2013, the basic management structure of SZBMU/PIMS has been placed under a unified command. The Vice Chancellor is the overall head both of the University as well as of the PIMS hospitals. For academic functions, the Vice Chancellor is assisted by the Pro-Vice Chancellor and Deans of the respective Faculties of Medicine, Surgery, Basic Sciences and Nursing and allied.

However, for service delivery components, he is primarily assisted by the Administrator of the Hospital who looks after the functioning of all these components. Unfortunately, no rules and regulations exist defining the job description, roles and responsibilities of all senior / junior levels of the management structure. There is also a Hospital Management Committee headed by Prof. Khaleeq-uz-Zaman **(Annex-16)** which is composed of various heads of service delivery components and heads of the main faculties, besides the Administrator, etc. However, this body is not provided for in the University Act of 2013 and is consequently not vested with the authority required for effective control and management of such a large institution.

(ii) The existing management structure under the Act, although intended to have a unified command, in fact, suffers from functional overlaps at various levels. The Committee was, therefore, of the considered view that in the supreme interest of the residents (patients) of Islamabad and the adjoining areas which calls for an efficiently run tertiary health care facility of excellence, PIMS being the service delivery arm of SZABMU, should be administered by an autonomous Board of Governors (BOG) that should also include the Vice Chancellor of the University and the Administrator of the Hospital (PIMS).

(iii) The Committee has held extensive discussions and consultations with a large number of stake holders. There is a consensus that PIMS being the premier health care facility of the Federal Capital and in the country should operate as a truly autonomous and state of the art centre of excellence, serving as a role model for other leading public and private health care facilities in the country. It should also serve as a leading centre of research for SZABMU. This can only be achieved if the Institute (PIMS) is managed by a high powered Board that draws strength and support both from the government and the private sector. The Committee, therefore, proposes the following composition for the

Board of Governors (BOG) of Pakistan Institute of Medical Sciences, Islamabad:-

The Composition of the Board of Governors (BOG).

i)	President of Pakistan / Chancellor of SZABMU	President
ii)	Minister of the concerned Ministry (In case of his unavailability for a particular meeting, only the concerned Secretary may attend).	Ex-officio Member
iii)	Minister, Finance Division (In case of his unavailability for a particular meeting, only the concerned Secretary may attend).	Ex-officio Member
iv)	Minister, Planning Division (In case of his unavailability for a particular meeting, only the concerned Secretary may attend).	Ex-officio Member
v)	The Leader of the Opposition in the Senate. If any of the three Ministers is a Senator then the Leader of the Opposition in the National Assembly	Ex-officio Member
vi)	Vice Chancellor, SZABMU	Ex-officio Member
vii)	Secretary, Ministry of National Health Services Regulations and Coordination (if he is not the concerned Secretary)	Ex-officio Member
viii)	Surgeon General of Pakistan	Ex-officio Member
ix)	Two eminent persons preferably in the field of health, heading/having headed major academic or health institutions, one from the private sector and one from the public sector. Panels of three names each to be proposed by the concerned Ministry and one each from the Panels to be approved by the President/Chancellor/Chairman of the Board.	Ex-officio Members
x)	The Board may co-opt two eminent persons in the field of Philanthropy or/and Social Welfare or public service. The co-opted members will have all the rights of a regular member.	Ex-officio Members
xi)	Administrator of the Hospital	Member / Secretary

The Chief Finance Officer (CFO) of PIMS shall serve as the Secretary of the Board. He will, however, not be a member of the BOG.

Whenever the President is not available to chair a meeting of the Board, he may nominate anyone of the official members to chair that meeting. Minutes of the proceedings of such a meeting shall invariably be submitted to the President for his information and confirmation.

POWERS AND FUNCTIONS OF THE BOARD OF GOVERNORS.

(iv) The Board shall have the following powers / functions to discharge:-

i. No member of the Board will enjoy individual authority and will only act through the Board.
ii. No resolution of the Board will be passed through circulation. Every decision shall be taken in a meeting to be held at least quarterly or earlier as and when needed for which a notice of at least 7 days shall be given, except in cases of emergency with the approval of the President.
iii. All members shall attend the meetings of the Board personally and no member will be allowed to send his/her representative to attend a meeting of the Board except as described above.
iv. The non ex-officio members will be appointed for a non-extendable term of 3 years only.
v. The short, medium and long term development plans of PIMS will be drawn by a BOG constituted Committee headed by the Vice Chancellor who shall present such plans for approval by the Board
vi. The Board shall be fully empowered to get the development projects of PIMS executed through the Administrator in a transparent manner through pre- qualified companies and open tendering without involving Pakistan Public Works Department/CDA.
vii. The government allocations will be through one line budget as already provided in the law and the annual budget of the hospital will be prepared by the Administrator with the assistance of CFO and approved by the BOG. The Federal Government shall allocate funds annually and separately to SZABMU and PIMS. Funds from PIMS shall not be transferred to SZABMU except for services received from

or through the University for which prior approval of the PIMS BOG will be mandatory.

viii. All allocations/grants etc. other than project grants to the institution will be non-specific and the Board will itself determine the details and allocations for various heads

ix. The Board will be competent to create posts and determine pay and allowances (Except the posts for new projects which require approval of the Planning Commission).

x. The Board will ensure proper career planning for all cadres of PIMS employees and to make rules for all levels of appointments.

xi. The Board will also be competent to approve through a merit based selection process medical and para medical appointments and promotions except those delegated upto BS-18. The Board will also appoint Professors Emeritus from amongst its retired faculty and Honorary Visiting Professors. Appointments and promotions upto BS-18, both medical and non medical, will be made by a Committee headed by the Vice Chancellor, SZABMU and comprising the Pro-Vice Chancellor, Administrator of PIMS and the Head of the concerned Department.

xii. The Board will approve hiring of part time medical professionals and para medical staff and those on contract and determine their terms and conditions of service.

xiii. The Board shall have the authority to identify employees for placement in the surplus pool.

xiv. The Board may constitute standing committees for finance, development and management as considered necessary.

xv. The quorum for the meetings of the Board will be a minimum of 2/3rd of its total membership including co-opted members. A meeting adjourned for lack of quorum will require a minimum of half the strength of the Board.

