[PHCs performance in 2018](https://nation.com.pk/23-Jan-2019/phcs-performance-in-2018" \t "_new)

Durdana Najam January 23, 2019 the nation

The Punjab Healthcare Commission (PHC) has been established through the promulgation of the Punjab Healthcare Commission Act 2010 as a premier regulatory body to improve the quality of healthcare services in Punjab, including alternate and traditional methods of treatments such as Homeopathy and Tibb. The Commission is also legally bound to eliminate quackery in all its forms and manifestation. Invested with diverse regulatory role, the Commission has also been responsible to do advocacy for the propagation of best health practices. Since its inspection the Commission has been creating awareness among health experts and other stakeholders including patients, about health related issues, such as dengue, quackery, seasonal influenza and smog. To perform all these functions, the Commission has setup six directorates and an Anti-Quackery cell beside other departments.

It is pertinent to note that in 2015 the Commission had undertaken the humongous task of mapping the Healthcare Establishments (HCE) in Punjab. The services of Urban Unit Punjab were hired to collect the data, which was used only after complete validation by the PHC. The information about the locations of the HCEs resulted in twin benefits. One, the process of registration picked up, bringing more HCEs in the ambit of law per se. Secondly, it helped sift quacks from professionally qualified healthcare service providers.

With quality being at the centre of the PHC’s vision, it became imperative to seek international recognition, which could not have been possible without going through the extensive and tedious process of streamlining and documenting the Commission’s processes. It was here that the untiring efforts of the Directorate of Quality Assurance bore fruits in 2018, in the form of ISO-9001 Certification, for having installed quality management system. This gamut of recognition for quality also included alliances with international organisations working on quality and accreditation in the health sector, such as International Association of Medical Regulatory Authority.

The outgoing year has been challenging for the Commission in that it focused all its attention to the elimination of quackery from Punjab. The anti-quackery drive found new vigor when the Honourable Supreme Court took the suo motu notice and made the Commission a lead agency against quackery. The entire administrative machinery of the government of Punjab was asked to fully facilitate the Commission. As of December 31, 2018, PHC has sealed 17,735 quackery of outlets.

The Directorate of Clinical Governance and Organisational Standards is responsible for making Minimums Service Delivery Standards (MSDS) for all types of HCEs, declared by the Government as a healthcare establishment. The purpose of developing standards is to create a culture of clinical governance and improve the quality of health service delivery. Every MSDS comprises ten fields with each having an elaborate system of standards and indicators for the assessment of the services delivered. During 2018, news MSDS were drafted for dialysis, MCH centers, DTC and mobile health units. The implementation process of these MSDS would begin after approval from the Board of Commissioners and the government.

Training being one of the integral parts of the implementation of MSDS process, around 18,000 HCEs and 22,287 healthcare experts had been trained in 2018 on the implementation of respective sets of MSDS. In addition to that the training of general practitioners/consultants, dentists, and pathologists was also initiated to facilitate them in the implementation of MSDS.

It was in 2018, that the Directorate of Registration and Licensing (R&L) ventured into another two important areas: Addiction Treatment Centers (ATCs) and maternity homes. Both the places have become hubs of criminal negligence. The inspection team of the R&L Directorate, visited 83 ATCs, out of which 38 were sealed because of insufficient resources, substandard treatment, deficiency of qualified human resource or inhuman living conditions. Most of these centers were found to have addicts admitted against their will. In some places, treatment was unnecessarily prolonged to make money. During the course of the last year, the PHC had rescued 839 inmates. As of maternity homes, the PHC’s inspection teams sealed 67 maternity homes on the charges of providing sub-standard services and for employing unqualified personnel.

Since its inception to December 31, 2018, the Commission had registered 54,550 HCEs, gave licenses to 37,013 and Inspected a total of 17,442 HCEs.

It was also in 2018 that the issue of mismanagement in the disposal of hospital waste surfaced due to the SC’s intervention. The Commission was asked to be more stringent in ensuring that hospitals adopt safe waste disposal practices. The PHC started a special inspection drive and visited 199 public and 241 private hospitals. Notices were issued to 69 public and 78 private hospitals. Sealing action because of noncompliance to the standard was taken against 292 operation theatres of which 175 were from the public and 117 from the private sector.

The Complaints Directorate of the PHC is a conduit between the patients and the health sector. Managing complaints is a long and tedious process. To ensure fair treatment the advice of an expert is also sought if required. The feedback generated from the complaints received enables the Commission to use more stringent inspection tools for MSDS compliance. In 2018 the Commission settled 62 complaints.

The year 2018 ended for the PHC on a very satisfactory note owing to the much awaited intervention of the Commission in regulating the prices of healthcare services. This humongous task was conferred upon the Commission because of the suo motu notice of the SC for its annoyance at the exploitative prices of private hospitals. The Commission engaged a private chartered accountancy firm to calculate activity based costs, which was a foundation used by the PHC to calculate and propose rationalised rates for the Commonly Undertaken Procedures (CUP). After studying different pricing models, the Activity Based Costing framework was adopted with consensus. The report submitted to the SC has proposed rates for room stay, Outpatient Department (OPD) consultation, room visits fee, 14 surgical procedures (surgeon fee, operation theatre charges, Anaesthetist fee), 17 OPD procedures, 18 laboratory tests and 16 imaging procedures. Each suggested rate is arrived at after adding the profit margin over and above the cost.

Despite the challenges faced by the PHC because of the delay in the reconstitution of the new Board of Commissioners in the aftermath of the 2018 general elections, the overall performance of the PHC in the outgoing year has been outstanding. It is with the same zeal that the Commission looks forward to perform in the new year.

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