APPOINTMENT OF ADMINISTRATOR

(v) The Board shall appoint an Administrator of the Hospital from the public or private sector. His/her remuneration will be market based and commensurate with his/her qualifications and experience. He/she will report to the Board. The qualification and experience for the post would be as follows

(i) MBBS, Post Graduate Medical Degree, Post Graduate Qualification in Hospital Management and/or MBA (HR), MD, MBA, MS, PHARMA D, Hospital Information System Degree.

(ii) MBBS MPH, with MBA with at-least 20 years experience in hospital management including at least ten years in a teaching hospital or MBBS, FCPS in clinical subjects or equivalent such as MRCP, FRCS or US Board Certified with 20 years management experience in a teaching hospital.

Powers and Functions of the Administrator.

(vi) Authority and functions of the Administrator shall be as under:-

(1) Day to day operation of PIMS and all its allied facilities.

(2) To act as Coordinator between the clinicians, professors and the Board and collaborate with the Vice Chancellor to ensure compliance with the academic requirements of PIMS as a teaching hospital

(3) Organise, direct and coordinate the medical/surgical services set up with the approval of the BOG.

(4) To propose budget and future policies for consideration and approval of the BOG.

(5) To set up Quality Assurance Standards and ensure their implementation in all departments of the hospital.

(6) To appoint and promote through BOG approved Committees, staff including nurses, para-medicals and other staff (BS-1 to BS-16) where and when required.

(7) To evaluate the performance of all ranks of the administrative cadre and nurses, doctors, para-medicals and all other non-medical staff.

(8) To plan the annual budget in coordination with the CFO and various stakeholders and present to the BOG for approval.

(9) To propose for approval of BOG programmes for expansion of the hospital services at PIMS and in the community.

(10) To ensure community and media access where required in the interest of better service delivery.

(11) Shall report directly to the BOG.

(12) Shall ensure proper record keeping of patients and all financial matters.

(13) Shall further develop the HMIS to facilitate all the clinical and non-clinical activities of all the components of PIMS.

(14) Shall ensure with the assistance of Committees the procurement of best quality medicines at very affordable price at all times for in-house Pharmacy.

(15) To ensure the procurement of best quality equipment with the approval of BOG and to prepare efficient and practicable contract for the same including periodic maintenance with parts and without parts.

(16) To ensure through designated officials regular maintenance of all medical and non-medical equipment.

(17) To ensure with the assistance of the concerned officials the general upkeep, cleanliness and hygiene of PIMS and its premises at all times.

(18) To take all necessary steps to ensure complete security of life and property at PIMS and in all its constituent units.

(19) To take regular and surprise rounds of all the units and departments of PIMS.

(20) To have a Major Disaster Plan ready at all times and updated at regular intervals with all the stakeholders.

(21) To outsource maintenance, sanitation and security services in a transparent manner and ensure their quality.

(22) To have PC1s prepared for all development projects of PIMS as and when directed by the BOG.

APPOINTMENT OF CHIEF FINANCE OFFICER (CFO).

(vii) The Board will also appoint a Chief Finance Officer of PIMS (CFO) who should be a person with the relevant expertise and experience of working in BS-21 in the public sector or having served as a CFO or in a comparable position in a multinational corporation having the degree of MBA (Finance) or be a Chartered Accountant with a minimum of 20 years of experience. His/her remuneration will be decided by the BOG.

The duties and responsibilities of the CFO would be to maintain the financial health and the financial discipline of PIMS with a focus on facilitating patient care in the organization. He will also act as the Secretary (non-member) of the Board of Governors.

2. Present dichotomy about the status of the organization and the consequent stalemate.

viii) The Committee considered two solutions to the existing dichotomy and overlap of functions and responsibilities arising from the merger of PIMS with SZABMU. First was to amend the SZABMU Act of March, 2013 to separate PIMS hospital from the administrative control of the University and instead affiliate it with the University for teaching purposes. This would have restored the previous position of PIMS as an attached department of the federal government and the anomaly / confusion presently in vogue would have automatically settled down.

ix) The other option was to retain the present status of SZABMU /PIMS as per the University Act, 2013. That raises the question as to how the employees of PIMS, both who have opted or those who have not opted for the University employment, should be treated? Given the difficulties in amending the SZABMU Act of 2013, the Committee recommends the following arrangements:-

k. The terms and conditions of those employees who have opted for employment with the University, should clearly be spelled out by framing necessary rules and regulations on the subject provided that such terms and conditions are not less favourable than those (terms and conditions) admissible to them immediately before their transfer to the University in terms of section 19 of the University Act.

l. Those employees who did not or do not opt for the University, should be allowed to remain as civil servants of the federal government and be considered as on lien to PIMS. Their numbers will keep reducing through the process of attrition. Moreover, in the contemplated structural reform process, a large number of administrative and support staff is likely to get redundant as a result of outsourcing of many noncore services. They could ultimately be given golden handshake or else declared surplus.

m. All members of the clinical staff who meet the criteria for serving on the University Faculty and are willing to do so, shall be taken on the roll of the University and they shall continue to perform their duties as is being presently carried out by them in the PIMS hospitals.

n. Future recruitment to the faculty of the University should, in any case, be carried out on the basis of the autonomous status of the University on tenure track basis. However, employees, including clinical and surgical staff, other than faculty members should be hired / appointed as per rules and regulations to be prescribed by the BOG for such employment. Henceforth no one should be employed in the institution as “civil servant” of the federal government.

3. **OTHER RECOMMENDATIONS**

Absence of Rules, Regulations and Delegation of Authority.

i. After establishment of SZABMU in March 2013, it was a legal requirement of the organization to frame its service rules, operational and clinical rules, (related to HEC and PMDC) clearly spelling out duties, responsibilities and authorities of its each functionary, delegation of authority to lower levels and regulations of terms and conditions of their services in terms of sections 19, 30 and 31 of SZABMU Act of 2013. No such rules and regulations have so for been framed. Thus the organization is operating in an environment of legal void which cannot be allowed to continue any longer. On persuasion by this Office, SZABMU has prepared and submitted a draft of these rules and regulations which is required to be validated by appropriate legal forum and approved by the competent authority in terms of the above Act. SZABMU must ensure that the process of validation of these rules /regulations, their approval from the competent authority and notification to all concerned functionaries and employees of SZABMU / PIMS is completed within a period of 90 days from the issue of these findings.

ii. **Setting up of Institutional Practice:**

During the proceedings of the Committee, it was noted with concern that a number of medical and surgical specialists of PIMS are generally not available for consultation even during regular hours and devote more time to private practice outside the Hospital. This is not healthy as it deprives a large number of patients of the advice of these senior doctors. By promoting institutional practice or making it as an integral part of the service contract, overall performance of the institute would greatly improve. Such system is in vogue in all the Army Hospitals throughout the country, the Agha Khan Hospital, Shifa International Hospital, Rawalpindi Institute of Cardiology (RIC) and the Punjab Institute of Cardiology (PIC) Lahore which have not only improved the

financial health of these institutions, but that of the doctors and their attached staff as well. The Committee, therefore, made the following recommendations for setting up of institutional practice in the PIMS Hospitals:-

(a) In order to enhance efficiency and effectiveness of the institution and availability of specialists to both OPD and indoor patients, the system of “Institutional Practice” as against “Private Practice” should be established in PIMS. Despite reluctance of the presently serving senior clinical / surgical staff in this regard, a beginning could be made with all new recruitment of such personnel being subjected to the condition that they would engage themselves only in Institutional Practice and not in Private Practice outside the premises of the hospital for the period they remain in the employment of the institution.

(b) The Committee was informed that almost 25 labs around PIMS have flourished on the referrals of the doctors and lab staff of PIMS. There is an alarming perception that the tests carried out in PIMS labs are not reliable although entire equipment there has been recently installed. The Committee recommends that beginning be made for institutional practice from the Pathology and Radiology Departments, where quality equipment was installed not too long ago and besides PIMS as the institution, the doctors and the lab staff could also have a share in the income so generated. The ratio of share will be determined by the BOG. This should commence within 180 days of the issuance of these findings.

(c) No professional (doctor, nurse or paramedic) should be allowed private practice outside the hospital/university premises during or after the office hours. Institutional Practice should be started incrementally from the existing OPDs by refurbishing the existing clinics within 180 days from the issuance of these findings. Those specialists not conforming shall, however, ensure their presence

at PIMS during the full regular hours. In their place, Associate Professors and Assistant Professors be encouraged to engage in institutional practice and the new initiative be properly propagated and promoted through the media. This shall take effect within 180 days from the issuance of these findings to enable reasonable time both to the practitioners and PIMS to adjust to the new system.

iii. **Building of Medical Towers under Public-Private Partnership:** A PC-I for Medical Towers in PIMS was approved in the year 2006. The project may be revived on modular basis after necessary review by the BOG under public-private partnership on terms and conditions to be determined by the BOG. First Medical Tower should be ready for inauguration by the end of 2017 or latest by the first quarter of 2018 during the tenure of the present government.

iv. **All Public Works to be carried out through public tendering and pre-qualifying of firms without involving Pak. PWD/CDA :** All Public works in PIMS should be carried out through public tendering and by prequalifying the firms through Expression of Interest (EOI). NESPAK may be associated in the process if so approved by the BOG.

v. **Outsourcing of Non-core Services:** Non clinical / Non-medical / Non-surgical / Non-diagnostic services like laundry, catering, cleaning and sweeping etc. should be outsourced through a transparent competitive process.

vi. **Security arrangement:** Given the overall security environment in the country and specially in the background of a number of reported security lapses in the recent past in PIMS including the murderous attack on late Dr. Shahid Nawaz Malik, there is a need to undertake a special security audit of PIMS in collaboration with the Ministry of Interior (Islamabad Police) and induct a reliable and efficient private security service for the purposes on priority basis.

Many incidents of thefts, kidnapping and murder and even abduction of new born have taken place in the hospital premises which is spread over 140 acres of land with a radius of 6.5 kilometre boundary wall. This boundary wall is not properly protected. It requires to be raised to a height of 8 feet with razor wire and signposts to pre-empt chances of such incidents in the hospital premises, in future.

vii. **How to reduce the load of patients of PIMS**: The PIMS hospital is specifically meant for the federal government servants and the citizens of Islamabad, but it receives patients from all the neighbouring areas including Punjab, KPK, AJK, FATA and even Afghanistan. It was not designed for such a huge patient load. To reduce the huge burden of patients on PIMS' hospitals, the following steps are recommended:-

d. Four general hospitals of 500 beds each should immediately be established in the four corners of ICT Islamabad to meet the ever growing primary and secondary health care needs of the people gravitating from the large catchment area. These hospitals should be planned and started immediately with a target of completion by 2018.

e. Federal Government Services Hospital (Polyclinic) has almost 36 dispensaries located in the urban areas of Islamabad most of which are located in government quarters, but two of its health clinics, one located in sector G-6 (near Aabpara) and the other located in sector G-7 may be upgraded by injecting more equipment and medical personnel. These health clinics are located in densely populated areas and with their upgradation, can cater for the primary and secondary health needs of the patients from these sectors of Islamabad.

f. Proposal for expansion of the Federal Government Services Hospital in Argentina Park is pending with the federal government since long. It may be expedited for implementation without further

delay as this hospital is bursting at its seams and is operating in a hazardous environment. To facilitate earliest take off and completion of the expansion or remodelling of this critically important oldest health care facility of the Capital City, it is recommended to place it under the same Board of Governors that is proposed for the administration of PIMS with the Executive Director of the FGSH to be appointed with the same qualification and experience as recommended for the Administrator of PIMS and on market based compensation to be determined by the BOG.

viii. **Regulating the Conduct of Unions and Associations**:

There are almost a dozen unions and associations in PIMS. Except one or two, none of these associations are duly registered bodies. Hence most of these do not have any legitimacy to operate. During the course of proceedings of the Committee, the Vice Chancellor urged and the Committee agreed with him that the manner in which these unions and associations have been allowed to operate in PIMS is detrimental to the health care function of the institution. At times, these unions may have genuine demands but the unbridled activities of the Trade Unions and Associations have destroyed the entire fabric of health care service delivery. They have been allowed to operate and grow in the PIMS without any checks and balances and they regularly interfere in the administrative affairs of PIMS. They often choke the functioning of the hospital by staging rallies and going on strike for their vested interests. Such activities pose huge threat to the lives of the patients besides hampering health service delivery. The Vice Chancellor and members of the clinical staff raised before the Committee the issue of frequent stoppage of work at PIMS due to unwarranted strikes of unions. The Committee was also informed by the Vice Chancellor of a decision of the Supreme Court of Pakistan in a Suo Moto Case No.1 of 2012 of Young Doctors' Association as cited by Mr. Justice Ejaz-ul-Ahsan of Lahore High Court in a Writ Petition No. 28870/2013 which reads as under:

> "The Doctors represent a noble profession. The ailing patients need their care and attention. It is not in consonance with the spirit of their noble calling to their strike and leave to patient unattended. As in the event of their strike / boycott the patient under treatment in the Punjab Institute of Cardiology and any other hospital are likely to suffer and their fundamental right of right to life may seriously be compromised, it is directed that no doctor shall go on strike and shall attend to their respective duties"

It is quite obvious from above judgement of the Supreme Court that health care being a fundamental right of the citizens as enshrined in the constitution of Pakistan, cannot be allowed to be compromised in any case. The Committee, therefore, recommends that PIMS should come under the essential services for which all the stakeholders should be taken on board. This should, however, be considered only after career plans for all services are notified. The Vice Chancellor assured that the plans are ready and will soon be approved by the competent authority. Necessary notification for the purpose be issued by the Government as per law within 60 days of the issuance of these findings.

ix. **Endowment & Social Welfare Committee** should be constituted for raising institutional funds. Its composition should be decided by the BOG which will also set an annual target for raising of the fund by the Committee.

x. **Setting up of Quality Assurance Department**: A Quality Assurance Department should also be constituted which should be independent of the Administrator or the Vice Chancellor. This department shall be headed by a Director (Quality Control) who would be recruited for a fixed term on merit basis and paid market based salary to be determined by the BOG. He will report to the BOG. This Department should be constituted on the pattern of the Quality Assurance Deptt. of the Agha Khan University, Karachi.

xi. **Streamlining of Pathology / Radiology Departments**: The constitution of this Committee by the Wafaqi Mohtasib was primarily

triggered by the media reports regarding breakdown of critically important medico-surgical equipment, including MRI, CT Scan, EEG and the quality of services in the SZABMU / PIMS, Islamabad. There is also a widely reported lack of trust in the diagnostic reports generated by PIMS and there are persistent complaints of non availability of services like X-Ray, CT-Scans, MRI, etc. The reports from the Pathology Labs are also not considered reliable even by the doctors of PIMS itself who usually refer the patients to labs outside the hospital. This situation has arisen from a complete breakdown of the Pathology Lab facilities due to lack of regular upgradation of these services and non availability of their ancillary and supporting staff. Given the current extra-ordinary load on the existing diagnostics i.e. Pathology / Laboratory and Radiology set ups and the need for better quality of services, it is recommended that a Committee headed by the Vice Chancellor and including the Pro-Vice Chancellor, the Administrator and the Heads of the Departments of Radiology and Pathology should review the existing structure and propose remedial measures including outsourcing of these facilities or a public-private partnership arrangement. Any such arrangement will ensure that the entitled employees of the Federal Government, serving and retired, and their entitled dependents are provided these services as per their entitlement for which Planning and Finance Divisions should provide necessary funds. This may be done within three months of the issue of the findings of the Wafaqi Mohtasib Committee. The Federal Government (Planning & Finance Divisions) shall take steps for implementation of the recommendations of the PIMS Pathology / Laboratory / Radiology Committee including provision of necessary funds.

xii. **Setting up of Modern Pharmacy on BOT basis**: PIMS will set up a modern pharmacy on BoT basis where pharmacists will be available for the beds of the hospital also. Its model will be presented by the Vice Chancellor to the BOG for approval as he had informed the Committee. Vice Chancellor informed the Committee that introduction of such a

private-public partnership model at Jinnah Hospital, Lahore was successful.

xiii. **Availability of Quality Medicines for Indoor Patients**: All medicines for indoor patients from the list of formularies approved by the Committee constituted by the Board of Governors (BOG) and not specific medicines available at only specific pharmacies outside PIMS, should be prescribed by doctors for purchase from the pharmacy inside the hospital premises as per the model suggested by the Vice Chancellor.

xiv. **Provision of Self-driven mechanical wheel chairs:** Self-driven mechanical wheel chairs should be made available on payment for the invalid/very sick patients visiting the hospital. This may be done under an outsourced arrangement within six months.

xv. **Filling up of Existing Vacancies**: An HR Audit should be carried out to review whether filling of the existing 400 posts lying vacant is necessary in the restructuring process or the financial outlay for the same be utilized for more urgently needed functionaries.

xvi. **Establishment of Dental Hospital and Dental College**: The approved projects of Dental Hospital and Dental College within the premises of PIMS should be undertaken urgently.

xvii. **Construction of Sarais (Inn) on BOT basis**: Simple but clean and comfortable Sarais (Inn) should be built on BoT basis within the premises of the hospital to accommodate the attendants of patients on affordable charges to be fixed by the Board of Governors from time to time. PIMS will provide land on long term lease basis to the interested private parties if there are no acceptable bids for BOT or BLT.

xviii. **Noncore Services:** Through a transparent competitive process, noncore services including security, transport within hospital, sanitation, laundry, kitchen, cafeteria etc. be outsourced as far as

possible and staff thereof be absorbed by the private sector or given golden handshake or placed in the surplus pool.

xix. **Introduction of Regular golf-cart (9 seats) service:** Regular golf-cart (9 seats) service should be introduced in the PIMS through private sector to carry the patients and their attendants from the outer gate to the wards and for their return.

xx. **Accreditation of PIMS Hospitals**: PIMS should make every effort to get accredited both to national and international accrediting institutions such as the Joint Commission of Inspectors based in USA & UAE.

xxi. **Introduction of Bio-Metric System**: All personnel of all levels including doctors and clinical and non clinical support staff should be required to observe regular office hours. Bio-metric system blended with CCTV system should be installed to ensure punctuality and regularity of the staff and those not observing these be subjected to disciplinary action as per rules.

xxii. Filter Clinics.

Nearly 5000 patients visit the PIMS OPD clinics daily. To better manage the patients' load on main OPDs and reduce the burden on specialists, Filter Clinics which were established in PIMS some years ago should be revived. This may be done within 180 days of the issue of these findings.

xxiii. Budgetary Constraints and Self Generation.

While the workload of PIMS has increased manifold since its establishment in 1986, its budget, staff and equipment have not been augmented in the same proportion or even replaced. There is an urgent requirement to enhance the budgetary allocation for PIMS if its services are to be restored to the quality and standards that it was once known for. PIMS management headed by the Vice Chancellor and including the Administrator and the CFO may prepare a financial

plan on an emergent basis for consideration of the BOG and the government. This may be done within 90 days of the issuance of these findings.

xxiv. **Enhancement of OPD Slip Fee:** Almost 5000 patients approach PIMS daily for meeting their health care needs. Currently the OPD slip fee is only Rs.5/- per patient. It was prescribed by the government almost 25 years back. It should be raised to at least Rs.50/- per patient which will help in improving the OPD services as the amount thus collected shall be spent on OPD services only. Poor patients who cannot afford Rs.50/- OPD fee may approach a special desk to be established for the purpose by the Social Welfare Committee.

xxv. **Creation of Endowment Fund for Research**: An Endowment Fund for research activities in the University shall also be established. Avenues for raising its seed money should be explored and only the earnings from the Endowment Fund should be utilized for the desired purpose. The V.C. has offered to furnish details of such a successful model of the proposed Endowment Fund. He will put up the proposal to the BOG for consideration at its first meeting.

xxvi. **Creation of PLA Account**: PIMS should also be allowed to maintain a PLA which is an essential pre-requisite for autonomy. Funds generated through various sources other than government grant should be deposited in this PLA and the procedure for utilization of these funds from PLA be approved by BOG. Such funds shall be the property of BOG and must not be placed in any account requiring government's pre-approval.

xxvii. Delegation of Financial Powers.

Financial powers shall be delegated to different tiers of the PIMS management to ensure smooth functioning of its services. It is recommended that:-

a) All financial powers should vest in the BOG.

b) Heads of Clinical / Surgical / Diagnostic / Emergency & Accident Departments be authorized to incur an expenditure of Rupees one hundred thousand at a time in cases of emergency.

c) The Administrator may authorize expenditure upto Rs. one million submitted through the CFO.

d) The Vice Chancellor may authorize expenditure upto Rs. two million submitted through CFO and recommended by the Administrator.

e) All expenditure of over Rs. two million but not more than Rs. ten million will have to be approved by a Committee headed by the Vice Chancellor and including the Administrator, the CFO and the Head of the concerned Department. The composition of this Committee shall be approved by the BOG.

f) Expenditure above Rs. ten million will be referred to the BOG for approval.

g) The above authorizations for expenditure by different tiers may be raised by the BOG as and when considered necessary, in future.

xxviii. Improving State of Cleanliness and House-keeping.

For the purposes of sanitation and cleanliness, Christian sanitary workers are normally recruited as they perform this work properly but there are many instances where Muslims have been recruited as sanitary workers and after appointment, they have refused to perform sanitary duties and are generally transferred elsewhere. The existing sanitary workers are, therefore, over burdened with work and the state of cleanliness in the hospital and its wards is far below the required standard. It is, therefore, recommended that all those recruited as sanitary workers, irrespective of their religion, should be reverted back to their sanitary jobs and in case they do not carry out such assignments, disciplinary action should be taken against them under the relevant disciplinary rules for removal from service.

xxix. Ensuring Daily Rounds of Wards and A&C Centre.

One of the fundamental requirements of a good hospital is that its consultants and doctors should take daily round of the wards to evaluate the recovery status of their respective patients. Similarly, head of the hospital should take round of Accidents and Emergency Centre every morning to keep himself / herself abreast of the cases reported and treated overnight along with their recovery/mortality status and undertake preliminary investigation of any negligence or mishandling of patients. It is recommended that existing SOPs for undertaking regular rounds of wards and A&E Centre should be revisited and drafted afresh and implemented within 60 days of the issuance of these findings.

xxx. Dysfunctional HVAC System.

HVAC system of the main Islamabad Hospital, installed more than 20 years back, has turned obsolete and is at present totally non functional. It requires to be replaced with a new HVAC system. A PC-I may immediately be developed and got approved from the competent authority for replacement of its HVAC system. This should be done within 60 days of the issuance of these findings.

xxxi. Present Waste Disposal Management System.

PIMS is one of the biggest hospitals of the federal capital, Islamabad. Unfortunately, there is no system for disposal of infectious and general waste in place. Earlier CDA used to collect general waste from the hospital and dump it at a designated place in sector I-12 but it has now stopped doing so. New systems of disposal of toxic and non-toxic hospital waste have since been developed like shredding infectious waste / material etc. which are required to be put in place. A PC-I may immediately be developed for this purpose in coordination with Environmental Protection Agency and submitted to the federal government for its approval.

xxxii. Computerized Record Keeping.

Presently patients' records are being maintained manually which is not an efficient way of record keeping. PIMS will introduce computerized record of each and every patient which will include history of every patient's visit, diagnosis, prescription of medicines and treatment given. Such record will be confidential, accessible only to the treating doctor and patient. For this purpose, software is already available and may be obtained through normal tendering process rather than initiating an in house exercise that will take a long time to develop. This may be done within 180 days of the issuance of these findings.

xxxiii. Status of Mortuaries.

There are three (3) mortuaries in PIMS hospitals each located in Islamabad Hospital, MCH Centre and the Children Hospital. At present, these are in a pathetic condition; their entire equipment has become obsolete, has outlived its life span and is required to be properly upgraded. A PC-I may immediately be developed for upgradation of all three mortuaries, inter-alia, with latest equipment and infrastructure (building etc) for post-mortem purposes. This may be done within 90 days of the issuance of these findings.

xxxiv. Non-Functional Telephone Exchange.

Present Telephone Exchange of the Main Hospital, having been installed in 1985, has become totally non-functional since long. Installation of new exchange has been inordinately delayed at the cost of patient care. Tenders have recently been floated for installation of a new exchange. Its installation may be expedited without further loss of time.

xxxv. Non-Functional CSSD System.

CSSD system/equipment installed in PIMS has outlived its life span and became non functional long ago. A new CSSD system was put in place in November, 2014 but despite lapse of almost 7 months, it has not become functional for want of surgical sets/consumable items i.e. chemical solution sterilization indication strips, packing and wrapping material on account of non-availability of funds for this purpose. It is recommended that funds for purchase of surgical sets / consumables should be arranged from the Ministry of Finance immediately so that new CSSD system could become operational within 45 days of the issuance of these findings.

xxxvi. Problems of Development Projects.

There are a number of components / projects of PIMS funded through PSDP which have now become operational. However, some of these projects i.e. the Cardiac Centre and the Burn Care Centre are not operating at their optimal level for want of technical manpower / personnel and due to non availability of some of the machinery and equipment as contained in the duly approved respective project documents i.e. PC-I. Some of the existing personnel of these projects have been moved to other facilities which is a violation of the rules.

It is recommended that PIMS should immediately take necessary action to appoint and restore the staff strength of all such projects as originally approved in their PC-Is and also ensure installation of necessary machinery and equipment for optimal functioning of such departments.

xxxvii. Strengthening of Accidents and Emergency Department.

Despite several constraints, the PIMS Accident & Emergency Department is performing relatively well but there are serious issues

which need immediate attention for the smooth functioning of this critically important unit. Non observance of SOPs for handling and treatment of patients and non display of the duty roster of the doctors are some of the weaknesses besides constraint of space and equipment. Moreover, senior doctors are rarely available when called and it is not properly equipped to reduce waiting time of the patients. The duty roster of doctors should be displayed both in the Accident and Emergency Department and at the Hospital's switch board and also at the concerned departments and units.

It is recommended that the SOPs for Accidents & Emergency Department should be properly laid and displayed in that department along with the duty roster of the "doctors on call". Similarly, this department should be equipped with the latest diagnostic equipment so that the waiting time of the patients gets reduced. It is also recommended that SZBMU should take immediate necessary steps to get this department recognized as a specialty so that its functioning could improve. A project be drawn for the purpose under the supervision of the Vice Chancellor for approval as a PC-I.

xxxviii. Filling up of Vacant Posts of Professors / Heads of Departments.

Many important departments like Cardiology, Oncology and Gastroenterology and Pulmonology are working without full time heads of departments which is adversely affecting the functioning of these departments. While necessary action to fill these posts on regular basis should immediately be initiated, it is likely to take some time. In the interim, it is recommended that such posts may be filled partially by engaging retired Professors / Heads of Department of the institution, as the Professor emeritus in these specialties / departments. Regular appointments against these posts be completed within 90 days of the issuance of these findings.

xxxix. Improving Nursing Care / Training.

A. Nurses play a very critical role in patient care. Unfortunately, PIMS suffers from a serious shortage of nurses. Normal ratio of nurses for general ward is 1 nurse for 10 beds which is an internationally accepted standard. In PIMS, the nurses are working at the ratio of 1 nurse for 25 beds. In the critical areas (i.e. accident and emergency and Trauma and ICUs), the internationally accepted standard / ratio is one (1) nurse to one (1) bed. However in case of PIMS, it is one (1) nurse to three (3) beds. For total number of ICUs in PIMS, 240 nurses are required in three shifts. For Operation Theatres (OTs), as per international standard, for one table, at-least two nurses are required i.e. one scrub nurse and the other circulatory nurse, but in case of PIMS there is only one (1) nurse available for one (1) table.

Existing sanctioned strength of all levels of nurses is 777 which is not in accordance with the international standards of patient care. Out of this sanctioned strength, almost 154 posts of charge nurses are lying vacant. These vacancies are not being filled primarily because these belong to Sind, Baluchistan and KPK Quota but nurses from these areas are not available or not willing to come to Islamabad. In the interest of patient care it is recommended that these vacancies be filled on open merit with first preference to candidates from Sind, KPK and Baluchistan. This recruitment should be completed within 90 days of the issuance of these findings.

B. Following additional recommendations are made for improved nursing care at PIMS:-

(a) Sanctioned strength of nurses should immediately be increased in accordance with the international standards of nurse – bed / patient ratio.

(b) Similarly vacancies of nurses falling in promotion quota in BS-17 to 20 should also be filled by PIMS without further delay.

(g) It is imperative that strict service discipline should be enforced upon those nursing employees who are not amenable to service discipline and exert political pressure to meet their malafide motives and defaulters should be proceeded under the relevant disciplinary rules for removal from service.

(h) All nurses should be posted to such places of duty warranted by their original appointment / charter of duty as nurse. Any deviation from this can result in miscarriage of justice and harassment of women folk which is a clear act of misconduct as per Government Servants (Efficiency & Discipline) Rules, 1973 and instructions issued thereunder from time to time.

(i) A central office of the Nursing Cell be created with proper support staff located at one place with computers, office furniture and equipment. Such nursing cell should be created immediately.

(j) There is a School of Nursing and a College of Nursing established in PIMS since 1987 for training of nurses and award of Diplomas in Nursing field. However, at present, it does not have a duly qualified nursing faculty. Because of this deficiency, the training component is suffering. PIMS should immediately hire qualified nursing faculty from open market, if not available from amongst the existing staff, to bridge this gap in the short run and take necessary measures to develop proper faculty of nursing in the long run by sending some of the existing senior personnel on training abroad by selection on merit in collaboration with the donor agencies.

xxxx. Improving Para-Medical Services in PIMS

(d) From discussions held with representatives of Unions / Associations, it has transpired that para medical staff of the hospital do not have a well defined identity like the doctors and nurses. They do not have any regulatory body to certify, accredit and evaluate

their education, training and performance. Further, there is shortage of para medical staff at PIMS and many vacancies have not been filled since long. The para medical and allied health professionals are skilled and trained personnel who assist physicians and surgeons in the diagnostic, therapeutic, preventive and promotive field of health care delivery system.

(e) It is recommended that the Ministry of National Health Services Regulation and Coordination should immediately review this situation, take necessary steps including drafting of a law and its presentation and piloting through the Parliament in consultation with the Law Division. Simultaneously, the Ministry of NHSR&C should initiate necessary legislation /legal framework for establishment of an examining and certificate / diploma awarding body with its proper educational value and for formulation of standard curricula for all the categories of allied health personnel.

(f) The vacancies of para medical staff should also be filled by PIMS on a priority basis to balance the work load of existing para medical personnel.

xxxxi. Introduction of HIMS.

PIMS is very poorly equipped in terms of automation of patients' registration and record of treatment. Similar is the situation in other areas of its services and operations. Most of the record is done manually in OPD, the wards and elsewhere. This causes avoidable delays, especially in OPD.

The inpatient medical record is also manually written and maintained in an individual cardboard file. Following discharge of the patient, these files are sent to a central Record Office where they are kept on shelves upto three years before being destroyed.

All death and discharge certificates are in the form of manually completed proformas.

Record of Pathology tests and X-Ray reports of all patients are kept in the computer system of the relevant department.

It is recommended that PIMS should develop a comprehensive plan of introduction of HIMS in the PIMS hospitals with the assistance of COMSATS and HEC which should cater for all the above deficiencies. Besides procurement of hardware it should entail a comprehensive plan for training of medical and non-medical personnel of the organization which should be got approved from the competent forum within 90 days of the issuance of these findings.

xxxxii. Lack of Career Planning & Poor Promotion Prospects of Doctors and other Personnel

No well-defined, approved and duly notified service structure of the medical officers is available which has caused frustration and despondency among them. They do not see any career ahead of them. Likewise, senior doctors in different specialties are awaiting promotions since long. Therefore, because of non availability of posts in higher scales, the junior doctors remain stuck in the same grade for decades even though they have become otherwise eligible for promotion on the basis of their qualification, length of service and seniority. It has also been reported that a large number of cases of promotion of doctors and other personnel are pending in PIMS / CADD since long.

It is recommended that the promotion of doctors to the next higher grade should not only be linked with the availability of promotion posts but where such promotions are possible, it should also be linked with the time scale / technical move over to next grade on completion of prescribed length of service and seniority in each case. It is also recommended that all the cases in which promotions are pending should be finalized and promotions of respective personnel notified within 45 days of the issuance of these findings.

xxxxiii. Poor Plight of Department of Surgery.

Department of Surgery is one of the largest departments of PIMS which performs more than 8000 procedures a year. It is suffering from

acute staff shortages. Its operation theatres are in a very poor condition and most of the equipment including surgical instruments are of very poor quality or have outlived their life span. Its HVAC too is non functional. In fact, the entire Department of Surgery is on the verge of collapse and poses a huge threat to the lives of the patients.

It is recommended that a PC-I for urgent upgradation of the Department of Surgery should be immediately prepared and submitted to the Planning Division through concerned Ministry/Division within 90 days and the required funds made available by the Federal Government to complete the work by June, 2016.

xxxxiv. Non-Functional Liver Transplant Surgery Centre.

A state of the art Liver Transplant Surgery Centre was started at PIMS in the year 2008 and reportedly completed in year 2012. Its entire equipment worth Rs.200 million has been purchased and dumped in the centre without installation. A staff of 95 persons was to be appointed for making this centre fully functional. To begin with, 4 key personnel i.e. (1) Liver Plant Surgeon, (2) Liver Transplant Physician, (3) Liver Transplant Anaesthesiast and (4) Liver Transplant Intensive Care Specialists were required to be appointed who could at least work out the modalities of its functionality. Unfortunately, despite lapse of almost 4 years, these appointments have not been made with the result that equipment purchased for the purpose is rusting and it is reported that some of it has also been stolen from the centre. This state of affairs is regrettable and requires to be rectified.

It is recommended that the Vice Chancellor may have an inquiry conducted as to why the above centre could not be made functional, factors responsible for this lapse and fix the responsibility for the lapses. It is also recommended that necessary action for appointment of above key personnel on market based salaries should be initiated by placing an advertisement in national / international press and the whole process of recruitment completed expeditiously and compliance report

submitted on both above counts within 90 days from the issuance of these findings.

xxxxv. Establishment of Day Care Surgery Centre.

In modern day health care, every good large hospital has a Day Care Surgery Centre where patients for minor surgeries like Hernia, Haemorrhoids and such other minor interventions are admitted only for the day and discharged by the evening. No such centre is available in the PIMS with the consequence that the entire burden is shifted to inpatient beds which are already over occupied. Such surgeries constitute 40% of the surgeries being performed in the hospital, at present.

It is therefore recommended that a Day Care Surgery Centre should be established in PIMS with basic infrastructure to decrease the pressure on inpatient beds. PIMS may prepare a PC-I for this purpose and submit the same to the competent forum for approval and funding within 90 days of the issuance of these findings.

xxxxvi. Problems relating to Cardiac Centre.

A state of the art Cardiac Centre was planned to be completed in PIMS by the year 2007, but it could not be completed and made functional until March 2015 due to very poor supervision of this project by the PWD through whom it was got executed. Upon completion of this project, a couple of years ago, hundreds of defects emerged in the building including flooding of the basement twice during heavy rains. These defects have now been plugged to a large extent, but at a great cost and after a lapse of more than 7 years. This project has now become functional and its PC-IV has also been approved, but large number of technical / non technical posts in this facility are lying vacant which are urgently required to be created and filled in to enable the city's only cardiac centre to become fully functional.

It has also come to the notice of the Committee that the entire furniture of the Cardiac Centre purchased a couple of years ago was shifted to

other Departments after its purchase which was a violation. The net consequence of this gross irregularity is that most of the Cardiac Centre is at present working without proper furniture. Its private wards which have a lot of potential of generating funds for the hospital, have not been made functional primarily for want furniture. It requires to be replenished without any further delay.

It is recommended that in order to make the Cardiac Centre fully functional, the requisite number of posts as provided for in the approved PC-I of the Project should immediately be created and filled in as per rules and a report furnished to the Wafaqi Mohtasib within 90 days.

It is further recommended that the entire furniture of the Cardiac Centre as per PC-I of the project should be replenished without any further delay and a report furnished to the Wafaqi Mohtasib Office within 90 days of the issuance of these findings.

xxxxvii. Setting up of Animal Lab.

An animal lab should also be established in the PIMS for research purposes.
